



Report Identification Number: SV-16-025

Prepared by: Spring Valley Regional Office

Issue Date: 1/23/2017

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
FM-Foster Mother	SS-Surviving Sibling	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 6 month(s)

Jurisdiction: Westchester
Gender: Female

Date of Death: 06/20/2016
Initial Date OCFS Notified: 06/21/2016

Presenting Information

On June 21, 2016, a SCR report was received stating that the babysitter had put a six month old baby in her crib at 9:30AM for a nap. Around 12:15PM the babysitter found the six month old child unresponsive. There were several baby blankets in the crib, and the child was found in the crib on her side near the blankets. The babysitter called 911 and began to perform CPR on the child. Emergency Medical Services transported the child to the hospital and she was pronounced deceased at 12:55PM. The child was otherwise healthy and did not have any known pre-existing conditions. The role of her three old surviving sibling, the mother and the father is unknown.

When the police and EMS arrived, the deceased child was on the bedroom and the babysitter was performing CPR. The child did not have visible marks or injuries. The body is currently at the local hospital and autopsy is scheduled for 6/21/2016. The District Attorney was notified.

Executive Summary

On June 21, 2016, the Westchester County Department of Social Services (WCDSS) received a report from the SCR regarding an unresponsive six-month-old child. WCDSS, in conjunction with local law enforcement, commenced the investigation on the same day. According to the records, WCDSS learned that the father (FA) left the house at 7:00 AM and the mother (MO) left the house at 8:00 AM for work. The subject child (SC) and the surviving sibling (SS) were left in the care of the babysitter. The investigation revealed that the babysitter placed the SC in a crib for a nap at 9:30 AM in the parent's bedroom. She reportedly placed the SC on the left side on top of a Boppy pillow. The SC was wrapped in a swaddle blanket with extra blanket covering SC's forehead and a pacifier was placed in SC's mouth. The babysitter reportedly checked on the SC at 11:00 AM and 11:30 AM. She reported that each time the SC looked normal. At around 12:00 PM, the babysitter again checked on the SC, but this time she observed that the SC looked pale and felt clammy.

The babysitter immediately removed the pacifier from the SC's mouth, took SC out of the swaddle blanket and observed that the SC's hands were blue; the child was unresponsive. The babysitter immediately picked up the SC, who she placed on the floor, and attempt CPR while calling 911 for help. When the EMS and the police arrived, the SC was on the bedroom floor and the babysitter was performing CPR. Emergency Services resumed CPR. The SC was transported by EMS to a local hospital and was pronounced dead at 12:55 PM.

According to the records, the Medical Examiner did not find any sign of abuse or neglect. The final Autopsy Report showed that the Medical Examiner stated that the subject child's cause of death was Sudden Unexpected Death of a six-month-old infant found in a crib with blankets, pillow and toys (unsafe sleeping environment) and the manner of death deemed an accident. Although the surviving sibling was present in the home at the time of the death, this child was deemed to be safe by WCDSS.



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

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

Date of Death: 06/20/2016

Time of Death: 12:55 PM

Time of fatal incident, if different than time of death: 12:15 PM

County where fatality incident occurred: WESTCHESTER

Was 911 or local emergency number called? Yes

Time of Call: 12:26 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:

- [x] Sleeping [] Working [] Driving / Vehicle occupant



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Playing
 Other

Eating

Unknown

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

How long before incident was the child last seen by caretaker? 30 Minutes

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: 01

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	6 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	38 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Other Household 1	Other	Alleged Perpetrator	Female	23 Year(s)

LDSS Response

On June 21, 2016, Westchester County Department of Social Services (WCDSS) received a report from the SCR with allegations of DOA/ Fatality and Inadequate Guardianship against the babysitter, the mother (MO), and the father (FA). WCDSS completed all required safety assessments and an adequate risk assessment. Collateral contacts were made with the hospital, the babysitter, the MO, the child's FA, and the grandparents. WCDSS conducted home visits with adequate frequency. WCDSS contacted the local law enforcement officials; medical staff, ME, and MDT did a joint investigation with the local law enforcement officials.

