



Report Identification Number: NY-15-043

Prepared by: New York City Regional Office

Issue Date: 12/22/2015

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 05/27/2015
Initial Date OCFS Notified: 05/27/2015

Presenting Information

On 5/27/15, the BM took the two-month-old female infant to the park at approximately 11:00 A.M. Shortly after, the infant became fussy and was crying. The BM picked up the infant, calmed her down, put her in the baby carrier and she fell asleep. At approximately 12:15 P.M., it was noticed that there was dark red blood and vomit on the infant's face and she was not breathing. The BM immediately called 911. EMS arrived and attempted CPR but the SC was unresponsive. When LE arrived, the SC body was blue. She was then transported to North Shore Forest Hills Hospital (NSFH) where she was pronounced dead at 1:00 P.M., by the Dr. The cause of the SC's death was unknown.

Executive Summary

This two-month-old female infant died on 5/27/15 at 1:01 P.M. The cause and manner of death were listed as Undetermined. The parents declined an autopsy citing religious reasons. According to the information obtained during the course of the investigation, at 8:30 AM on 5/27/15 the mother fed the baby 6oz of infant formula. At 10:45 AM the mother, accompanied by the infant who was in a front carrier, took the three-year-old surviving sibling, who was in the stroller, to school and walked to a nearby park with the infant to meet with her friends, as was her routine. The mother arrived at the park at 11:00 AM. On the way to the park the infant cried then stopped and appeared to have fallen asleep. At about 11:45 AM, the BM's friend noticed the infant had regurgitated on the BM's clothing. When the mother took the child from the carrier she noticed that the infant was pale and unresponsive. The BM and one of her friends initiated CPR while another friend called 911 and ran to the school for medical assistance. EMS responded to the park and noted that the child was flaccid, pale and pulseless. Resuscitative efforts were continued and the infant was transported to the hospital. The ambulance arrived at 12:43 PM and the child was pronounced DOA at 1:01PM.

The attending physician found no signs of maltreatment or abuse and reported a possible cause of the infant's death could have been Sudden Infant Death Syndrome; however, because the parents declined to have an autopsy performed on the SC the cause and manner of death remained unknown. In addition, the parents did not give ACS permission to obtain any medical documentation from medical providers.

The LE interviewed the BM and friends and reported there appeared to be no criminality associated with the death of the infant who had an unrelated, non-life threatening medical condition since birth. The Specialist documented the BM's statement to ACS was consistent with the account she provided to LE.

On 5/27/15, the Specialist reported to the case address but the parents declined to be interviewed and the surviving sibling was not assessed at that time; however, on 5/28/15, the Specialist interviewed the parents who allowed the surviving sibling, who was in the care of the MGP, to be seen for a short time and there were no safety or risk concerns for the child.

The BM stated nothing unusual occurred on the morning of the incident. The BM also denied any history of mental illness, substance abuse or any domestic violence in the home and refused all services. The parents explained to the ACS staff that they had the support of family and the community. The parents reported they had safe sleep training



and the SC was always placed on her back to sleep. The BF was at work at the time of the incident.

ACS learned that the call for medical assistance was received at 12:22 P.M. and EMS arrived on the scene at 12:34 P.M.

On 7/13/15, ACS unsubstantiated the allegation of DOA/ Fatality of the SC by the BM. ACS made the decision on the basis of the ME's statement that the external examination of the infant's body was unremarkable;there were no marks or bruises. The ME further stated that because there was no autopsy there was no report to establish a cause and manner of death.

On 7/13/15, ACS unsubstantiated the allegation of IG of the SC by the BM. ACS based their determination on the findings of their investigation. ACS found no credible evidence to substantiate the allegations of the report. ACS documented that the parents appeared to provide good care to the infant and the surviving sibling appeared healthy and happy. ACS supported their decision by referring to the fact that LE found no criminality associated with the death of the infant.

The report was unfounded and closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? No
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

ACS assessed the surviving sibling to be well cared for and the parents refused services.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The parents were very upset that ACS was involved and they declined all offers of assistance from ACS.



