



**Report Identification Number: SV-15-029**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 10/22/2015**

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

<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
<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
CPR-Cardio-pulmonary Resuscitation		
<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	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	
<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		

## Case Information



**Report Type:** Child Deceased  
**Age:** 16 year(s)

**Jurisdiction:** Suffolk  
**Gender:** Male

**Date of Death:** 05/03/2015  
**Initial Date OCFS Notified:** 06/02/2015

## Presenting Information

On 6/1/15, the mother reported to Suffolk County CPS that on 5/3/15, she had found her son, the subject child, deceased in his bed. The subject child had a history of epileptic seizures and had been treated for substance abuse and mental health issues.

## Executive Summary

On 4/1/15, the Suffolk County Department of Social Services (SCDSS) received a report of maltreatment from the State Central Register (SCR), which listed allegations of Inadequate Guardianship, Child's Drug/Alcohol Use and Educational Neglect against the mother and parent substitute on behalf of the subject child. The report alleged that the subject child missed forty-seven days of school and his parents failed to address the issue. In addition, the report further alleged that the subject child abused drugs and the mother was aware but failed to intervene. The father and female sibling had no role.

SCDSS initiated the investigation by interviewing the subject child at school on the date of notification. SCDSS interviewed the mothers by phone and the father visited SCDSS to sign releases forms permitting the department to obtain relevant information from collateral contacts.

On 6/1/15, the Suffolk County caseworker was informed by the mother that she had found the subject child, in his bed, deceased on 5/3/15. The mother stated that there was no evidence of foul play and the subject child had been at the home with a friend watching a boxing match all night. SCDSS visited the home on 6/2/15 to discuss in details the circumstances surrounding the fatality and assess for any needed services. SCDSS offered bereavement services to the family.

Contact was made with the subject child's father who was very active in his life. The father reported that the subject child had recently attended an intake appointment at a drug treatment program and was scheduled for a follow-up on 5/4/15, the day after he passed away.

The caseworker also spoke to the parent substitute who informed her that the subject child had been doing well at the time of his death. He stated that the subject child was going to school every day and had been taking medication for his mental illness as well as his seizure disorder. The parent substitute further stated that it appeared that the subject child suffered an epileptic seizure in his sleep.

Visits were made to the home and interviews were conducted with all family members. Collateral contacts were made with law enforcement, schools and medical providers. Criminal and CPS checks were conducted. Medical releases were signed by the mother. Supervisory and case conferences were held throughout the life of the case. Progress notes were adequate and entered in a timely fashion.

Diligent efforts were made by the caseworker to interview the subject child's friend who had been present at the home on the night the subject child died. Although the friend's mother declined to have her son interviewed, the



caseworker mailed bereavement referrals for the subject child’s friend.

Contact was made with the subject child’s neurologist. He informed the caseworker that the subject child had not had any seizures for four years but began to have them again in 2014. The doctor stated that the parents were “appropriate with everything and didn’t miss any appointments.” The doctor further stated that he had concerns for the subject child due to his high weight.

Bereavement referrals were provided to the family and accepted. The mother stated that she was already receiving bereavement counseling.

Contact was made with the medical examiner throughout the life of the case. The autopsy determined the cause of death to be dilated cardiomyopathy and the manner of death to be natural. The toxicology report detected marijuana in the subject child’s system.

The allegations of Inadequate Guardianship, Child’s Drug Alcohol use and Educational Neglect were unsubstantiated regarding the mother and parent substitute. According to the SCDSS caseworker, there was no credible evidence to support that “the physical, mental and emotional condition of the subject child was placed at risk of impairment by the mother and parent substitute’s actions.” The case was unfounded and closed with no services on 7/6/15.

## 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?**
  - **Safety assessment due at the time of determination?**

N/A  
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?**
- **Was the determination made by the district to unfound or indicate appropriate?**

Yes, sufficient information was gathered to determine all allegations.  
Yes

### Explain:

The casework activity was commensurate with 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:

The decision to close the case was appropriate.

## 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:** 05/03/2015

**Time of Death:** Unknown

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

**County where fatality incident occurred:**

SUFFOLK

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

02:29 PM

**Did EMS to respond to the scene?**

No

**At time of incident leading to death, had child used alcohol or drugs?** Yes

**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 - Not needed given developmental age or circumstances

**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	No Role	Male	16 Year(s)
Deceased Child's Household	Mother	No Role	Female	36 Year(s)
Deceased Child's Household	Mother's Partner	No Role	Male	45 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Year(s)
Other Household 1	Father	No Role	Male	53 Year(s)

### LDSS Response

On 4/1/15, the Suffolk County Department of Social Services (SCDSS) received a report of maltreatment from the State Central Register (SCR), which listed allegations of Inadequate Guardianship, Child's Drug/Alcohol Use and Educational Neglect against the mother and parent substitute on behalf of the subject child. The report alleged that the subject child



missed forty-seven days of school and his parents failed to address the issue. In addition, the report further alleged that the subject child abused drugs and the mother was aware but failed to intervene. The father and female sibling had no role.

