



**Report Identification Number: SV-15-041**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 5/19/2016**

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	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-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**



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

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

**Jurisdiction:** Nassau  
**Gender:** Male

**Date of Death:** 10/11/2015  
**Initial Date OCFS Notified:** 10/14/2015

## Presenting Information

This report alleged the subject child was under the care of the mother's paramour while the mother was at work. During this time, the paramour became physically aggressive towards the subject child for unknown reasons. As a result, the subject child sustained a bruise on his left cheek, a cut on his nostril, internal hemorrhaging and blunt force trauma to the body which ultimately lead to his death. The paramour drove the subject child to the mothers work to return the subject child to the mother's care. The subject child was already deceased at this time. The paramour informed the mother that the subject child was having trouble breathing. The mother called 911. When emergency responders arrived at the scene they tried to revive the subject child but their attempts were unsuccessful. The paramour was arrested the following day. The paramour was also caring for his 3-week-old daughter at the time of the incident.

## Executive Summary

Nassau County Department of Social Services, (NCDSS), conducted an investigation into the allegations listed on the report, and worked in conjunction with New York City's Administration for Children's Services, (ACS), service providers within the community and local law enforcement officials. Numerous appropriate collateral contacts were made including the police department, the Medical Examiner, medical professionals, community resources and relatives. All subjects and other persons named on the report were interviewed, and the allegations were discussed. Appropriate service referrals were offered to the family.

During the course of the investigation, it was learned that the mother was taken to work by her paramour at 7:00 AM on 10/11/2015, and left the subject child in the paramour's care. The paramour had also been watching his 18-day-old daughter in his home at the time of the incident. The mother had exchanged a few text messages with the paramour throughout the day and the paramour had texted around 1:30 PM explaining that the subject child was asleep and had been for a long time. When the mother finally spoke with the paramour, she was told that the subject child had fallen off of the bed and had then gone to sleep and has been asleep in the same position for a while. The paramour also informed the mother that the subject child was not properly breathing. The mother had a video call to the paramour and observed the paramour to be holding the subject child who appeared to have been asleep. After hanging up, the mother became frantic and called the paramour 11 times before he answered the phone. The mother requested the subject child be brought to the hospital, however the paramour refused. The paramour drove the subject child to the mother's work where EMS was there waiting. The subject child had a noticeable injury at the time of arrival which included his mouth being swollen and discolored and he appeared to have bruises on his face. EMS attempted to treat the subject child while the paramour stayed in the car. The subject child was taken to the hospital where the mother was informed the subject child had been brutally beaten and had been deceased before he arrived at her job.

Home visits to assess the safety and well-being of the 18-day-old child were made and contact was maintained. The 18-day-old was seen at the Child Advocacy Center where she was determined to be thriving with no obvious issues or concerns for abuse, neglect or maltreatment, and was discharged to the mother's care. Appropriate provisions were noted in the home for the 18-day-old child, and no obvious safety hazards were observed.



The Nassau County Medical Examiner ruled the death of the subject child a homicide and noted the injuries to the otherwise healthy child were the only reason for his death. The cause of death was documented to have been “Blunt Force Trauma to the torso, lacerations to the liver, intraperitoneal and retroperitoneal hemorrhage along with fracture to the 9th left rib.” Bruising to the face and head were also found, all of which were recent injuries with no signs of ongoing abuse.

The investigation was closed on 12/2/2015 and the allegations on the report were determined to have been substantiated against the mother’s paramour on behalf of the subject child. The mother’s paramour was arrested and charged with murder and manslaughter of the subject child. His account of what happened to the subject child on the day of the incident was not consistent with the injuries the subject child sustained. The subject child’s pediatrician, other medical staff, family and friends all reported the subject child was healthy and free of any marks and/or bruises.

A referral for services was made for the paramour’s friend and the 18-day-old baby as they were residing in the home at the time the incident took place. Various community resource referral pamphlets were provided to the mother and father as they declined services by NCDSS.

## 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 were no surviving siblings residing in the household. An adequate safety assessment was conducted for the surviving sibling at the conclusion of the investigation.

