



Report Identification Number: BU-15-037

Prepared by: Buffalo Regional Office

Issue Date: 4/22/2016

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	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-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



NYS Office of Children and Family Services - Child Fatality Report

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

Jurisdiction: Erie
Gender: Male

Date of Death: 10/26/2015
Initial Date OCFS Notified: 10/26/2015

Presenting Information

On 10/24/15 at an unknown time, the BF who was the sole caretaker of the SC , age 2 months, became frustrated because the SC would not stop crying. The BF shook the SC and then placed him back in the pack and play. An hour later the BF checked on the SC who appeared unconscious. The BF called 911. The paramedics arrived and the SC was transported to the hospital. The SC died on 10/26/15. The role of the mother was unknown.

Executive Summary

There is no previous history on parents of the SC. The BM and BF were living with the BM's parents. The BF recently moved into the MGP's home due to PGF and Paternal Stepmother moving to South Carolina and the PGM living in Texas. The BF moved in with the BM to be close to the SC. The MGP's described the BF as a pleasant young man who was very caring of the SC. The BM's 4 year old cousin was spending the night and was sleeping during the incident. On 10/24/15, the BM and SC woke up at 7:45 am and the BM woke up the BF around 9:45 am to tell him she was leaving to take the MGGM to Wal-mart. The BF found the SC unresponsive around 11 am in the pack and play with a blanket over his head. The BF called 911 and started CPR. The ER doctors found that the SC had a brain bleed with retinal hemorrhaging in both eyes and a detached retina in the left eye.

The BF admitted to police that he shook the SC because he would not stop crying. The SC stopped crying and the BF laid him back down in the pack and play and went back to sleep until 11am. The CW worked with LE during the investigation. The Cheektowaga Police decided not to press charges until the autopsy was released. The BF presented with suicidal ideation once he confessed to the police and was then taken to ECMC and hospitalized. The CW tried to interview the BF at the hospital but the attending physician denied access. The BF was released to the PGM and went to Texas. The CW asked Texas to do a visit to the PGM's home which they did. The BF admitted to the Texas CW that he shook the baby. On 3/2/16 the BF returned from Texas and was charged with Manslaughter 2nd. On 3/23/16, the BF admitted to the Manslaughter 2nd charge. The BF will be sentenced 7/15/16.

The preliminary autopsy was pending and the ME stated that she had the same findings as the ER doctors. The CW contacted all appropriate collaterals such as the pediatrician, EMS, and the ER physicians. The CW interviewed the mother, the father, the MGPs, the PGF and MGM. A legal consult was held and it was decided that a severe abuse petition would be filed against the father for future children. The severe abuse petition was filed on 12/23/15 and was to be heard again 4/5/16. On 1/14/16, the final autopsy report was issued which listed the Cause of Death as Abusive Head Trauma and the Manner of Death as Homicide. The caseworker substantiated the allegations of DOA/Fatality, Internal Injuries, Lack of Supervision and IG against the father on 12/29/15 and the case will remain open until the petition is resolved in Family Court. The casework was done in a timely manner and there are no recommended actions in regard to this report.

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? 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:

no additional comments

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 CW made all appropriate contacts with the collaterals. There were several interviews with the family, ME and LE. The notes were timely and of good quality. Consultation with the supervisor are in the notes

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: 10/26/2015

Date of fatal incident, if different than date of death: 10/24/2015

Time of fatal incident, if different than time of death: 10:00 AM

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: 11:11 AM

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	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	16 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	37 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	36 Year(s)
Deceased Child's Household	Mother	No Role	Female	18 Year(s)

LDSS Response

ECDSS received an SCR report on 10/26/15 with allegations of DOA/Fatality, Internal Injuries, LOS and IG against the BF regarding the SC. The SC died in the hospital after being shaken by the BF. The BF admitted that he was frustrated with the SC crying and shook him. The CW upon the receipt of the report contacted the ER, LE, ME and DA. It was learned after a discussion with the ME that the SC suffered bilateral retinal hemorrhages and a left detached retina. There were no fractures. LE stated that the BF would be charged after they received the autopsy report. The BM's parents refused to allow the BF back in the home and the BF went home with his PGGM. On 10/26/15, the BF was admitted to the hospital due to suicidal ideations after the death of the SC. The BF was later discharged to the PGM and went to reside with her in Texas. The CW contacted Texas and requested that a courtesy home visit be conducted. The BF admitted to the Texas CW that he had shaken the SC and ultimately caused his death.

