



Report Identification Number: NY-17-005

Prepared by: New York City Regional Office

Issue Date: Jul 25, 2017

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children		
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-Cardiopulmonary 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	LMC-Lack of Medical Care	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-Other	
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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	

Case Information



Report Type: Child Deceased
Age: 13 year(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 01/16/2017
Initial Date OCFS Notified: 01/16/2017

Presenting Information

The 1/16/17 SCR report alleged, the SC went to bed around 12:30 AM on 1/16/17. The SC shared a room with bunk beds, with the adult brother (AB). The AB woke up around 5:30 AM to go to work and did not notice anything out of the ordinary. At about 10:00 AM, the SM checked the SC who raised his head and then laid back down to sleep. The SM checked the SC again around 1:00 PM and discovered the SC in the bed not breathing. It was unknown if items were in or on the bed. The adult sister (AS); trained in CPR, performed CPR on the SC until EMS arrived. EMS continued CPR on the SC. The SC was transported to the hospital where he was pronounced dead. The home was messy. The SC was believed to be in good health despite having pre-existing medical conditions which were not believed to have contributed to his death. There was no explanation for the SC's death. As a result, the SC's death was considered suspicious and all the adults in the home were considered alleged subjects.

Executive Summary

This 13-year-old SC died on 1/16/17. According to the ME, the SC's cause of death was pending further studies. As of 7/25/17, NYCRO had not yet received the autopsy report.

The allegations of the 1/16/17 report were DOA/Fatality and IG of the SC by the SM, AS and AB.

The Specialist interviewed the SM regarding the circumstances surrounding the death of the SC. The Specialist learned that on 1/15/17, the SC, all household members and two aunts attended a family celebration. The SM and AS denied the SC was in contact with any allergen that caused the SC's demise. The relatives observed no indications the SC had health concerns. On 1/16/17, the SC went to bed around 12:30 AM. The AB observed the SC was asleep as he left for work at approximately 5:00 PM. The SM observed the SC had picked up his head slightly around 10:00 AM. At approximately 1:00 PM the SM observed the SC was unresponsive and the SM alerted the AS. The AS picked the SC up from the bed and placed him on the floor. The AS performed CPR and the SM called 911 at 1:08 PM. The AS continued CPR until EMS arrived at the scene at 1:11 PM. The first responders continued respiratory efforts and via ambulance departed the home at 1:43 PM. The SC arrived to Methodist Hospital at 1:48 PM. The SM and AS were escorted to the hospital in the second ambulance; upon the SM and AS arrival they learned the SC had died.

The family resided in a two-bedroom apartment. The SC shared a room with the AB, AS, SS and two nephews. The room was equipped with two sets of bunk beds. The home environment posed no immediate safety concerns and the family had adequate provisions for the children. The investigation revealed the family had no history of substance abuse, domestic violence or mental illness.

During the investigation, the Specialist made relevant contacts and sufficient face-to-face contacts with the SM, AS and AB as well as the SS and nephews in the home. The family was cooperative and receptive to the offered bereavement services. The family declined burial assistance. ACS opened the Family Services Stage (FSS) on 2/13/17, and the family was referred to HeartShare-St. Vincent for bereavement services. Later, the family decided to seek assistance on their own and the FSS was subsequently closed 3/21/17.

On 3/18/17, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the SM, AS, AB on the basis that the SM and AS ensured the SC attended school regularly, was up-to-date with medical and had provisions in the home. The AB was not in the home when the SC was found unresponsive. There was no evidence of foul play on the part of the SM, AS and AB. There were no arrests made.



OCFS' review revealed although the 24-Hour Fatality Report document was completed, it not approved within the 24-hour timeframe of the 1/16/17 SCR report.

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?** Yes
 - **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 gathered sufficient information to make a determination for all allegations including those on the intake report. ACS appropriately unsubstantiated the report. The safety decision recorded on the safety assessment at the time of the Investigation Determination was appropriate and commensurate with case circumstances.

