



**Report Identification Number: NY-18-095**

**Prepared by: New York City Regional Office**

**Issue Date: Mar 18, 2019**

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:** 4 year(s)

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 09/29/2018  
**Initial Date OCFS Notified:** 09/29/2018

## Presenting Information

On 9/29/18, at approximately 3:30 AM, the Adult Brother (AB) threw the four-year-old male (SC) off the roof of the six-story apartment building where the family resided. As a result of the AB's actions, the SC died. The AB was diagnosed with Schizophrenia and was not taking his prescribed medication.

## Executive Summary

The SCR registered a report regarding the death of a four-year-old male that occurred on 9/29/18. The SC's adult brother (AB) threw the SC off the roof, six floors onto the courtyard. According to the report, the AB had been diagnosed with Schizophrenia and had not taken his prescribed medicine. The allegations of the report were DOA/Fatality and IG of the SC by the AB. The report also alleged IG of the five, ten and seventeen-year-old SS by the AB. The family was not known to the SCR or ACS prior to the fatality report and none of the family members had a criminal record.

Following the receipt of the report, an ACS Brooklyn Field Office Specialist visited Kings County Hospital Center (KCHC) and met with LE and the ME. ACS learned that the SC was pronounced dead at 3:45 AM and transported to KCHC morgue. The ME reported the SC was found with multiple, circular, healed scars all over his body, with the majority on his buttocks and legs. The ME noted the scars were possibly eczema or bed bug bites. The BM reported the SC sustained most of the scars from playing in the bushes in their former country. ACS learned from the children's pediatrician that the scars were not reported because they appear to be insect bites and the fact that the family emigrated made the BM's explanation plausible.

On the same day, the Specialist visited the local precinct and learned from a police officer that approximately ten blocks away from the case address, the AB walked up to a patrol car, told the officer that he had thrown his brother off the roof and where the body was located, then he fled. The officers contacted another patrol car asking them to confirm the reported information. The officers apprehended the AB and held him in custody at the local precinct. He was later charged with Murder in the 2nd degree.

Later on 9/29/18, ACS learned from LE that the family consisted of the BM and her five children who had emigrated from another country to the United States, less than one year prior to the incident. The father did not come to the US. The BM told LE that before they emigrated, the AB had been cruel to an animal and when his BF punished him, he attempted to stab the BF. As a result of that incident, the AB was hospitalized for two weeks and was not given a diagnosis. According to the BM, she was told to "just love him."

According to LE, in July of 2018, the AB attempted suicide by ingesting a bottle of Rubbing Alcohol and another time he threatened to jump off the roof. He was then hospitalized for three weeks at KCHC and diagnosed with Schizophrenia, prescribed medication and released. The BM told LE she pleaded with the AB to take the medicine but he refused. She bought a drink that she believed would help; he drank it once and refused to drink it again.

The BM explained to LE, that the AB was a loving person who liked to stay home and help with chores; however, he was not a primary caregiver and he had never attempted to harm any of the SS.

LE reported the AB stated he chose the SC because he was the "easiest to deal with and to get to." He stated he picked up the SC from the bed as the child slept, took him to the door and when the SC awoke, he led him to the roof. LE reported



the surveillance cameras showed the SC walking up the stairs to the roof but there were no cameras on the roof. According to LE, the AB said he heard voices, but mainly he threw his brother off the roof hoping that God would change the world.

ACS received information from the neighbors who stated that at times, LE was summoned to the case address due to teenagers in and out of the apartment, hanging around and arguing in the stairwell and smoking on the rooftop.

The ME listed the cause of the SC's death multiple blunt force injuries an the manner homicide (thrown from roof).

ACS has not yet determined this report.

## 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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

**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:

ACS has not yet determined this report.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of Risk Assessment Profile (RAP)
<b>Summary:</b>	ACS has not yet completed a Risk Assessment to the date this report was issued.
<b>Legal Reference:</b>	18 NYCRR 432.2(d)



**Action:** ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 09/29/2018

**Time of Death:** 03:45 AM

**County where fatality incident occurred:**

Kings

**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

**How long before incident was the child last seen by caretaker?** 1 Hours

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Adult Sibling	No Role	Female	23 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Mother	No Role	Female	40 Year(s)
Deceased Child's Household	Other Adult - Adult cousin	No Role	Female	22 Year(s)
Deceased Child's Household	Other Adult - Adult cousin	No Role	Male	24 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)



Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Other Household 1	Other - Maternal great-aunt	No Role	Female	67 Year(s)

