



## Report Identification Number: AL-18-002

Prepared by: New York State Office of Children & Family Services

Issue Date: Aug 21, 2018

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 24 day(s)

**Jurisdiction:** Washington  
**Gender:** Male

**Date of Death:** 03/19/2018  
**Initial Date OCFS Notified:** 03/20/2018

## Presenting Information

According to an SCR report dated 3/20/18, the SM had a history of co-sleeping with the SC, despite safe sleep education and awareness of the risk co-sleeping posed. On 3/19/18, the SM fell asleep on the couch with the SC next to her. At some point the SM repositioned herself and was found lying atop the SC. The SC was cold to the touch and blue in color. The SC was taken to the ER, and unable to be saved. The cause of the SC's death was unknown.

## Executive Summary

This report concerns the death of the 24-day-old SC. Washington County Department of Social Services (WCDSS) received an SCR report regarding this fatality on 3/20/18. WCDSS also had an open CPS investigation regarding the SC that was received on 3/19/18, regarding the incident leading up to the fatality. Both SCR reports alleged the SM rolled onto the SC while she slept, causing distress to the SC. The SC was born with a congenital condition that required surgery when he was 4 days old. As a result of the condition, the SC's oxygen level required monitoring and he had regular coldness in his extremities. The SC was on several daily medications for this condition. The SC resided in the home with the SM, MU (13 yo) and the MU's adoptive parents (OA1 and OA2). The SC had no SS. Although paternity had not been established at the time of the SC's death, the SM identified her previous boyfriend as the SC's father. He will be referred to as the BF throughout this report.

The cause and manner of death are pending the ME's autopsy report. The toxicology results were not yet available at the time of this writing. WCDSS reviewed hospital records and found that the documentation suggests the SC may have had sepsis due to an infection of a surgical scar.

LE investigated the death of the SC and did not find the SM to be criminally responsible. LE did not pursue criminal charges.

WCDSS interviewed several collateral contacts throughout the investigation and gathered a clear understanding of the events that occurred the day the SC died. WCDSS made several home visits and assessed the safety of the MU that resided in the SC's home. All required reports and safety assessments were completed timely and accurately.

WCDSS appropriately unsubstantiated the allegations of IG and DOA/Fatality against the SM regarding the SC. It was discovered that although the SM was co-sleeping with the SC, she did not roll over on him and when they woke he was alive. There was no evidence the SM's actions or inactions caused the death of the SC. The SC had a pre-existing medical condition and the SM was seeking appropriate treatment for the condition.

WCDSS offered counseling services to the SM, MU, BF, OA1 and OA2. The MU spoke with a counselor at school and OA1 and OA2 declined the referral, and reported they were managing on their own. The SM was engaged in counseling and MH services at the time of this writing.

## 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

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:**

It was appropriate to conclude the investigation.

**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: 03/19/2018

Time of Death: 08:10 PM

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

County where fatality incident occurred: Washington

Was 911 or local emergency number called? No

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:**

- 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	Aunt/Uncle	No Role	Male	13 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	24 Day(s)
Deceased Child's Household	Father	No Role	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Other Adult - Adoptive Father of MU	No Role	Male	46 Year(s)
Deceased Child's Household	Other Adult - Adoptive Mother of MU	No Role	Female	34 Year(s)

#### LDSS Response

WCDSS began their investigation into the death of the SC immediately by gathering information from LE, family friends that were present on the day of the fatal incident, first responders, SM, BF, ER staff, pediatrician, the coroner, OA1 and OA2. The SC had no SS. WCDSS assessed the safety of the MU (age 13) that resided in the home with the SM, SC, and his adoptive parents (OA1 and OA2). WCDSS learned that OA1, OA2 and the MU were out of town the weekend before the fatality and returned home on 3/18/18. The MU was deemed to be safe in the care of OA1 and OA2. The BF was not living in the home or present at the time of the fatal incident.

