



**Report Identification Number: NY-23-080**

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

**Issue Date: Feb 12, 2024**

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 had an open investigation or a CPS monitored services case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services	DA-District Attorney	
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	SXTF-Sex Trafficking
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 year(s)

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

**Date of Death:** 08/27/2023  
**Initial Date OCFS Notified:** 08/27/2023

## Presenting Information

The New York City Administration for Children’s Services (ACS) received an SCR report on 8/27/2023, which alleged the 2-year-old subject child (SC) was in the care of the parent substitute (PS). The parent substitute was on a video call with the mother (SM) and reported to her the child complained of stomach pain. The mother saw the child over the video call and observed him to appear lethargic and instructed the parent substitute to call 911. The parent substitute called 911, EMS arrived to the home and found the child unresponsive. EMS performed CPR on the child and transported him to the hospital where he was pronounced dead. When examined at the hospital, the child had bruises to his abdomen which appeared suspicious in nature. The mother and the parent substitute had no explanation for the bruises. The roles of the maternal grandmother (MGM), maternal aunt (MA), and 15-year-old maternal uncle (MU) were unknown.

## Executive Summary

This report concerns the death of a 2-year-old child which occurred while in the care of his mother’s partner, herein the parent substitute. On the date of the fatal incident, the mother left for work at approximately 6:30 AM, leaving the child in the care of the parent substitute. At approximately 11:45 AM, the mother video called the parent substitute who informed the mother the child reported not feeling well. The mother observed the child to be lethargic and advised the parent substitute to call 911. The child was transported to the hospital by ambulance where he was pronounced dead.

During his treatment at the hospital, it was noted the child had bruising to his abdomen. The doctors treating the child upon his arrival believed the bruising to be indicative of a tear in his abdomen, possibly from a ruptured appendix. An autopsy was performed and the bruising to the abdomen was identified as suspicious. The results of the autopsy showed the child sustained a depressed skull fracture, dozens of half-inch overlapping circular bruises to the abdomen indicative of repeated trauma, and an acute rib fracture of the 12th rib of his right side. All of the child’s injuries were reported to be from the same incident. The cause of death was identified as blunt force trauma to the head and abdomen and the manner of death was listed as homicide.

The parent substitute was interviewed by law enforcement and confessed to causing the injuries to the child. The parent substitute claimed he pushed the child off the bed, the child hit his head against the wall, and fell to the ground. The parent substitute confessed to causing the injuries to the child’s abdomen the morning the child died. The parent substitute was arrested and charged with murder in the second degree.

The mother, maternal grandmother, maternal aunt, and maternal uncle were interviewed in the home and expressed no knowledge of the fatal incident. The maternal aunt and uncle were in the home the morning of the fatal incident and reported hearing no commotion nor did they witness the parent substitute inflict the injuries to the child.

The family was offered services in relation to the death of the child. The family accepted assistance with the burial costs and other bereavement services were declined. The allegations against the parent substitute were substantiated and the investigation was closed.

## 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:

There was detailed documentation in the case record of supervisory consult and the decision to close the case was made commensurate with the case circumstances.

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:

There was detailed documentation in the case record of supervisory consult throughout the investigation.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 08/27/2023

Time of Death: 12:54 PM

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

Unknown

County where fatality incident occurred:

Bronx



Was 911 or local emergency number called?

Yes

Time of Call:

11:57 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs?

No

Child's activity at time of incident:

 Sleeping Working Driving / Vehicle occupant Playing Eating Unknown 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	Aunt/Uncle	No Role	Female	19 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	15 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	51 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	23 Year(s)
Other Household 1	Father	No Role	Male	24 Year(s)

## LDSS Response

ACS received the SCR report and coordinated their response with LE. LE informed ACS the SC was brought to the hospital by ambulance, and during the initial assessment, the emergency room personnel believed the SC may have suffered a ruptured appendix. The emergency room doctor stated the bruising to the SC's abdomen was suspicious, although it could have been from a ruptured appendix and initial treatment in the hospital would have been for that medical emergency. The SC was pronounced dead at 12:54 PM, shortly after the ambulance arrived at the hospital. The PS was being interviewed by LE at the time ACS received the SCR report. LE informed ACS the PS stated the SC fell off the bed and hit his head on the wall prior to reporting feeling ill. The PS was held in LE custody pending the autopsy.

