



Report Identification Number: NY-21-033

Prepared by: New York City Regional Office

Issue Date: Sep 20, 2021

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	OA-Other Adult	
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
CPS-Child Protective Services		
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	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 15 year(s)

Jurisdiction: New York
Gender: Male

Date of Death: 02/11/2021
Initial Date OCFS Notified: 03/26/2021

Presenting Information

According to the information reported on the OCFS 7065, the 16-year-old child sustained an injury that resulted in an excessive amount of blood and bruising to his left arm while in the mother's care. The child was taken to the hospital and died at 2:07AM on 2/11/21.

Executive Summary

This fatality report concerns the death of the 15-year-old male child who died on 2/11/21. ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Services Cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006.

While no SCR report was registered with the allegation of DOA/Fatality regarding the child's death, at the time of the incident leading up to the fatality, a report was registered by the SCR alleging Inadequate Guardianship of the child by the mother. The Administration for Children's Services (ACS) was investigating the incident when the child died. The Medical Examiner declined to conduct an autopsy report and indicated the child's death was consistent with the hospital's findings of Complete Atrioventricular Canal (CAVC) defect, and the manner of death was natural.

At the time of the child's death, he resided with his mother, and four siblings ages 13, 11, 8 and 4 years old.

ACS's investigation revealed this child was medically fragile since birth. He had a number of underlying medical conditions that resulted in hospitalizations over the years. On 2/11/21, the mother and children were watching television in the home. The mother fed the child some milk and went to the kitchen to prepare a meal for the other children. The mother returned to the room and noticed the child was not breathing properly. The mother called EMS at 1:43AM, and they transported the child to the hospital where he was pronounced dead at 2:07AM.

Medical personnel including the Medical Examiner reported that the child's death unfortunately was expected, since medical intervention was not assisting him the way he needed. None of the professionals who were interviewed had any concerns regarding the level of care the mother provided.

Throughout the engagement with the family, ACS maintained contact with collaterals and assessed the safety of the surviving siblings. No concerns were noted. ACS referred the family to preventive services to address grief and bereavement counseling.

ACS unsubstantiated the allegation of Inadequate Guardianship of the child stemming from the non-fatality report registered on 2/11/21 on the basis of no credible evidence to support the allegations.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

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

Explain:

There was no DOA Fatality allegation pertaining to the death of the child.

Was the decision to close the case appropriate? N/A

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 level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion was commensurate with the case circumstances.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/11/2021

Time of Death: 02:07 AM

County where fatality incident occurred: New York

Was 911 or local emergency number called? Yes

Time of Call: 01:35 AM

Did EMS 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:

- | | | |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input checked="" type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

At time of incident was supervisor impaired? Not impaired.



At time of incident supervisor was:

- Distracted
- Asleep

- Absent
- Other:

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	No Role	Male	15 Year(s)
Deceased Child's Household	Mother	No Role	Female	42 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)

LDSS Response

From the time of the incident on 2/11/21 ACS began to explore the circumstances surrounding the child's death. ACS contacted the hospital staff at the hospital where the child was admitted, mother, other family members and friends. ACS adhered to approved protocols for a joint investigation with law enforcement.

On 2/11/21, the Specialist interviewed medical personnel at the hospital where the child was taken. Medical personnel reported the child arrived at the hospital at 1:49AM via EMS. The child was already in cardiac arrest. Resuscitative effort were initiated; however, they were unsuccessful and the child was pronounced dead at 2:07AM. The attending physician stated the child had multiple medical issues and had undergone medical procedures.

Regarding the blood noted when EMS arrived at the home, the physician explained the child had an Arteriovenous Fistula which is a procedure where the artery and vein is connected together in effort of oxygenating the blood. The physician stated the connection was on the child's arm and a large bandage was placed over the connection to protect it. The physician stated a scab formed in the area of the connection and the subject child picked the scab and bled out which then placed the child in cardiac arrest. The physician stated the bandage was observed to be loose and there were scratches around the area.

