



**Report Identification Number: SV-16-005**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 7/22/2016**

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:** 9 month(s)

**Jurisdiction:** Westchester  
**Gender:** Male

**Date of Death:** 01/24/2016  
**Initial Date OCFS Notified:** 01/24/2016

## Presenting Information

Today, 1/24/16, mother placed 9-month-old twins (subject child and sibling) on a blanket on the floor. Subject child began having labored breathing. Mother contacted 911 and father. Subject child was given oxygen and transported to the hospital. During transport, subject child went into pediatric cardiac arrest. Subject child was stabilized once CPR was performed. While at the hospital, subject child went into cardiac arrest again. He was pronounced dead at 4:40pm on 1/24/16. Subject child was dehydrated and had not urinated in 24 hours. Subject child did not have any visible injuries. Subject child's cause of death is not known at this time. Subject child was born at 24 weeks. Subject child was born with numerous medical problems. Subject child had white spots on his brain, was much smaller than his twin, and subject child's intestines are outside of his body. Subject child had a bag similar to a colostomy bag for waste products. The siblings, ages 10, 9, 8 and 2, have unknown roles.

## Executive Summary

On 01/24/2016, an SCR report was received by the Westchester County Department of Social Services (WCDSS) with allegations of DOA/Fatality and Inadequate Guardianship against the Subject Mother and Subject Father. The CPS investigation established that, on 01/24/2016, around 3:30pm, the mother placed the subject child on his back on a blanket on the floor in the living room. The mother then placed a call to the father on her cell phone. While on the phone, the mother observed the subject child breathing hard and stated that his eyes looked like he was in distress. The mother immediately called 911. Once the Fire Department and Police Department arrived, they administered oxygen and began counting the subject child's breaths. The subject child remained responsive and the ambulance arrived approximately 10-15 minutes after the Fire and Police Departments. The subject child was transported to the hospital and once there, the mother reported observing the medical staff attempting to resuscitate the subject child, as evidenced by their fingers on the subject child's chest. The mother reported that the father asked her to grant permission for the medical staff to stop the resuscitation and, after their third attempt, she gave permission. The doctor reported to the mother that the subject child was most likely brain dead at that point. The subject child was a twin, born at 24 weeks gestation, with a multitude of medical conditions since birth, including difficulty breathing as well as running frequent fevers.

There were five surviving siblings, ages ten, nine, eight, two and nine months. The subject child's nine-month-old twin was the only sibling home at the time of the fatality. Home visits were made to assess the children's safety and WCDSS' engagement efforts with the children were thorough and well documented. There were no safety or risk concerns noted for the surviving siblings.

WCDSS' investigation included fatality conferences at key points throughout the case. All documentation was timely and comprehensive. WCDSS determined that there was no credible evidence found to substantiate the allegations against the parents. Although the Medical Examiner's Office's reported that there was no clear evidence that the parents did anything that may have caused the subject child's death. The Medical Examiner conducted a forensic examination consisting of an autopsy, microscopic examination, toxicology, and other laboratory tests. The final Autopsy Report revealed the Medical Examiner's determination that the subject infant's cause of death was "respiratory arrest in premature infant boy born at 24 weeks with protein-energy malnutrition; status post ileo-



colectomy for necrotizing enterocolitis; periventricular leukomalacia”, and the manner of death deemed natural. Information obtained from the pediatrician and medical records indicated that the parents were well aware of the subject child's medical conditions and appropriately sought medical treatment for him on numerous occasions. The allegations of DOA/Fatality and Inadequate Guardianship against the mother and father were unsubstantiated. On 03/23/2016, the case was closed as unfounded, citing no services required. WCDSS completed a thorough investigation of the allegations and, based on the facts obtained, appropriately determined each allegation. OCFS concurs with the determination of the allegations.

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:

n/a

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 [X]No

Fatality-Related Information and Investigative Activities

Incident Information



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

Date of Death: 01/24/2016

Time of Death: 04:40 PM

Time of fatal incident, if different than time of death: 03:30 PM

County where fatality incident occurred: WESTCHESTER

Was 911 or local emergency number called? Yes

Time of Call: 03:38 PM

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: laying down

Did child have supervision at time of incident leading to death? Yes

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	Male	9 Month(s)
Deceased Child's Household	Father	AllegedPerp	Male	31 Year(s)
Deceased Child's Household	Mother	AllegedPerp	Female	27 Year(s)
DECEASED_CHILD_HOUSE_HOLD	Sibling	No Role	Female	2 Year(s)
DECEASED_CHILD_HOUSE_HOLD	Sibling	No Role	Female	9 Month(s)
Deceased Child's Household	Sibling	NoRole	Male	10 Year(s)
DECEASED_CHILD_HOUSE_HOLD	Sibling	No Role	Male	8 Year(s)
Other Household 1	OtherAdult	NoRole	Male	25 Year(s)
Other Household 2	OtherAdult	No Role	Male	27 Year(s)
Other Household 3	Sibling	No Role	Female	9 Year(s)

