



Report Identification Number: SV-15-027

Prepared by: Spring Valley Regional Office

Issue Date: 12/11/2015

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.



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



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Dutchess
Gender: Female

Date of Death: 05/12/2014
Initial Date OCFS Notified: 06/15/2015

Presenting Information

A report was made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) on 06/15/2015, which alleged Inadequate Guardianship, and DOA/Fatality, against the mother, on behalf of the 1-year-old subject child. The report also alleged Inadequate Guardianship, Lack of Supervision, and Parent's Drug/Alcohol Misuse against the mother, and Inadequate Guardianship and Parent's Drug/Alcohol Misuse against the mother's boyfriend on behalf of the 7-month-old surviving male half-sibling. The report alleged the subject child passed away on 5/12/2014, and the mother was giving varying explanations for the death, causing suspicion. The report stated that the cause of death was unknown. The report also alleged the mother had unaddressed mental health concerns, and was not attentive to the needs of the half-sibling. The report added the mother and her boyfriend use drugs and drink alcohol while caring for the half-sibling.

Executive Summary

Dutchess County Department of Social Services, (DCDSS), conducted an investigation into the allegations listed on the report, and worked in conjunction with the Dutchess County District Attorney's Office. The subject child passed away over a year prior to the case being called in. There were no criminal charges filed as a result. Appropriate collateral contacts were made, and pertinent information was obtained. DCDSS contacted medical professional, family members, and all persons listed on the report. Appropriate services were offered to the mother via the Dutchess County Trauma Team and were accepted. DCDSS maintained contact with this service provider throughout the investigation.

The mother provided DCDSS with the autopsy report indicating the subject child passed away on 5/12/2014 with the immediate cause of death being Hypotensive Shock, and the underlying cause of death being Sepsis, infection, lymphoid depletion, and diffuse congestion/edema. The clinical summary of the autopsy report revealed the subject child presented with one day of fever at 107.8 degrees followed by vomiting and diarrhea. Medical records were obtained for the subject child and surviving sibling. These records indicated the subject child was seen by her Primary Care Pediatrician on 4/18/2014, 4/25/2014 and 2-days prior to her death, on 5/10/2014 was treated for a medical condition, and was prescribed an antibiotic. She was taken to the local hospital late that evening, was intubated, stabilized, and transported to the medical center on 5/11/2014 for further treatments. En route, the subject child's condition declined and full code resuscitation efforts continued upon arrival at the pediatric intensive care unit at the medical center. After 40-minutes of Cardiopulmonary Resuscitation (CPR), and discussion with the family, resuscitation efforts ceased at 7:17 AM on 5/12/2014. The subject child was pronounced dead at 7:23 AM. The autopsy was requested by the family as the mother believed the subject child's passing was due to receiving the MMR/Varicella vaccination within the 2 weeks prior to her death.

Home visits to assess the safety and well-being of the surviving male half-sibling were made and contact with him was maintained. The allegations on behalf of the half-sibling were addressed with the appropriate parties, and the half-sibling was assessed to have been clean, appropriately dressed for the weather and free of any marks and/or bruises during each visit. DCDSS assessed the half-sibling to have an appropriate relationship with his parents and caretakers and no concerns were noted. Appropriate provisions for the half-sibling were observed in both the



mother's home and the father's home.

All Safety Assessments as well as the Risk Assessment Profile (RAP) were appropriate, timely, and accurately reflected the known circumstances of the case. The case notes were well documented, detailed and contemporaneous.

On 08/10/2015, DCDSS made the determination to un-substantiate the allegations of DOA/Fatality Inadequate Guardianship, Parent's Drug/Alcohol Misuse and Lack of supervision listed on the report. The mother was discharged from counseling in 2013 and was not in need of medications nor continued counseling since that time. The mother had been compliant with scheduled appointments for grief counseling throughout the investigation, and underwent a Psychiatric evaluation and no acute or persistent mental health diagnosis' were made. On 6/19/2015, the mother submitted to a drug test in which she tested negative for all substances. The mothers boyfriend was not responsible for the care of the surviving half-sibling. Further, it was found the subject child died of natural causes resulting from a extremely high fever. The mother acted appropriately in seeking medical attention for her prior to her death. No CPS nor criminal investigation resulted from her passing.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

The investigation determination safety assessment was appropriate and timely and accurately reflected the known circumstances of the case.

