



**Report Identification Number: BU-16-031**

**Prepared by: Buffalo Regional Office**

**Issue Date: Jun 07, 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	

### 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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

## Case Information



**Report Type:** Child Deceased  
**Age:** 11 month(s)

**Jurisdiction:** Erie  
**Gender:** Male

**Date of Death:** 10/19/2016  
**Initial Date OCFS Notified:** 10/19/2016

### Presenting Information

On 10/19/16, the SC , age 11 months, was asleep in bed with a sibling, age 2. The BF checked on the SC at 8:45am and observed him to be sleeping. At 9:30 AM the BF went to wake up the SC for breakfast. The BF noticed that one of the SC eyes was opened and the other was not. The SC was not breathing. The BF called 911 and performed CPR on the SC. When EMS arrived at the home the SC did not have a heart rate and was in cardiac arrest. The SC was deceased. The SC did not have any preexisting medical conditions and was otherwise a healthy child.

### Executive Summary

The 11 month old SC died in his sleep on October 19, 2016 between the hours of 8:00 and 9:30 am. EMS was called and the SC was taken to Women's and Children's Hospital of Buffalo (WCHOB) and was pronounced dead at 10:26 am. An SCR report was called in on the above date at 1:03 pm. with allegations of DOA/Fatality and IG against the BM and BF. The CW saw both parents at the hospital and developed a timeline of the events that led up to the SC's death. The CW saw all of the SC's siblings and their respective homes and deemed the homes met minimal standards and deemed the siblings safe. The CW ensured that all the siblings were seen medically and were deemed healthy. The 16 year old MA was also interviewed and seen medically. The CW spoke to all family members, EMS, LE and ME during the investigations. The SC's and his siblings' medical records are in the case record as are the LE and EMS reports.

The CW learned that the SC had been seen in the ER on October 18, 2016 for a fever. He was prescribed a steroid medication at the hospital and released into his parent's care with a croup diagnosis. The SC continued to run a fever and the BM gave the SC Tylenol. When the SC was brought to the BF home at 6:45 am by the MA, while the BM went to work, he was asleep. The BF allowed the SC to remain sleeping in his car seat for about 15 minutes. When the BF took the SC out of the car seat he held him for a few minutes and then laid him down in the PGM's bed. The BF kept checking in on the SC because the SC had not been feeling well. At 9:30 am, when the father went to get the SC up to eat breakfast he found the SC unresponsive. The BF's paramour called 911 and the BF started CPR. EMS showed up 3 minutes after the call was received and continued CPR at the home for 20 minutes then transported the SC to WCHOB. The CW continued to make home visits and gather information. The ME stated that there was no foul play and that the SC died of natural causes. The autopsy report was not available at the writing of this report.

On 12/16/16, the CW unsubstantiated the allegation of DOA/Fatality and IG against the parents. There was no credible evidence to support the allegations at this time. ME had been contacted. FA, MO, MA,PA, and PGM had been interviewed, and were appropriate and cooperative with the investigation. All appropriate collaterals had been contacted. Law enforcement did not pursue a case as there was no criminal element. BF and BM were provided with grief materials and 211 referrals. BF and BM denied the need for any additional services. No further CPS intervention was needed. Siblings were safe at the time of the closing.

### 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:**

The CW did a great job on collecting the appropriate information and interviewing all the adults. The ME told the caseworker that the SC died of natural causes even though there was unsafe sleeping arrangements.

**Was the decision to close the case appropriate?** Yes

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

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

**Explain:**  
The CW did an excellent job of contacting collaterals, interviewing all the adults and seeing the non-verbal children. Numerous home visits were made and the children were deemed safe. The progress notes were of quality and contemporaneous.