### LDSS Response

Upon receipt of the SCR report on 01/24/2016, attempts were made to contact the source and clearances were conducted on the family. The Assistant District Attorney was able to provide WCDSS with extensive information regarding the circumstances of the fatality and also confirmed the safety of the children. On 01/25/2016, WCDSS conducted a visit to

the SC's home. During this visit, WCDSS was able to meet with and interview/observe all of the surviving siblings, ages ten, nine, eight, two and nine months. The children's safety was assessed and WCDSS' use of engagement skills was apparent during the review of the case notes. There were no safety or risk concerns noted for the surviving siblings. Multiple family members, and the mother of one of the siblings, were all consistent in reporting that the parents' care of the children was more than adequate.

Interviews with the parents revealed that on 01/24/2016, around 3:30pm, the SM placed the SC on his back on a blanket on the floor in the living room. The SM then placed a call to the SF on her cell phone as he was on his way to work. While on the phone, the SM observed the SC breathing hard and stated that his eyes looked like he was in distress. The SM hung up with the SF and immediately called 911. The Fire Department and Police Department arrived, administered oxygen and began counting the SC's breaths. The SC remained responsive and the ambulance arrived approximately 10-15 minutes after the Fire and Police Departments. The SC was transported to the hospital and once there, the SM reported observing the medical staff attempting to resuscitate the SC and heard them say that their efforts were not working. The SM reported that the SF asked her to grant permission for the medical staff to stop the resuscitation and, after their third attempt, she gave permission. The SC was declared deceased at 4:40pm. The only other child home at the time of the incident was the SC's twin sister. WCDSS explored the SC's routine with the parents, noting no changes to his feeding or care, or medication or vaccines within the 72 hours before his death. The SC did not fall or have any injuries. The SM did report that the SC had a fever that morning and that she removed his clothing to help get the fever down. The SM also reported that the SC's tongue had changed to a dark red color which she had never seen before.

WCDSS learned from the parents and pediatrician that the SC had an extensive medical history since birth and had required three previous hospitalizations. He was born as a twin at 24 weeks gestation and remained in the NICU for 4 months after he was born. The SC had a history of difficulty breathing as well as running frequent fevers. The SC had cardiac abnormalities, a hole in his heart and white matter on his brain, which is a condition that never goes away. The SC also experienced a rupture which caused his intestines to be on the outside of his body. After surgery, the SC experienced failure to thrive and was fitted with an ileostomy bag (which covered the exposed intestines) while awaiting testing to have his intestine reconnected. The pediatrician reported that both parents were well versed in how to care for the SC's medical conditions and sought the appropriate treatment when necessary.

The WCDSS investigation consisted of face to face interviews with the parents and all of the SC's siblings. Diligent efforts were made to locate two of the siblings' fathers. All appropriate collateral contacts were documented. WCDSS investigation determined that there was no credible evidence to indicate that the parents did anything that may have caused the subject child's death. Allegations of DOA/Fatality and Inadequate Guardianship against the SM and SF were unsubstantiated and the case was closed as 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



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

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
024461 - Deceased Child, Male, 9 Mons	024462 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
024461 - Deceased Child, Male, 9 Mons	024462 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
024461 - Deceased Child, Male, 9 Mons	024463 - Father, Male, 31 Year(s)	DOA / Fatality	Unsubstantiated
024461 - Deceased Child, Male, 9 Mons	024463 - Father, Male, 31 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input 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"/>

## 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"/>



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

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

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment? No

Was there an open CPS case with this child at the time of death? No

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



Were there any siblings ever placed outside of the home prior to this child's death? No
Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
Misused over-the-counter or prescription drugs
Experienced domestic violence
Was not noted in the case record to have any of the issues listed
Had heavy alcohol use
Smoked tobacco
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

There is no CPS investigative history within three years prior to the fatality.

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

There is no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS History outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
Yes No

Preventive Services History

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

Required Action(s)



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

Yes  No

**Foster Care Placement History**

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