The physician stated the mother's actions in no way resulted in the child's death, and indicated the mother had always provided the subject child and the surviving children with adequate care and supervision, and was compliant with the child's feedings and services. The physician added the mother's behavior and demeanor were appropriate in the hospital. The physician further stated there were no concerns about any abuse or neglect of the subject child. ACS also learned the mother made appropriate arrangements for the other children who were at a neighbor's home.

CPS interviewed the mother and children. The mother reported she gave the child some milk because he was crying. The mother reported that when she went back to check, the child's breathing was faint, so she started CPR, gave him oxygen, and called 911. The mother reported that the child was very sick, had undergone six surgical procedures, but nothing was able to help him.



The older children corroborated the mother’s account of events. ACS assessed the children were well and no removals were necessary.

ACS engaged the family around services and the family accepted PPRS. The family will be receiving trauma based individual therapy and family therapy. Case notes reflected a warm handoff to the provider agency.

The case remained open as of the issuance of this report.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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 NYC region.

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"/>
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"/>
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 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 type="checkbox"/>	<input checked="" 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"/>

Explain:
 During the course of the investigation sufficient information was gathered to assess risk to all surviving children in the household. Consequently, the family was referred for PPRS services.

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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 No removal was necessary as the surviving siblings were not in immediate or impending danger of serious harm.

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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input 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 checked="" 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"/>

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? Yes

Explain:

The surviving children were referred for counseling.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

The mother was referred for grief counseling and early engagement services through PPRS.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

Yes

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/11/2021	Deceased Child, Male, 15 Years	Mother, Female, 42 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

The SCR report alleged the 15-year-old sustained an injury that resulted in an excessive amount of blood loss and bruising to his left arm while in the mother's care. The report alleged the explanation provided by the mother was not consistent with the injuries to the child. The roles of the three unknown children were unknown.

Report Determination: Unfounded**Date of Determination:** 03/29/2021**Basis for Determination:**

ACS unsubstantiated the allegation of Inadequate Guardianship by the mother on the basis of no credible evidence to support the allegations. The child had preexisting conditions and was receiving care.

OCFS Review Results:

ACS initiated the investigation of the report and contacted the appropriate sources. ACS assessed the home and the functioning of the family. The safety assessments were appropriate. It was during the investigation of this report that the subject child, who was medically fragile, died. Medical collaterals indicated the mother's actions did not cause the child's death. The child had multiple pre-existing medical conditions which contributed to his death. There was evidence of supervisory involvement.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/10/2019	Deceased Child, Male, 14 Years	Mother, Female, 41 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 14 Years	Mother, Female, 41 Years	Lack of Medical Care	Substantiated	

Report Summary:

The SCR report alleged the 14-year-old subject child was medically fragile and was unable to walk; he has cardiac and gastro intestinal concerns. On 12/10/19 while at school the child's feeding tube fell out. The child needed to be admitted immediately to the hospital in order to reinsert the tube. The mother was notified by both the school and hospital but despite knowing that she had to provide consent for treatment the mother did not go to the hospital until almost seven hours later to consent to the child's treatment. Additionally, the mother missed appointments for the child's routine care.

Report Determination: Indicated**Date of Determination:** 02/08/2020**Basis for Determination:**

ACS substantiated the allegations of Lack of Medical Care and Inadequate Guardianship of the child by the mother on the basis there was some credible evidence to support the allegations. ACS documented the mother failed to appear to the emergency room in a timely manner. The mother was informed the child was in the hospital at 9:00AM; however, the mother arrived at the hospital at 5:00PM to provide consent. The mother failed to seek immediate medical attention for



the child when she became aware that his feeding tube was leaking. Due to the mother's lack of action the child lost twenty pounds in a six-week span.

OCFS Review Results:

The initiation of the investigation was timely and the appropriate collateral contacts were made including with the school and medical providers. ACS conducted home and safety assessments. ACS obtained information regarding the child's medical condition and appropriately followed up on the information received. There was evidence of supervisory involvement and subject was notified of the existence and determination on the report.

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

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

Between 2011 and 2013 the family was known in three reports with allegations of Inadequate Guardianship of the subject child by the mother, and Excessive Corporal Punishment of the 13-year-old sibling by the child's father. The 2011 report was unfounded and the reports in 2013 were substantiated.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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