



Report Identification Number: SV-15-047

Prepared by: Spring Valley Regional Office

Issue Date: 6/20/2016

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

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	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	
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: 3 month(s)

Jurisdiction: Westchester
Gender: Female

Date of Death: 12/15/2015
Initial Date OCFS Notified: 12/15/2015

Presenting Information

On December 15, 2015, at approximately 6:20 AM a 911 call was received by a local police department requesting police assistance for a three month old child not breathing. Upon entering the residence, the first responders were directed to a rear bedroom. They observe the infant lying on an adult bed, unresponsive and not breathing, and immediately commenced CPR. The subject child was then transported to a local hospital where she was pronounced dead at 6:45 AM. At the time the mother did not have an explanation for the child's demise.

Executive Summary

On 12/15/2015, a SCR report was received by Westchester Department of Social Services (WCDSS) regarding the unresponsive three-month-old subject infant. WCDSS, in collaboration with law enforcement, initiated their investigation within 24 hours. WCDSS learned during the investigation that the mother last fed the subject infant at approximately 2:00 AM on 12/15/2015 and returned her back to sleep in the bassinet positioned on her back. The mother woke up at 6:00 AM to feed the twin sibling and checked on the subject infant. The mother found the subject infant unresponsive. The mother immediately performed CPR and, when the procedure proved to be unsuccessful, she contacted 911 Emergency Services Personnel who responded to the location and resumed CPR. The subject infant was transported to a local hospital, along with her twin sibling for a medical evaluation. The subject infant was pronounced dead at 6:45 AM. The surviving sibling remained hospitalized for seven days. The surviving sibling presented to have some challenges breathing. WCDSS appropriately added the allegation of Inadequate Guardianship against the mother on behalf of the surviving twin sibling.

WCDSS' investigation revealed the mother attended routine medical visits and adequately cared for the subject infant, the surviving twin sibling and the surviving one-year-old sibling and four-year-old surviving sibling. WCDSS' investigation discovered the surviving twin had a scheduled pending appointment with a pulmonologist and the mother was adequately attending to his medical needs. The children, including the subject child, were not found with any suspicious markings or bruises. Contacts with the siblings were maintained throughout the investigation and their safety and risk were appropriately assessed. The mother was the sole caretaker for the children and she had an active Order of Protection against the father; however, she had a family support system that assisted her in caring for the children. Upon knowledge of the father's release from incarceration, the mother travelled to visit with the MGM in North Carolina with the surviving siblings as a means of added protection. WCDSS coordinated their efforts with CPS in North Carolina to support the safety of the children.

The Medical Examiner listed the subject infant cause of death as Interstitial Pneumonia and the manner of death was Natural. The investigation was concluded timely and all the allegations listed on the report were determined to be unsubstantiated regarding the mother on behalf of the subject infant and her twin surviving sibling. WCDSS assisted the mother with referrals for Bereavement Services and funeral assistance for subject infant.



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:

All casework contacts activity was appropriate with case circumstances. LDSS appropriately followed up with all parties that were necessary.

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:

n/a

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: 12/15/2015

Time of Death: 06:45 AM

County where fatality incident occurred: WESTCHESTER

Was 911 or local emergency number called? Yes

Time of Call: 06:20 AM

Did EMS to respond to the scene? Yes

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



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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
How long before incident was the child last seen by caretaker? 4 Hours
Is the caretaker listed in the Household Composition? Yes - Caregiver
 1

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	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Month(s)

LDSS Response

Westchester County Department of Social Services, (WCDSS), conducted an investigation into the allegations listed on the report within the prescribed timeframe. WCDSS made appropriate collateral contacts including the Medical Examiner, local law enforcement officials, medical staff, service providers, North Carolina CPS staff and family members. All surviving siblings were observed, and the allegations were discussed with the mother.

The safety and risk of the surviving siblings were assessed and contacts with the children were maintained throughout the investigation. The mother travelled with the surviving siblings to North Carolina to reside with the maternal grandmother (MGM) for support and added protection. The mother returned to New York and informed WCDSS that the surviving children were temporarily left in the care of the MGM. WCDSS promptly contacted CPS in North Carolina and requested a courtesy visit to the MGM's home to assess for safety of the children. The home was determined to have adequate provisions and was age appropriately equipped for the surviving siblings. The home was assessed to be safe.

