

Report Identification Number: RO-15-001

Prepared by: Rochester Regional Office

Issue Date: 7/1/2015

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.

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Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information

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Report Type: Child Deceased
Age: 3 year(s)

Jurisdiction: Monroe
Gender: Female

Date of Death: 01/04/2015
Initial Date OCFS Notified: 01/04/2015

Presenting Information

On 1/4/15 Monroe County Department of Human Services (MCDHS) received an initial report regarding the death of the subject child (SC). According to the narrative of the report, on 1/4/15 the SC, an otherwise healthy child died. On 1/3/2015, at approximately 9:30PM the father put the SC to bed. On 1/4/15 at approximately 9:30AM, the father found the SC unresponsive and her body was blue in color. The SC had no visible injuries. The cause of death was unknown.

Executive Summary

This fatality report concerns the death of a 3-year-old female that occurred on 1/4/15. MCDHS received an initial report in regards to the death of the subject child on 1/4/15 with allegations of Dead on Arrival/Fatality (DOA/FAT) and Inadequate Guardianship (IG). The adoptive mother (AM), adoptive father (AF), and adoptive maternal grandmother (AMG) were all listed as subjects of the report. The surviving sibling (SS) was listed with an unknown role.

According to the report on 1/4/15, the SC, an otherwise healthy child died. On 1/3/2015, at approximately 9:30PM the father put the SC to bed. On 1/4/15 at approximately 9:30AM, the father found the SC unresponsive and her body was blue in color. The SC had no visible injuries. The cause of death was unknown and there was no plausible explanation.

MCDHS conducted adequate assessments of immediate danger to the surviving sibling named in the report within 24 hours. On 1/4/15, MCDHS made contact with the Monroe County Sheriff's Department (MCS D). The MCS D confirmed the death of the SC and reported that the SC and the surviving sibling had been adopted by the parent's. On the same date, MCDHS made contact with the family and assessed the surviving sibling (SS) as safe. On 1/5/15, MCDHS determined that it was appropriate to transfer the investigation to a neighboring county due to a conflict of interest. Ontario County Department of Social Services (OCDSS) agreed to conduct the investigation as a courtesy to MCDHS.

OCDSS conducted a joint investigation with the MCS D. OCDSS also consulted with the SC's pediatrician and with the Monroe County ME in an attempt to determine the cause of death. During the investigation, OCDSS did not adequately explore or assess safety factors or risk elements with the SS or the AMG. In addition, OCDSS did not make all appropriate collateral contacts regarding the surviving sibling or with first responders.

During preliminary consultations with the ME it was reported that the cause of death was unknown and required further investigation. However, the ME did report that there were no signs of trauma and no evidence to support that the SC suffered from and abuse/maltreatment. On 3/25/15, OCDSS appropriately unsubstantiated all allegations and closed the case as there was no credible evidence to suggest that any of the subjects of the report failed to provide a minimum degree of care thus causing or contributing to the death of the SC. The family was referred to community based mental health services. The final autopsy report is currently pending.

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?** No
- **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

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.

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	OCDSS did not make any collateral contacts regarding the surviving sibling. In addition, OCDSS did not conduct collateral contacts with medical or fire first responders.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	The RRO is aware of current work to address the issue. No further action required at this time.
Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	OCDSS did not properly explore or assess Safety/Risk with the surviving sibling or the MGM (subject of the report) during casework contacts.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(b)
Action:	The RRO is aware of current work to address this issue. No further action is required.
Issue:	Face-to-Face Interview (Subject/Family)
Summary:	All subjects were not interviewed face-to-face. OCDSS interviewed the MGM via the telephone.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(a)
Action:	The RRO is aware of current work to address the issue. No further action required at this time.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/04/2015

Time of Death: 11:25 AM

County where fatality incident occurred:

MONROE

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		3 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	41 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	79 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)

LDSS Response

OCDSS initiated the investigation by making contact with the MCSD. The MCSD reported that the death was being viewed as natural; therefore a criminal investigation was not warranted. Between 1/6/15 and 3/19/15 the AM, AF and AGM were all interviewed to determine events leading up to the death of the SC. It should be noted that OCDSS interviewed the parent's together and the MGM via the telephone.