**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: 10/11/2015

Time of Death: 02:57 PM

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

County where fatality incident occurred:

NASSAU

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? 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	Male	1 Year(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Other Household 2	Father	No Role	Male	25 Year(s)
Other Household 3	Mother's Partner	Alleged Perpetrator	Male	26 Year(s)
Other Household 3	Other Adult	No Role	Female	29 Year(s)
Other Household 3	Other Child	No Role	Female	18 Day(s)



## LDSS Response

Nassau County Department of Social Services, (NCDSS), conducted an investigation into the allegations listed on the report, and worked in conjunction with New York City’s Administration for Children’s Services (ACS), service providers within the community and local law enforcement officials. NCDSS made many appropriate collateral contacts including the police department, the Medical Examiner, medical professionals, community resources and relatives. All subjects and other persons named on the report were interviewed, and the allegations were discussed. Appropriate service referrals were offered to the family.

The safety of the surviving 18-day-old female child was assessed and contact was maintained. All assessments were timely, appropriate and accurately reflected the known circumstances of the case. The case notes were well documented, detailed and contemporaneous.

As per the Medical Examiner, the subject child had various acute injuries. The cause of death was listed as “Blunt Force Trauma to the torso, lacerations to the liver, intraperitoneal and retroperitoneal hemorrhage along with fracture to the 9th left rib.” Bruising to the face and head were also found, all of which were recent injuries with no signs of ongoing abuse. The Medical Examiner noted the subject child to have been an otherwise healthy child and all of the injuries noted were the only reason for his death. The death was ruled a Homicide by the Medical Examiner.

There was documentation of supervisory conferences noted. Services were offered to and accepted by the paramour's friend for her and the 18-day-old surviving sibling.

The investigation was closed on 12/2/2015 and the allegations on the report were determined to have been substantiated against the mother’s paramour on behalf of the subject child. The mother’s paramour was arrested and charged with murder and manslaughter of the subject child. The paramour was given a lengthy incarceration. His account of what happened to the subject child on the day of the incident was not consistent with the injuries the subject child sustained. The subject child’s pediatrician, other medical staff, family and friends all stated the subject child was healthy and free of any marks and/or bruises.

## 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 reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** There were criminal charges pending against the subject at the time of the investigation and the scheduling of a CFRT meeting was not approved as a result. There will likely be a CFRT meeting held on the case in the future.



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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
022801 - Deceased Child, Male, 1 Yrs	022821 - Mother's Partner, Male, 26 Year(s)	DOA / Fatality	Substantiated
022801 - Deceased Child, Male, 1 Yrs	022821 - Mother's Partner, Male, 26 Year(s)	Lacerations / Bruises / Welts	Substantiated
022801 - Deceased Child, Male, 1 Yrs	022821 - Mother's Partner, Male, 26 Year(s)	Internal Injuries	Substantiated
022801 - Deceased Child, Male, 1 Yrs	022821 - Mother's Partner, Male, 26 Year(s)	Inadequate Guardianship	Substantiated

## 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caretakers / Babysitters	<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"/>

### Additional information:

Diligent efforts were made to interview the babysitter.

## 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"/>



<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input 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"/>

**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 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"/>

**Explain as necessary:**



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There was no removal regarding the surviving child. The surviving child resided in a separate household.

## 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:** Manslaughter **Degree:** 1

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	Parent Substitute	Pending	Unknown
<b>Comments:</b> The parent substitute was arrested on 10/11/2015, and charged with 2 counts of first degree manslaughter of the subject child.			

**Criminal Charge:** Manslaughter **Degree:** 2

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	Parent Substitute	Pending	Unknown
<b>Comments:</b> The parent substitute was arrested on 10/11/2015, and charged with second degree manslaughter with intent to cause physical injury of the subject child.			

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

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	Parent Substitute	Pending	Unknown
<b>Comments:</b> The parent substitute was arrested on 10/11/2015, and charged with second degree murder of the subject child.			

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



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Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**

Assistance for funeral arrangements were provided by the Victims Services Unit. The mother declined bereavement services and noted her family support system was helping her through the difficult time.

**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?** N/A

**Explain:**

There were no other children in the household. The 18-day-old child did not reside with the mother and the subject child.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** No

**Explain:**

Services were offered to the mother, and she agreed to have a parent advocate assigned to her through RCDSS. It is unknown at this time if the mother had begun services with the parent advocate. The mother was also mailed a listing for grief counseling.

## 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?**

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 was a case found in the current system of record from 2/3/2006 listing allegations of Inadequate guardianship and Lacerations/Bruises/Welts against the maternal grandfather on behalf of the mother. The allegations were unsubstantiated, and the report was close don 4/7/2006.

**Known CPS History Outside of NYS**

There is no known CPS 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