### 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:** 10/19/2016 **Time of Death:** 10:26 AM

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

**County where fatality incident occurred:** ERIE

**Was 911 or local emergency number called?** Yes

**Time of Call:** 09:46 AM

**Did EMS to respond to the scene?** Yes

**At time of incident leading to death, had child used alcohol or drugs?** N/A

**Child's activity at time of incident:**



- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

**How long before incident was the child last seen by caretaker?** 15 Minutes

**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	Female	15 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	11 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	42 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	21 Year(s)
Other Household 2	Father's Partner	No Role	Female	24 Year(s)
Other Household 2	Sibling	No Role	Female	10 Month(s)

### LDSS Response

Upon receipt of the SCR report on 10/19/16, the assigned CW contacted the source and went to the hospital. The source stated that they believed it not to be neglect but the cause was unknown. A CPS history was gathered by the CW's supervisor and only showed that the BM was a victim of maltreatment. The local police dept. and DA were contacted. The CW spoke to the hospital SW who stated that the SC was brought into the ER the day before and discharged home.

The CW spoke with the BF, who stated that the SC had a fever and he brought him to the ER. The SC was seen in the lobby and triaged there. The ER personnel took the SC's temp, weight, and heart. The SC was diagnosed with Croup and given a steroid while in the hospital and discharged to the parents with no prescriptions. On the date of the SC's death, the BF stated that the SC and his 2 yr old sibling were brought to his home by the MA, due to the BM having to work, about 6:45 am. The sibling woke up but the SC remained asleep in his car seat. At about 7:05 am, the BF took the SC child out of his car seat, took his jacket off, the SC was whining so the BF held him. At 8:00 am, The SC was asleep so the BF laid him down in the PGM's bed. The BF stated he checked on the SC 4-5 times. At 9:30 am, the BF went in the bedroom to wake the SC up and found him to be very hot to the touch and his cheeks nose were pale. The BF noticed that one eye was open while the other one was closed and the SC appeared "lifeless". The BF called to his paramour to call 911. The BF started CPR and continued until the police showed up. EMS arrived within 3 minutes and worked on the SC in the home



for 20 minutes then transported him to the hospital. The SC's time of death was recorded in the medical records as 10:46 am by the ER physician.

The CW visited both the BF's and the BM's home and found them both safe. The BF's home did not have a crib in it for the SC. The BM's home had a crib but it there were items in it. The BM stated that the SC usually slept in the crib but the night before his death he slept on her chest because he was ill. The CW went over safe sleep with both parents. The BF and BM shared custody of the SC and his sibling and the BF watched the children while the BM worked. The CW interviewed all the adults in the father's home as well as his paramour. All the surviving children were medically examined and deemed to be healthy. The CW also visited the BF's paramour's home and found it safe for the 10 month sibling. The CW also went over safe sleep with the BF's paramour.

The officer who responded to the scene and the first responders were contacted. The EMS and the police report are in the record. The CW spoke to the ME who stated that there was no foul play and that the SC died from natural causes. An autopsy was not available at the time of this report.

On 12/16/16, the CW unsubstantiated the allegations of DOA/Fatality and IG against the parents. There was no credible evidence to support the allegations at this time. ME had been contacted. FA, MO, PGM and all other adults had been interviewed and were appropriate and cooperative with the investigation. Law enforcement did not pursue a case as there was no criminal element. BF and BM were provided with grief materials and 211 referrals. BF and BM denied the need for any additional services. No further CPS intervention was needed. The siblings appeared safe at the time of closing.

### Official Manner and Cause of Death

**Official Manner:** Natural

**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

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
038064 - Deceased Child, Male, 11 Month(s)	038062 - Father, Male, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
038064 - Deceased Child, Male, 11 Month(s)	038067 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
038064 - Deceased Child, Male, 11 Month(s)	038062 - Father, Male, 22 Year(s)	DOA / Fatality	Unsubstantiated
038064 - Deceased Child, Male, 11 Month(s)	038067 - Mother, Female, 21 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

Removal of the children was not necessary as the surviving siblings were deemed safe in the care of their respective parents.

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

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





<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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 parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

The parents were offered bereavement services and medical services for the siblings

### History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

During pregnancy, mother:

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



**Infant was born:**

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

### 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

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

### Known CPS History Outside of NYS

none known

### 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

### Additional Local District Comments

We find that the facts describe the unfortunate events and the actions taken in response. 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