The SM was caring for the SC on 3/19/18. The SM reported she had taken the SC to the Dr. on 3/17/18 and pediatrician had no concerns. On 3/19/18, the SC was coughing and spitting up while seated in his "rocker". The SM decided to take the SC to the bedroom, and laid the SC in bed with her. The SM was lying on her right side facing the wall. The SC was beside her, lying on his back with his head elevated on her arm. There were pillows propped on his side. The SM disclosed she often co-slept with the SC, despite receiving safe sleep education. The SC and SM both fell asleep and woke when a family friend stopped by the home. The SC was cool to the touch and his skin was blue in color. The SM tried to take a reading of his oxygen, but the equipment was not operating properly. The SM decided to call the local EMS company directly. The SM asked EMS to come read the SC's oxygen levels. EMS went to the home and the SC's oxygen level was low, so the decision was made to take him to the ER. The SM explained that because of the SC's medical condition, his cooler body temperature and discolored skin was considered "normal".

WCDSS spoke with the family friend and the OA1's mother (OA3) that had both been at the home when the SC was taken to the ER. The family friend stopped by the home to see the SC at around 12:30PM. She entered the home after no one answered the door. SM was in the bedroom and seen lying in the bed with the SC. When the SM got off the bed the SC rolled from his side to his stomach from the pressure of her pushing off the mattress. SM immediately picked up the SC and gave him to the family friend to hold. The SC was wearing only a onesie and was cold to the touch and blue in color. The friend swaddled the SC and his color slightly improved. She then noticed he was closing his eyes and moaning. The SM could not get the oximeter to operate properly and she encouraged the SM to call EMS. The friend reported the SC did not respond to stimulation and when she picked up his arm it fell limp. The friend reported she received a picture of the SC



via text from the SM earlier in the day at 11:37AM. OA3 had spoken with the SM earlier in the morning on 3/19/18 and stopped by the home after the friend called her concerned for the SC. OA3 confirmed the SC was making a groaning sound, was cold to the touch and blue in color. She confirmed the SM tried to take the SC's oxygen level and the machine wasn't working. OA3 stated the SM was appropriately caring for the SC and following the medical recommendations.

EMS stated the SC's oxygen level was low when they responded and the SC looked pale with blotchy skin. It was quickly decided to transport the SC to the ER via ambulance. The ER staff reported there was discharge coming from the scar on the SC's chest during chest compressions. ER staff suggested that is a sign of infection. The pediatrician and specialist that treated the SC had no concerns for his care.

LE interviewed the SM and administered a polygraph exam. There were no concerns noted. The SM denied any alcohol or drug use leading up to the fatality, but shared the BF and herself would drink occasionally.

The BF, OA1 and OA2 were interviewed and had no information regarding the events that occurred on 3/19/18.

### Official Manner and Cause of Death

**Official Manner:** Pending

**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)?** Yes

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

**Comments:** There is no OCFS approved Child Fatality Review Team in Washington County.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046861 - Deceased Child, Male, 24 Days	046921 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
046861 - Deceased Child, Male, 24 Days	046921 - Mother, Female, 22 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 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"/>
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 checked="" type="checkbox"/>	<input 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 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"/>

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

## 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? 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? N/A
- Was the child acutely ill during the two weeks before death? Yes

### 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/19/2018	Deceased Child, Male, 21 Days	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

The SCR report alleged that on 3/19/18 the SM fell asleep on the couch with the SC. The SM changed her position while sleeping and was found lying on top of the SC. As a result the SC was cold to the touch and blue in color. The SC was in distress and required a breathing tube. The SM was aware of the risk co-sleeping posed on the SC and continued the practice.

**Report Determination:** Unfounded**Date of Determination:** 05/19/2018**Basis for Determination:**

WCDSS learned the SC had a medical condition that had required surgery and he was discharged from the hospital earlier than expected. The SC had possible signs of an infection and his skin was normally discolored and cold to the touch as a result of his condition. The SM was sleeping in the bed with the SC, but was not positioned on top of him. There was no credible evidence the SM caused the incident that led to the death of the SC.

**OCFS Review Results:**

The activities of WCDSS during the investigation were commiserate with the case circumstances.

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

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



10/23/08-11/17/08- An SCR report with allegations of IG and SA Unsub against the OA1 and OA2, regarding the OC (MU to SC).

**Known CPS History Outside of NYS**

There is no known CPS history outside of New York State.

**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**

Washington County DSS agrees, overall, with the facts and summarization of efforts in this report.

**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