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:

N/A

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	The 24-Hour safety assessment was not approved within the required 24 hours of receipt of the 1/16/17 SCR report.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	ACS must submit a performance improvement plan within 45 days that identifies the action the



agency will take or took to address the citations 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: 01/16/2017

Time of Death: 01:54 PM

Time of fatal incident, if different than time of death:

Unknown

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

Yes

Time of Call:

01:08 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

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	13 Year(s)
Deceased Child's Household	Mother -	Alleged Perpetrator	Female	44 Year(s)
Deceased Child's Household	Other Child - Nephew	No Role	Male	9 Year(s)
Deceased Child's Household	Other Child - Nephew	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	Alleged Perpetrator	Male	21 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	Alleged Perpetrator	Female	26 Year(s)

LDSS Response



On 1/16/17, LE said no arrests were made as the investigation was pending. LE stated the SC’s bedroom was deemed a crime scene. LE stated the home was messy; however, the conditions did not appear to have been a contributing factor to the death of the SC.

On 1/16/17, ACS conducted an initial assessment of the SS and the nephews in a relative's home. ACS staff observed the SS and nephews appeared clean and well groomed. There were no suspicious marks or bruises observed on the children. The home had appropriate sleeping arrangements, working smoke/carbon monoxide detectors and adequate provisions. No safety concerns were noted. The Specialist attempted to interview the AS, SS and the nephews; however, the AS refused to speak to ACS or allow the SS and nephews to be interviewed at the time as they were grieving.

According to the attending Dr., the SC’s body had no visible marks, bruises and/or sign of trauma upon arrival at the ER. Both the SM and AS were present at the hospital and were visibly distraught. The Dr. said the SC had allergies, respiratory and behavioral issues for which the SC was prescribed medication. The Dr. said when EMS arrived at the home, the SC was found on the floor in between the two bunk beds. EMS continued CPR on the SC. The SC was intubated and was given resuscitation medications, to no avail.

On 1/17/17, the ME stated there was no sign of trauma, marks and/or bruises on the SC’s body. Rigor mortis had already set in upon receiving the body and there was no evidence of foul play. The SC appeared to have died from natural causes. The autopsy was pending further studies.

On 1/17/17, the Specialist interviewed two aunts. The aunts were aware the SC was prescribed medication for allergies, respiratory and behavioral issues. The aunts had no concerns regarding the care the SM provided to the SC and SS or the care the AS provided to the nephews. The aunts denied the SC showed any signs of illness or distress the night before the incident. The statements provided by the aunts corroborated the events and observations of the SC prior to incident as described by the SM, AS, and AB.

The Specialist made pertinent collateral contacts with the medical providers, school staff and relatives of the SC, SS, and the nephews. The children’s Dr. stated all their medical needs were met and there were no concerns regarding the nephews, SS or the SC. The school staff had no safety concerns regarding the care the SC received by the SM, or the nephews by the AS. The staff was unaware the SC was prescribed medication; as it was not noted in SC’s school file.

On 2/14/17, ACS held an Initial Child Safety Conference (ICSC) at the ACS office. The SM, AS, AB, SS and nephews were unable to attend. ACS discussed concerns and strengths of the family. ACS documented there were no safety concerns regarding the children in the home and no court intervention was necessary. The family was receptive to services during home visits and utilized relatives as a source of support.

On 3/16/17, ACS obtained notification that the HeartShare St. Vincent’s PPRS agency received the family’s referral for bereavement services.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: The 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 OCFS approved Child Fatality Review Team in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
034817 - Deceased Child, Male, 13 Yrs	034820 - Sibling, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
034817 - Deceased Child, Male, 13 Yrs	034821 - Sibling, Male, 21 Year(s)	DOA / Fatality	Unsubstantiated
034817 - Deceased Child, Male, 13 Yrs	034818 - Mother, Female, 44 Year(s)	Inadequate Guardianship	Unsubstantiated
034817 - Deceased Child, Male, 13 Yrs	034821 - Sibling, Male, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
034817 - Deceased Child, Male, 13 Yrs	034818 - Mother, Female, 44 Year(s)	DOA / Fatality	Unsubstantiated
034817 - Deceased Child, Male, 13 Yrs	034820 - Sibling, Female, 26 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input 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"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input 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 or 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"/>

Explain as necessary:
 There were no safety concerns and no court intervention was necessary.

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



Child Fatality Report

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

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

CPS - Investigative History Three Years Prior to the Fatality

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

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



The family had no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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.

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

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