



Report Identification Number: NY-17-107

Prepared by: New York City Regional Office

Issue Date: Apr 03, 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

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		



Case Information

Report Type: Child Deceased
Age: 5 day(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 11/28/2016
Initial Date OCFS Notified: 10/10/2017

Presenting Information

This five-days-old female child died on 11/28/16. At the time of birth, the SC had a seizure and lost oxygen which caused her organs to fail; the SC never left the hospital.

Executive Summary

The five-day-old female SC died on 11/28/16 at 6:19 AM in the Mt. Sinai Hospital Neonatal Intensive Care Unit (NICU) where she was transferred after birth from Bronx Lebanon Hospital. The cause of death was hyperkalemia, acute tubular necrosis, and hypoxic ischemic encephalopathy. The manner of death was natural.

ACS was conducting an investigation of a report that alleged EdN of the five and six-year-old children by the parents when the SC was born and subsequently died in the hospital. The SCR report was registered on 11/10/16. Although the SC was added to the household composition, OCFS was not notified of the SC's death, as required.

According to ACS documentation, there were multiple contacts with medical staff from both hospitals who explained the SC's admittance, subsequent transfer to another hospital, and the medical condition of the SC until she died.

On 11/29/16, the Mount Sinai NICU's Medical Social Worker(MSW) provided ACS with a medical summary which stated the parents had last visited the SC on 11/27/16 and were provided the SC's poor prognosis. The parents left the hospital and returned shortly after the SC died. The MSW informed ACS the hospital was assisting the parents with funeral arrangements and expenses.

Between 11/29/16 and 1/10/17, ACS continued to make the appropriate collateral contacts with service providers and offer the family additional services. According to ACS documentation, the family was receiving services including bereavement counseling, therapeutic counseling, housing services, and DV counseling because of DV issues with the SM's former paramour. Since the family was engaged in these services, the parents declined ACS's offer of additional services. ACS determined there were no safety concerns for the surviving siblings and the reported children's attendance improved because of ACS's intervention.

ACS' determination established there was credible evidence to support the substantiation of the allegation of EdN of the two reported surviving siblings by the parents, as the children were not attending school. On 1/10/17, ACS substantiated the allegation EdN of the 11/10/16 report. On 1/12/17, ACS closed the ACS case stating the children were deemed to be safe and the family was engaged in community based services.

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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:
ACS documented the children were doing well n the family and the family was engaged in community based services.

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: 11/28/2016 Time of Death: 06:19 AM

Time of fatal incident, if different than time of death: 06:00 AM

County where fatality incident occurred: Bronx

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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: Hospitalized since birth.

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

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 01



Adults: 00

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	5 Day(s)
Deceased Child's Household	Father	No Role	Male	28 Year(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)

LDSS Response

ACS documented the SC died on 11/28/16 at 6:19 AM at the Mt. Sinai Hospital's Neonatal Intensive Care Unit (NICU) where the SC was transferred after birth from Bronx Lebanon Hospital. The cause of death was hyperkalemia, acute tubular necrosis and hypoxic ischemic encephalopathy. The manner of death was natural.

Although the SC was added to the household composition, OCFS was not notified of the SC's death as required by 06-OCFS-LCM-13.

ACS documented multiple contacts with medical staff from both hospitals who explained why the SC was admitted, then transferred and the medical condition of the SC until she expired.

On 11/29/16, the Mount Sinai NICU Medical Social Worker(MSW) provided ACS with a medical summary that stated the parents had last visited the SC on 11/27/16 and were provided the SC's poor prognosis and returned to the hospital shortly after she expired. The MSW informed ACS the hospital was assisting the parents with funeral arrangements and expenses.

Between 11/29/16 and 01/10/17, ACS continued to make collateral contacts and offer the family services. According to ACS documentation, the family was receiving services from multiple service providers that included bereavement counseling, therapeutic counseling, housing services and DV counseling because of DV issues with the SM's former paramour. Because the family were engaged in these services the parents declined ACS' offer of additional services. ACS determined there were no safety concerns for the surviving siblings and the reported children's attendance improved because of ACS' intervention.