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:

Sufficient information was gathered to make a determination on the case. The determination was appropriate and accurately reflected the known circumstances of the case.

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: 05/12/2014

Time of Death: 07:23 AM

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

County where fatality incident occurred:

DUTCHESS

Was 911 or local emergency number called?

No

Did EMS to 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

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: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Other Adult	No Role	Male	23 Year(s)
Deceased Child's Household	Other Adult	No Role	Female	21 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	7 Month(s)
Other Household 1	Other Adult	No Role	Male	21 Year(s)

LDSS Response



Dutchess County Department of Social Services, (DCDSS), conducted an investigation into the allegations listed on the report, and worked in conjunction with the Dutchess County District Attorney’s Office. The subject child passed away over a year prior to the case being called in. There were no criminal charges filed as a result. The final autopsy was obtained and it was noted the subject child passed away from natural causes. All subjects and other persons named on the report were interviewed, and the allegations were discussed. DCDSS contacted medical professional, family members, and all persons listed on the report. Appropriate services were offered to the mother via the Dutchess County Trauma Team and were accepted. DCDSS maintained contact with this service provider throughout the investigation.

The safety to the surviving 7-month-old half-sibling was assessed and contact was maintained. All Safety Assessments as well as the Risk Assessment Profile (RAP) were appropriate, timely, and accurately reflected the known circumstances of the case. The case notes were well documented, detailed and contemporaneous. No DCDSS court intervention for the half-sibling was warranted, although the family had a petition in family court regarding the half-sibling stemming from the mothers views on his vaccination schedule. The father was not in agreement with the mother's choice not to vaccinate the surviving sibling. The family met with the pediatrician regarding the concerns for vaccinations and the court ordered for joint custody and joint decision making regarding the half-sibling. The family planned to take the half-sibling for immune system testing prior to agreeing to any further immunizations. There was documentation of a supervisory conference noted. The case was closed on 8/10/2015 and the allegations on the report were determined to have been appropriately unfounded.

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: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?Yes

Comments: The fatality received a full MDT investigation including Law Enforcement involvement and a CAC case review. The DCDSS worker assigned to the case was a CAC investigator and was part of the collocated MDT investigation team.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: Dutchess County does not currently have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
019521 - Deceased Child, Female, 1 Yrs	019522 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
019521 - Deceased Child, Female,	019522 - Mother, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated



NYS Office of Children and Family Services - Child Fatality Report

1 Yrs			
019544 - Sibling, Male, 7 Month(s)	019541 - Mother's Partner, Male, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
019544 - Sibling, Male, 7 Month(s)	019541 - Mother's Partner, Male, 23 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
019544 - Sibling, Male, 7 Month(s)	019522 - Mother, Female, 20 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
019544 - Sibling, Male, 7 Month(s)	019522 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
019544 - Sibling, Male, 7 Month(s)	019522 - Mother, Female, 20 Year(s)	Lack of Supervision	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

The subject child passed away over a year prior to the current report. No CPS or criminal investigation was conducted as a result. The autopsy revealed the subject child died of natural causes and thus was not necessary to contact most collaterals.

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:				



NYS Office of Children and Family Services - Child Fatality 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"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

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 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"/>

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 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 mother engaged in mental health services for grief counseling and continued to utilize this support throughout the investigation. The mother also submitted to a drug screen on 6/19/2015 to which she tested negative for all substances.

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:

The mother was still pregnant with the surviving half-sibling at the time of the subject child's death. At the time of the current report, the half-sibling was 7-months-old, and was assessed to not have been in need of any services.

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



Explain:

Services were offered to the surviving half-siblings biological father and family, however declined. The mother accepted grief services and underwent an psychiatric evaluation at the recommendation of DCDSS. The mother remained in counseling throughout the investigation and was compliant with scheduled appointments.

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?	N/A
Was the child acutely ill during the two weeks before death?	Yes

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 known history of the family listing the subject child, the surviving half-sibling or the subjects in the current report having been subjects on any prior reports more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known history outside of New York State.

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

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

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

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