It was determined that, on the morning of 1/3/15 the SC complained of a stomach ache without fever. The AF and AM reported that the child "spit-up" a few times after drinking water. At dinner time the SC ate applesauce and drank some

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chocolate milk without incident. The AF and AM reported that the SC played normally and went to bed in her bedroom at about 9:30PM. At about 11:00PM the AF checked on the SC and found her sleeping on the floor. He then picked her up and placed her in a toddler bed. According to the LE report, everyone else in the household went to bed at about 11:30PM. The AF checked on the SC at 3:30AM, he reported that she had rolled over onto her side and was facing the wall. The father checked on the SC again at 8:30AM, he reported that at this time the SC appeared to be asleep. He then watched television with the surviving sibling. At about 9:30AM, the father checked on the SC again and observed that she was nonresponsive, cold, stiff and face-down. It should be noted that positioning of the SC was documented by LE, not OCDSS.

DSS should have verified and clarified the position the SC was found on the floor, how she was placed in bed, and how she was discovered on the morning of the incident by the AF. The AF reported that upon discovering the SC, he yelled for the AM to call 911. As per the LE report, the AF reported that he called 911. As per the audio of the 911 call, the AM did in fact call. OCDSS did not clarify this detail with the family. In addition, OCDSS did not document a clear timeline of events leading up to death indicative of all perspectives from the subjects and the surviving sibling. As a result, the sequences of events are not clear from perspective of CPS.

On 1/9/15, OCDSS consulted with the Medical Examiner (ME). As per the ME, based on lividity and blood pooling patterns, the SC was positioned face down. The ME confirmed that there were no signs of trauma. The ME further reported that there were signs of accelerated decomposition which is more consistent with an infection and inflammation was found around the heart. The ME agreed to provide OCDSS with a copy of the final autopsy report upon completion. To date, the final autopsy report has not been completed.

OCDSS did not conduct any casework activity between 1/29/15 and 3/18/15.

OCDSS unsubstantiated all allegations and closed the case on 3/25/15. OCDSS based their evidence on the preliminary findings from the ME which suggested that the SC died from natural causes and reports from LE which determined that "foul play" was not suspected. Although, OCDSS appropriately determined all allegations based on the evidence above, they did not properly document how the evidenced gathered did not support findings of maltreatment/abuse. It would have been appropriate for OCDSS to document that "there is no credible evidence to support that the subjects failed to provide a minimum degree of care of the SC or that abuse/maltreatment caused and/or contributed to the death of the SC.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical 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 reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation
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			Outcome
016841 - Deceased Child, , 3 Yrs	016846 - Father, Male, 41 Year(s)	DOA / Fatality	Unsubstantiated
016841 - Deceased Child, , 3 Yrs	016846 - Father, Male, 41 Year(s)	Inadequate Guardianship	Unsubstantiated
016841 - Deceased Child, , 3 Yrs	016844 - Grandparent, Female, 79 Year(s)	DOA / Fatality	Unsubstantiated
016841 - Deceased Child, , 3 Yrs	016844 - Grandparent, Female, 79 Year(s)	Inadequate Guardianship	Unsubstantiated
016841 - Deceased Child, , 3 Yrs	016845 - Mother, Female, 41 Year(s)	DOA / Fatality	Unsubstantiated
016841 - Deceased Child, , 3 Yrs	016845 - Mother, Female, 41 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" 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"/>

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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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 and 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"/>

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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"/>

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? Yes

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 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

No known history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

At birth, the SC was placed in foster care for a couple of days on a voluntary basis by the birth parents pending the surrender of their parental rights and finalization of the adoption by the AM and AF.

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