### LDSS Response

On 9/29/18 and 9/30/18, the ACS Specialist and LE interviewed the family members individually. According to the information ACS received, those in the home were all asleep at the time the incident occurred. The BM slept on the bottom bunk bed with the SC to wake him to use the bathroom because he habitually wet the bed. The bunk bed was not against a wall, so there was access on both sides. The BM reported that during that night, she heard the AB rummaging through the room, she told him to go back to sleep and she fell back asleep. The BM got up to take the SC to the bathroom and discovered him missing (she was not sure of the time). After the BM checked all of the rooms and noticed the AB was also missing, she alerted the adult sibling (AS) and the adult male cousin (AMC) to search for the brothers. The family observed flashing lights and a fire truck in front of the building. The seventeen-year-old stayed with the ten and five-year-old siblings in the living room during the commotion. As the BM and AS exited the elevator on the first floor and the AMC simultaneously arrived on the first floor because he took the stairs, they encountered LE. The BM informed LE that her sons were missing and LE led them back to their apartment so as to avoid them from viewing the scene.

The family was transported to the precinct where they learned of the incident and were interviewed. They were then transported to the Brooklyn CAC where they received crisis intervention. The Specialist also interviewed an adult female cousin (AFC) who had recently moved from the case address and was not in the home at the time of the incident. The AFC was aware of the AB's mental status and she stated he was not harmful, he stayed to himself. The MA who was in the home at the time of the incident had no information to lend as she had been visiting for a short time.

According to the family, the relationships between the siblings, cousins and the AB were good. They all reported they were aware of the AB's mental illness and behaviors, they hid all sharp objects from him and they felt safe. They reported the AB stayed to himself, spoke to himself and had not threatened to harm anyone, but himself. They also reported the AB was troubled that the family was being evicted, he asked where they were going to live, the AS and the AMC advised him not to worry and the BM told him she did not know but "God was in charge." The family reported only the AS and AMC picked up the younger siblings from school daily and provided care until the BM returned from work. The SM reiterated that the AB did not provide care to the children. The AMC admitted he and the AB smoked marijuana daily, in the building's stairwell or on the roof top. The Specialist advised the BM to refrain from allowing the AMC to pick up the SS from school or provide care due to his use of marijuana. ACS interviewed the Superintendent of the building and learned that the lock on the roof door had been tampered.

On 10/01/18, the Specialist reassessed the SS and observed healed scars on their legs that were explained as insect bites they received in their former country. ACS assessed and documented that the home had roaches, bedbugs and limited lighting. ACS made several unsuccessful attempts to obtain information from the KCHC psychiatric ward, where the AB was being held, to no avail.

The family received assistance with relocating and ACS provided counseling to the adults. The children received counseling at their respective schools. ACS documented that the BF was present at one of the visits in the new home. ACS' case documentation dated 11/21/18, reflected a determination narrative; however, ACS has not yet completed a Risk Assessment or made a determination on this report.

### 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

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.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049160 - Deceased Child, Male, 4 Yrs	049166 - Adult Sibling, Male, 20 Year(s)	Inadequate Guardianship	Pending
049160 - Deceased Child, Male, 4 Yrs	049166 - Adult Sibling, Male, 20 Year(s)	DOA / Fatality	Pending

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

The AB has been arrested and is in a psychiatric institution.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
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Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
The family received assistance with housing through Church Avenue Merchants Benevolent Association, they have been relocated.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Explain as necessary:**

The AB who posed harm to the SS, was removed from the home and he was placed under arrest by LE.

**Legal Activity Related to the Fatality**

**Was there legal activity as a result of the fatality investigation?**

Family Court

Criminal Court

Order of Protection

**Criminal Charge:** Murder **Degree:** 2

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
10/01/2018	The adult brother (AB).	Unknown	Unknown
<b>Comments:</b>	The AB was charged with the murder of the SC. The AB was detained in a psychiatric hospital.		

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input 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:**

The BM, AMC and SS are engaged in services.



**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 family was referred to a PPRS program in their new vicinity for continuation of the services.

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

**Explain:**

PPRS under the auspices of CAMBA.

## History Prior to the Fatality

### Child Information

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

## 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 was no CPS history more than three years prior to the fatality.

## Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

## Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation? There was no legal activity**

## Recommended Action(s)



Are there any recommended actions for local or state administrative or policy changes?  Yes  No

Are there any recommended prevention activities resulting from the review?  Yes  No