WCDSS completed all required safety assessments and the risk assessment profile (RAP). All of the assessments were timely, and appropriate. The case notes were very well documented, detailed, and contemporaneous. There was documentation of supervisory conferences noted in which the circumstances of the case were discussed and directives were provided.



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The surviving twin was transported to the hospital on the day of the incident for an evaluation and was found to have challenges breathing. The surviving twin was consequently hospitalized and WCDSS added the allegation Inadequate Guardianship against the mother. During the course of the investigation, WCDSS learned that the mother was adequately attending to the surviving twin sibling’s medical needs and had an impending medical appointment scheduled with a pulmonologist. The surviving twin sibling was discharged to the mother’s care 7 days after admission. WCDSS continued to conduct home visits and assess the need for service referrals up until the family relocated to North Carolina.

WCDSS conducted their investigation in agreement with OCFS’ guidance on investigating and making determinations in reports of sleep-related fatalities. WCDSS did not find evidence to support a correlation between the circumstances surrounding the subject child’s death and the infant’s sleeping conditions.

The CPS investigation was closed within 60 days and the allegations on the report were unfound. WCDSS collaborated with Victims Assistance Services to offer the mother referrals for Bereavement Services and funeral assistance.

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

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 Outcome
028261 - Deceased Child, Female, 3 Mons	028301 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
028261 - Deceased Child, Female, 3 Mons	028301 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
028321 - Sibling, Male, 3 Month(s)	028301 - Mother, Female, 25 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"/>



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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 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"/>



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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"/>

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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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:

Bereavement Services were offered initially via VAS but since there was not a crime committed, there was a re-referral to the Guidance Center. Mother was provided with information regarding the referral.

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:

Victim Services were offered to the mother.

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

Explain:

Victim Assistance Services were offered to the mother.

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? No

Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

Had medical complications / infections

Had heavy alcohol use

Misused over-the-counter or prescription drugs

Smoked tobacco



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- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record

With fetal alcohol effects or syndrome

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)
07/18/2015	9534 - Sibling, Female, 2 Years	9542 - Father, Male, 24 Years	Inadequate Guardianship	Unfounded	No
	9535 - Sibling, Male, 8 Months	9542 - Father, Male, 24 Years	Inadequate Guardianship	Unfounded	
	9535 - Sibling, Male, 8 Months	9533 - Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	
	9534 - Sibling, Female, 2 Years	9533 - Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	

Report Summary:

A report was called in for allegations of Inadequate Guardianship against Mother and Father. This report was made regarding the mental health of the mother was endangering her children (2yo daughter) and (8 month old son). The reporter stated there was a fight and the mother was throwing out the father's property. The police were called and came to the home. The father was not at the home when the police arrived.

Determination: Unfounded

Date of Determination: 08/12/2015

Basis for Determination:

The CPS worker went to the home and observed the children and the mother and there was no indication that the children were in danger or that there was any risk to the children. The mother stated there was an Order of Protection and that was verified by the Police Report that was received by the CPS worker. CPS worker discussed concerns regarding mother's mental health and there was no indication that there was a need at that time. There was no indication that the children were in the home at the time of the incident and there was no indication that the children were in any danger.

OCFS Review Results:

The case was conducted appropriately.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/29/2013	9531 - Sibling, Female, 2 Years	9541 - Father, Male, 22 Years	Inadequate Guardianship	Indicated	No
	9531 - Sibling, Female, 2 Years	9541 - Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	9531 - Sibling, Female, 2 Years	9532 - Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unfounded	



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9531 - Sibling, Female, 2 Years	9532 - Mother, Female, 23 Years	Inadequate Guardianship	Indicated
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Report Summary:

A report was received regarding older sibling in the home with allegations of Inadequate food, clothing and shelter against the mother and Inadequate guardianship against the mother and father. The report was regarding a physical altercation that the mother and father had in the presence of the child. There was an arrest of the father and during that time the mother's agitated state raised concern in her ability to care for the child and the reporter stated that the conditions of the home were deplorable. The mother disclosed there had been previous altercation but did not pursue any legal action. There was another Order of Protection issued and referral for Domestic Violence Counseling

Determination: Indicated**Date of Determination:** 01/27/2014**Basis for Determination:**

The basis for the determination was that both mother and father placed older sibling in danger due to her father's aggression.

OCFS Review Results:

The case was handled appropriately and Domestic Violence services were recommended to mother to address concerns of aggression that is being experience with father.

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

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

N/A

Known CPS History Outside of NYS

N/A

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