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Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

Issue:	A 24-hour Fatality Report is required to be completed in CONNECTIONS within 24 hours of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	The 24-Hour Fatality Report which was due on May 28th, 2015 was submitted by ACS on June 5, 2015.
Legal Reference:	CPS Program Manual, VIII, B.1, page 2
Action:	The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Preliminary assessment of safety must be completed and documented within 7 days.
Summary:	During this investigation ACS did not complete a seven day safety assessment as required for all CPS investigations.
Legal Reference:	18 NYCRR 432.1 (aa)
Action:	The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/27/2015

Time of Death: 01:03 PM

Time of fatal incident, if different than time of death: 01:00 PM

County where fatality incident occurred:

QUEENS

Was 911 or local emergency number called?

Yes

Time of Call:

12:22 PM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? Yes



Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	No Role	Male	40 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)

LDSS Response

On 5/27/15, following the receipt of the SCR report regarding the death of the child ACS initiated the investigation by contacting LE and North Shore University Hospital (NSUH) where the infant was pronounced dead; the date and time were confirmed. The attending physician found no signs of abuse and LE reported there appeared to be no criminality or foul play. ACS learned that the parents had a three-year-old surviving sibling.

On 5/27/15, the Specialist visited the case address; however, the parents declined to be interviewed and the surviving sibling was not assessed. On 5/28/15, the Specialist interviewed the parents who allowed the surviving sibling to be seen for a short time; the surviving sibling was in the care of the MGP. The Specialist documented the BM's account was consistent with what was previously reported by LE. The BM stated that on the morning of the incident, the children were fed, dressed and in good health and nothing out of the ordinary occurred. The BM explained that at approximately 10:30 A.M., after she walked the surviving sibling to school she stopped at a local park to meet with friends. The BM said the SC cried a little and after being soothed, the SC fell asleep. The BM said she noticed the SC's feet felt cold and she found it strange because the weather was warm. The BM said she placed the socks on the SC. The BM said that shortly thereafter her friend observed vomit on her (the BM's) blouse and when the BM took the SC out of the carrier she discovered the SC to be limp and unresponsive. The BM and her friend immediately initiated infant CPR while the another friend called 911. EMS arrived and the SC was transported to the NSUH where she was pronounced dead.

According to ACS, the parents had safe sleep training and reported the SC always slept on her back. The BM denied mental illness, substance abuse, and history of domestic violence in the home. The BF was at work at the time of the incident. The parents declined an autopsy and did not give ACS permission to obtain medical documentation.

ACS learned that the call for medical assistance was received at 12:22 P.M. and EMS arrived on the scene at 12:34 P.M. ACS also learned that the SC had a health condition at birth; however, it was unrelated to the death. The manner of death is unknown because no autopsy.

On 7/13/15, ACS unsubstantiated the allegation of DOA/ Fatality of the SC by the BM . ACS documented that the ME did



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not perform an autopsy to determine the possible cause of death of the SC. ACS referred to the ME's statement that the SC's external body was intact with no marks or bruises and the manner of death was undetermined.

On 7/13/15, ACS unsubstantiated the allegation of IG of the SC by the BM. ACS based their determination on the findings of their investigation and stated there was no credible evidence to substantiate the allegations of the report. ACS documented that the parents appeared to provide good care to the SC as attested by others and the surviving sibling appeared healthy and happy. In addition, ACS determination narrative stated that LE found no criminality and have concluded their investigation.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: The ACS investigation adhered to previously approved protocols for joint investigation.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: There is no approved OCFS Child Fatality Review in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
021581 - Deceased Child, Female, 2 Mons	022541 - Mother, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
021581 - Deceased Child, Female, 2 Mons	022541 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The parents declined, on the basis of religious beliefs, to give ACS permission to interview the children's pediatrician and for an autopsy to be performed. The ME conducted an External Examination.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 The parents declined all services. The surviving sibling was in the care of the family members with support from the community.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:
 ACS referred the family to services but the parents declined stating that they have family and community support.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 The parents and friends who were present when the incident occurred declined all services through ACS stating that they receive a lot of support from their family and community.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was there an open CPS case with this child at the time of death?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** No



Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
Misused over-the-counter or prescription drugs
Experienced domestic violence
Was not noted in the case record to have any of the issues listed
Had heavy alcohol use
Smoked tobacco
Used illicit drugs

Infant was born:

- Drug exposed
With neither of the issues listed noted in case record
With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

CPS - Investigative History More Than Three Years Prior to the Fatality

This family was not known to the SCR or to ACS.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

- Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)



Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Additional Local District Comments

ACS completed the necessary requirements and documentation pertinent to the investigation.

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No