According to the records, WCDSS learned that on June 20, 2016, the babysitter put the SC down for a nap in a crib in the parent's bedroom at around 9:30AM. The babysitter placed the SC on the left side, on top of a Boppy pillow. The SC was wrapped in a swaddle blanket with an extra blanket covering her forehead and a pacifier was placed in her mouth. WCDSS's investigation revealed the babysitter checked on the SC several times and that at around 12:15PM the SC looked pale, clammy and unresponsive. WCDSS learned that babysitter called 911 and began performing CPR on the SC. The SC was transported to the local hospital by EMS and was pronounced dead at 12:55PM on June 20, 2016. WCDSS' investigation revealed that the parents deemed it was normal for the SC to sleep with the items named in the crib. WCDSS learned that the SC was last seen by a pediatrician on June 7, 2016 for a well visit and that the examination was normal. WCDSS learned that the parents took the SC and the surviving sibling to routine wellness visits and adequately cared for the children. The surviving sibling was observed to be in good health and thriving well. The worker also spoke to the MO and ascertained that the MO received safe sleep instructions after the SC's birth and she watched a video with other mothers at the hospital on shaken baby syndrome.



The LDSS reviewed medical records and offered bereavement counseling to the family. The family declined the service. WCDSS maintained contact with the family from the day the SC was transported to the hospital and throughout the course of the investigation. WCDSS investigation revealed that, even though the surviving sibling was present in the home at the time of SC's death, this child was deemed to be safe. The LDSS appropriately completed the 30 day case review and 60 day fatality determination. Based on the investigation, the case worker learned that the ME determined the SC's cause of death to be Sudden Unexplained Death of a 6 month old infant found in a crib with pillows and toys. The manner of death was deemed accidental. WCDSS determined during the investigation that there was no correlation between the SC's death and the items found in the crib.

The LDSS investigation revealed that the parents attended routine medical visits and adequately cared for the SC. The local district determined during its investigations that the babysitter was the sole caregiver of the SC at the time of incident and that the parents were at work. The family relocated to the Philippines towards the end of the investigation. WCDSS collaborated with the Local Law Enforcement officials up to the end of the investigation. The level of casework activities, contact with family members, collaterals contacts, and services offered to the family, commensurate with the case circumstances. WCDSS concluded the investigation timely and the allegations of Inadequate Guardianship and DOA/ Fatality were determined to be unfounded regarding the babysitter, MO and FA on behalf of the subject child. The 4-yr-old surviving sibling was also deemed to be safe. Based on WCDSS's findings and determination, there was no credible evidence to substantiate the allegations.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: A joint investigation was conducted by local Law Enforcement officials.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: Westchester has an approved CFRT team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
031081 - Deceased Child, Female, 6 Mons	031104 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated
031081 - Deceased Child, Female, 6 Mons	031105 - Father, Male, 38 Year(s)	DOA / Fatality	Unsubstantiated
031081 - Deceased Child, Female, 6 Mons	031106 - Other - babysitter, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated



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031081 - Deceased Child, Female, 6 Mons	031104 - Mother, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
031081 - Deceased Child, Female, 6 Mons	031106 - Other - babysitter, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
031081 - Deceased Child, Female, 6 Mons	031105 - Father, Male, 38 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 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"/>

Additional information:

The local district conducted a joint investigation with the Local Law enforcement officials and appropriately followed NYS regulations.

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"/>



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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:

The local district's assessment and investigation of the surviving sibling determined that the surviving sibling was not in any immediate or impending danger. The surviving sibling was deemed to be safe and did not need to be removed from the household.

Legal Activity Related to the Fatality



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

Other, specify: The family relocated to the Phillipines.

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:

The LDSS offered funeral assistance as well as bereavement counseling, but the parents declined. They informed the district that they did not need the services at the moment. The Family indicated that they were moving to the Phillipines to be with other family member for the foreseeable future. They were informed that the assistance remained open to them in case they need it.

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



Explain:

The WCDSS offered funeral assistance as well as bereavement counseling, but the parents declined. The WCDSS Caseworker informed the family of their option to reach out to the district for Victim Advocate and bereavement services.

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
- 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 in NYS within three years prior to the fatality.

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

N/A

Known CPS History Outside of NYS

N/A



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.

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