An autopsy was performed, and the initial report identified the SC sustained a depressed fracture to the left side of his skull, dozens of half-inch overlapping circular bruises to the abdomen, and an acute rib fracture of the 12th rib of his right side. The ME stated the injuries were sustained as part of the same incident and were indicative of being struck in the head and abdomen. The ME ruled out the SC had fallen and hit his head on the wall and stated that due to the nature of the injury, the SC would have had to hit his head on an object. The ME stated the SC's skull had been pushed into his brain and an object with an edge other than a flat wall would have caused that injury. The ME also identified the SC had sustained a femur fracture that had been several months healed. The femur fracture was known by the SM, and the SC received medical treatment in the hospital. There was not an SCR report made at the time of the SC's femur fracture. The final autopsy report identified the cause of death as blunt force trauma to the head and abdomen and the manner of death as homicide.



ACS interviewed LE following the ME's initial report. LE informed ACS the PS confessed to causing the SC's injuries. The PS was arrested and charged with Murder in the 2nd degree.

ACS interviewed the SM. The SM stated she had left for work on the morning at approximately 6:30 AM on the date of the fatal incident. The SM called the PS at approximately 11:45 AM and was speaking to him over video call. The PS stated to her the SC had complained of stomach pain, he made the SC some tea, and the SC was in bed. The SM stated the SC appeared lethargic and she advised the PS to call 911. The SM stated she had no previous concerns for the SC in the care of the PS. The SM stated the SC was in the care of the PS at the time of the femur fracture. The PS informed the SM the SC jumped from the couch and onto a table, injuring his leg. The SM stated she had no reason to suspect the PS injured the SC at the time of the injury, though she now suspected the PS injured the SC.

ACS interviewed the MA and MU in the home. The MA and MU stated they were home the morning of the fatal incident and were asleep in the morning and only awoke when EMS arrived. The MA and MU stated they heard nothing out of the ordinary. The MGM was interviewed in the home and stated she had no previous concerns for the SC in the care of the PS and the PS got along well with the family.

The BF, paternal aunt (PA), and paternal grandmother (PGM) were interviewed in their home. The BF, PA, and PGM stated they had no previous concerns for the care of the SC by the SM. Each identified having met the PS briefly and had little to no interaction with him. The PA and PGM stated they visited with the SC often and had last seen him a few days prior to his death.

The allegations of DOA/Fatality, L/B/W, and IG against the PS were substantiated. Allegations against the SM were unsubstantiated. Services were offered to all parties in relation to the death of the SC. The SM accepted burial assistance. All further services were declined by the family, and the investigation was closed.

### 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)?** Yes

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** No

**Comments:** NYC does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066108 - Deceased Child, Male, 2 Year(s)	066110 - Mother's Partner, Male, 23 Year(s)	DOA / Fatality	Substantiated
066108 - Deceased Child, Male, 2 Year(s)	066110 - Mother's Partner, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
066108 - Deceased Child, Male, 2 Year(s)	066110 - Mother's Partner, Male, 23 Year(s)	Lacerations / Bruises / Welts	Substantiated
066108 - Deceased Child, Male, 2 Year(s)	066109 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated



# Child Fatality Report

Year(s)			
066108 - Deceased Child, Male, 2 Year(s)	066109 - Mother, Female, 23 Year(s)	Lacerations / Bruises / Welts	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 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"/>
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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain:</b> Risk was assessed throughout the investigation and appropriate services in relation to the death of the SC were offered and declined by the family.				

## 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 as a result of information uncovered during the fatality investigation?	<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

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

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
08/30/2023	Mother's Partner	Pending	Unknown
<b>Comments:</b> The PS was arrested at the time of the SC's death and charged on 8/30/2023 when the results of the autopsy were made available.			

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

Services	Provided After	Offered, but	Offered, Unknown	Not Offered	Needed but	N/A	CDR Lead to
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	Death	Refused	if Used		Unavailable		Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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 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? No

Explain:

Services were offered to the MU and declined by the family.

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

Explain:

Burial assistance was offered and accepted by the family. Additional bereavement services were declined by the family.

### History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment?

No

Was the child acutely ill during the two weeks before death?

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 investigative history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There was 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