The SCDSS interviewed the subject child at school on 4/1/15. Information was gathered from the mother and the father signed release documents permitting the SCDSS to gather information from collateral contacts. Several unannounced visits were made in May; however, each time the family was not available. On 6/1/15, the Suffolk County caseworker was informed by the mother that she had found the subject child, in his bed, deceased on 5/3/15.

Medical records were received on 6/2/15. It was reported that the subject child was last seen by a medical professional on 2/6/15 when he was brought to the Emergency Room by ambulance for having a seizure. Contact was made with the subject child's father. The father reported that the subject child had passed away on 5/3/15. He stated that the subject child had been attending school and he had an intake for a drug counseling program and his follow-up was supposed to be on the day after he passed away. Contact was made with the drug counselling program and this information was confirmed.

A visit was made to the home on 6/2/15. The home was documented as being adequate. The mother, father, parent substitute and female sibling were interviewed and offered bereavement counseling referrals. The mother reported already being engaged in counseling.

Collateral contact was made with the Medical Examiner, District Attorney, law enforcement, schools and medical providers throughout the life of the case. Law enforcement reported that "seeds of marijuana" had been found on the subject child's dresser on the date of his death. In addition, law enforcement reported that the subject child and his friend watched a boxing match at the home the night before his death. The subject child and his friend went to sleep. The mother went to check on him the next morning and found him dead. The friend admitted to smoking marijuana with the subject child that night. The friend further reported that he woke up around 11AM and touched the subject child but he did not wake up. The friend stated that he thought nothing of it since the subject child was a heavy sleeper. Diligent efforts were made to interview the friend but his mother did not allow the caseworker to speak to him. Bereavement referrals were mailed to the friend's home.

Safety and risk assessments were appropriate and completed in a timely fashion. Supervisory conferences were held and documented in the record. CPS history and criminal history checks were conducted. One prior indicated case was found as well as minor criminal infractions for the mother and parent substitute.

The medical examiner informed the caseworker that there was no trauma to the body but the heart was enlarged and the lungs and liver were congested. The medical examiner was unable to determine whether or not the subject child suffered a seizure.

On 6/30/15, the final autopsy report was received. The manner of death was natural and the cause was dilated cardiomyopathy with congestive heart failure.

On 7/6/15, the case was unfounded and closed with no services. The allegations of Child's Drug/Alcohol Use, Educational Neglect and Inadequate Guardianship were unsubstantiated against the mother and parent substitute on behalf of the subject child. SCDSS conducted the required interviews, the documentation, assessments and the determination was appropriate and timely.

## Official Manner and Cause of Death

**Official Manner:** Natural



# NYS Office of Children and Family Services - Child Fatality Report

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

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

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# NYS Office of Children and Family Services - Child Fatality Report

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 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"/>

## 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"/>					



# NYS Office of Children and Family Services - Child Fatality Report

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"/>

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:

Referrals for bereavement counseling were offered and accepted.

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

Explain:

Referrals for bereavement counseling were offered and accepted. The mother reported already being engaged in bereavement counseling with a therapist.

## History Prior to the Fatality

### Child Information

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

Was there an open CPS case with this child at the time of death? Yes

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No



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

No

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/20/2014	4691 - Deceased Child, Male, 17 Years	4692 - Mother, Female, 36 Years	Educational Neglect	Unfounded	No
	4691 - Deceased Child, Male, 17 Years	4692 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	4691 - Deceased Child, Male, 17 Years	4692 - Mother, Female, 36 Years	Lacerations / Bruises / Welts	Unfounded	

### Report Summary:

The SCR report alleged that the mother and the subject child engaged in a physical altercation in which the mother bit the subject child. The report also alleged that the SC had missed twenty days of school and is at risk of failing.

**Determination:** Unfounded

**Date of Determination:** 01/28/2015

### Basis for Determination:

The allegations of Educational Neglect, Inadequate Guardianship and Lacerations, Bruises, Welts are unsubstantiated against mother, as it could not be shown that the physical, mental, and emotional condition of the subject child was placed at risk of impairment by her actions.

### OCFS Review Results:

No casework practice issues were discovered during the case review.

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

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

A CPS report dated 1/5/05 alleged that the mother and parent substitute (PS) engaged in domestic violence in the presence of the subject child (SC) and the female sibling. The allegation of Inadequate Guardianship was substantiated for the mother and PS. The case remained open for court ordered services as the mother was to ensure that the PS stayed away from the children and did not engage in any domestic violence in their presence.

On 9/14/10 a report alleged that the SC had a seizure in school and the mother was not ensuring that he take his medications. The case was closed with no services and the allegations of Inadequate Guardianship, Lack of medical care and lacerations, bruises and welts were unsubstantiated.

A third report on 6/1/11 alleged that the mother and PS hit the SC over the head and it was not the first time. The case was unfounded and closed with no services and the allegations of Excessive Corporal Punishment and Inadequate Guardianship were unsubstantiated.

On 3/27/12 a report was filed against the mother and unknown, unknown on behalf of the SC. The report alleged that the SC had mental and behavioral issues and the mother and parent substitute were not addressing the problem. The case was



close and unfounded with no services. The allegations of Ed. Neglect, Lack of Medical Care and Lack of supervision were unsubstantiated.

### 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.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### 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