On 12/19/16, ACS made contact with children's former school and learned the children were excessively absent. The Specialist followed up the information and according to the mother she had not been sending the children to school because she feared her ex paramour would hurt the children since he knew where they resided. The family relocated and the children were enrolled in a school closer to their new address. The Specialist contacted the new school and learned there were no concerns regarding the children.

The case documentation reflected on 12/20/16, ACS made contact with Safe Horizon, Sanctuary for Families, EDNY, and the NYC Department of Homeless Services regarding services for the family.

During the investigation, ACS completed the Safety and Risk Assessments which accurately reflected the case circumstances.



On 1/10/17, ACS substantiated the allegation of the report. ACS's determination established there was credible evidence to support the allegation of EdN of the two reported surviving siblings. On 1/12/17, ACS closed the ACS case stating the children were deemed to be safe and the family was engaged in community based services.

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 New York City 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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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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Explain:
The 24-Hour safety assessment report was not required. There was no fatality report registered with the SCR.

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 siblings received bereavement services; however, the services was not arranged or provided by ACS. The bereavement services was arranged by the Department for Homeless services and the family was compliant with these services.

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

Explain:
The parents received bereavement services; however, the services was not arranged or provided by ACS. The bereavement services was arranged by the Department for Homeless services and the family was compliant with these services.

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?** No



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)	Status/Outcome	Compliance Issue(s)
11/10/2016	Sibling, Male, 8 Years	Mother, Female, 28 Years	Educational Neglect	Indicated	Yes
	Sibling, Male, 6 Years	Mother, Female, 28 Years	Educational Neglect	Indicated	
	Sibling, Male, 8 Years	Father, Male, 27 Years	Educational Neglect	Indicated	
	Sibling, Male, 6 Years	Father, Male, 27 Years	Educational Neglect	Indicated	

Report Summary:

On 11/10/16 the SCR registered a report that alleged EdN of the six and eight-year-old children by the parents. ACS investigated the allegations of the SCR report and made the appropriate collateral contacts but failed to notify OCFS of the death of a child during an open CPS investigation as required.

Determination: Indicated

Date of Determination: 01/10/2017

Basis for Determination:

ACS determined there was some credible evidence to support the allegation of EdN of the six and eight-year-old children by the parents. The determination narrative stated the children had missed 37 days of school at the time of the SCR report and it negatively impacted their education. The children began attending regularly after ACS intervention.

OCFS Review Results:

ACS investigated the allegations of the SCR report and made the appropriate collateral contacts but failed to notify OCFS of the death of a child during an open CPS investigation as required by 06-OCFS-LCM-13.

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

Issue:

Failure to report death of child in open CPS or Preventive/CPS services case in timely manner

Summary:

A child was born and died during an open CPS investigation and ACS failed to report the death to ACS as required.

Legal Reference:

06-OCFS-LCM-13

Action:

ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.

**Issue:**

Failure to provide notice of report

Summary:

ACS failed to provide the Notice of Existence to the BF who is a subject of the report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who will attend and what was discussed.

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

The SM was known as a parent in two SCR reports dated 10/5/11 and 8/19/14. The allegations of the 10/5/11 report were M/FTTH, IFCS and IG of the now six-year-old SS. On 11/17/11, ACS determined there was credible evidence to support the allegations and the report was substantiated. The mother received EI services which she completed and the service case was closed on 12/27/11.

The allegations of the 8/9/14 SCR report were PD/AM, IFCS and IG of the now four, five, six and eight-year-old surviving children by the parents. ACS investigated and determined there was no credible evidence to support any of the allegations. On 10/14/14, ACS unsubstantiated the allegations and the report was unfounded and legally sealed. The parents refused services offered by ACS.

Known CPS History Outside of NYS

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

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"/>

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