The CW observed the home where the SC and his parents resided. On 10/24/15, The BM stated that the SC woke up at 7:45 a.m. and that she fed the SC and put him in the pack and play on his back to sleep. The BM stated the SC was smiling and acting fine when she put him back in the pack and play. The BM stated that at 9:45am she woke the BF up to say she was taking the MGGM to Wal-Mart. She stated that she received a call about 11:00 from the BF stating he found the SC with a blanket over his head in the pack and play and he was unresponsive. The BF told the BM the SC was in the ambulance on the way to Women and Children's Hospital of Buffalo (WCHOB). The BM, MGM and MGF met the BF at the hospital. The BF continued to state that he found the SC with a blanket over his head and unresponsive. All the parties interviewed stated that the only ones that watched the SC were the BF, BM and the grandparents. No one expressed concerns over the BF's care of the SC. Later on 10/24/15, the BF admitted to shaking the SC to get him to stop crying. The BF stated he was tired from being up all night playing video games. The SC woke up at about 10 am and he couldn't get the SC to stop crying. The BF stated that he shook the SC and he stopped crying so the BF put him on his back in the pack



and play and covered him up to his chest with the blanket. The BF stated he felt bad after shaking the SC and hugged him. The CW contacted the EMT who was on the scene. The EMT stated he arrived there shortly after the call because he lived across the street. The EMT stated that the BF came down the stairs without the SC when he arrived. When asked where the SC was the BF went back upstairs and brought the SC down holding him lengthwise. The EMT started CPR and the ambulance arrived shortly thereafter and the SC was taken to WCHOB. The CW spoke to the ER doctor who stated that they were able to get a pulse on the SC but the SC been deprived of oxygen for a long period of time. The SC presented with an unexplained brain bleed. In the NICU the SC was given two brain death tests and was pronounced dead at 2:49 pm on 10/26/15.

The ME was contacted and the preliminary manner of death was homicide. On 12/23/15, a severe abuse petition was filed against the BF in Erie County Family Court. On 12/29/15, the report was indicated against the BF for DOA/Fatality, Int. Injuries, LOS and IG. The case was opened for CPS services pending the outcome of court. On 1/14/16, the ME released the autopsy report which listed the Cause of Death as Abusive Head Trauma and Manner of Death as Homicide. Criminal Charges of Manslaughter 2nd were filed on 3/2/16 against BF and he was returned to Erie County from Texas by the PGM. On 3/23/16, the BF admitted to Manslaughter 2nd and will be sentenced on 7/15/16. The CW contacted all the appropriate collaterals such as the Pediatrician., family members and stayed in contact with LE and the ME.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external 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 CW and the LE conducted a joint investigation and were in contact with the ME.

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
027241 - Deceased Child, Male, 2 Mons	027242 - Father, Male, 16 Year(s)	Choking / Twisting / Shaking	Substantiated
027241 - Deceased Child, Male, 2 Mons	027242 - Father, Male, 16 Year(s)	Inadequate Guardianship	Substantiated
027241 - Deceased Child, Male, 2 Mons	027242 - Father, Male, 16 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities



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	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"/>
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:

All progress notes were of good quality and timely

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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?**

Family Court
 Criminal Court
 Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
12/23/2015	There was not a fact finding	There was not a disposition
Respondent:	027242 Father Male 16 Year(s)	



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Comments: The fact finding is still pending in family court.

Criminal Charge: Manslaughter Degree: 2			
Date Charges Filed:	Against Whom?:	Date of Disposition:	Disposition:
03/02/2016	Father	Pending	no
Comments:	The BF was charged with Manslaughter 2nd for the death of the SC. On 3/23/16, the BF pled guilty to Manslaughter 2nd, he will be sentenced on 7/15/16.		

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 type="checkbox"/>	<input checked="" 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"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
no other information.



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? N/A

Explain:

No other children resided in the home.

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

Explain:

The parents and grandparents were offered grief counseling. The BF was admitted to the hospital due to suicidal ideation.

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? 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/24/2015	8631 - Deceased Child, Male, 2 Months	8632 - Father, Male, 16 Years	Inadequate Guardianship	Indicated	No
	8631 - Deceased Child, Male,	8632 - Father, Male,	Lack of	Indicated	



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2 Months	16 Years	Supervision	
8631 - Deceased Child, Male, 2 Months	8632 - Father, Male, 16 Years	Internal Injuries	Indicated

Report Summary:

On 10/24/15, the BF found the 2 month old SC in a pack and play with a blanket over his head and he "looked blue". The BF called 911 and was instructed to begin CPR. When EMS arrived the SC was in full cardiac arrest. The SC was revived and brought to the hospital where he was found to have an unexplained brain bleed. The BM, MGM and MGF were not home at the time of the incident. The BF failed to provide adequate supervision of the SC who sustained an unexplained brain bleed and went into cardiac arrest while in the BF's care.

Determination: Indicated**Date of Determination:** 12/29/2015**Basis for Determination:**

The allegations SCR report were substantiated against the BF . The BF was up most of the night before playing video games. The BF admitted to shaking the SC because he was crying and would not be consoled. The BF admitted to shaking the SC in an effort to get him to stop crying. The BF then placed the SC in the pack and play and went back to sleep. When the BF woke the SC was not breathing. The SC was brought to the hospital with retinal hemorrhaging, a detached retina and subdural hemorrhaging. The SC was pronounced dead on 10/26/15. A severe abuse petition was filed against the BF. The report was indicated and opened for CPS services pending the outcome of the petition.

OCFS Review Results:

The CW completed the investigation by contacting all appropriate collaterals including the family members,ME, LE and ER staff. All medical, law enforcement and mental health records are in the file. Progress notes are complete and well documented.

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

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

none

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.



Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

We find that the facts describe the unfortunate events and actions taken. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.

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