



Report Identification Number: SV-17-009

Prepared by: New York State Office of Children & Family Services

Issue Date: Sep 18, 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	PS-Parent Sub
CH/CHN-Child/Children		
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-Cardiopulmonary 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-Other	
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	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old



Case Information

Report Type: Child Deceased
Age: 0 day(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 03/24/2017
Initial Date OCFS Notified: 04/05/2017

Presenting Information

On 3/24/17, the SCR received a report with allegations of IG and PD/AM against BM, regarding SC, born this same day. SC was born at only 22 weeks gestation. BM tested positive for marijuana at the time, but there was no reasonable cause to suspect this contributed to the child's premature birth. SC was born at 8:03AM and was pronounced dead at 12:28PM.

Executive Summary

On 3/24/17, Westchester County Department of Social Services (WCDSS) received a report from the SCR stating that BM had given birth to SC, and BM had a positive toxicology for marijuana. It was noted that the child was not expected to live due to being born at 22 weeks gestation. SC died four hours later and WCDSS was notified. Doctors confirmed that SC died due to prematurity, which was not caused by BM's marijuana use. Because of this, an SCR report was not made. LE did not have reason to pursue any criminal charges, and the DA closed their investigation. No autopsy was conducted.

WCDSS completed the form for the death of a child in an open child protective case on 3/24/17 and sent this to OCFS Spring Valley Regional Office.

WCDSS assessed the safety of the five SS (ages 16, 13, 12, 5, and 2) within the first 24 hours. CW made several visits to the family, interviewed appropriate collaterals such as relatives, LE, medical professionals, and counselors. WCDSS also reviewed the family's CPS history, LE history, and school records for the SS. WCDSS verified that BM was in outpatient substance abuse treatment, and was an active participant. There were no safety concerns for the SS, and the case was closed on 5/23/17. Since this was a non-SCR reported fatality, there is no determination.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Safety assessment due at the time of determination?**

Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?**
- **Was the determination made by the district to unfound or indicate appropriate?**

Yes, sufficient information was gathered to determine all allegations.

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:

Casework activity was commensurate with case circumstances.

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: 03/24/2017

Time of Death: 12:28 PM

County where fatality incident occurred:

Westchester

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

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

No

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	0 Day(s)
Deceased Child's Household	Mother	No Role	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)



Other Household 1	Other Adult - 16yo SS's BF	No Role	Male	33 Year(s)
Other Household 1	Sibling	No Role	Female	16 Year(s)
Other Household 2	Father	No Role	Male	39 Year(s)

LDSS Response

Within the first 24 hours, WCDSS interviewed BM, BF, and the five SS (ages 16, 13, 12, 5, and 2 years old). CW also observed SC who was wrapped in a blanket on BM's hospital bed. SC had no urine or stool at the time of his birth so he was not tested. SS4 and SS5 were seen and assessed at the PGM's home. Everyone else was interviewed at the hospital. CW planned with BM to have MGM and PU care for the SS while she was in the hospital. It was not documented in the case record what BM was doing at the time of the premature birth, or where the SS were at the time.

WCDSS reviewed family CPS history and LE history. CW then made a home visit to BM's home where the MGM and PU would be caring for the children, and determined this plan to be appropriate. BF resided with his mother and only stayed at BM's home on occasion. BM admitted to CW about history with CPS and provided CW with the names of the schools the children attend, as well as where they receive medical care. CW obtained school and medical records for the children. All children were up to date with their immunizations and there were no medical concerns. BM agreed to submit to an alcohol and substance abuse assessment. BM planned to participate in the grieving group at the hospital once she was ready. The record did not reflect if mother ever participated in this group.

BM took the initiative to join a parenting class as she wanted to become a better parent. BM was an active participant in her outpatient substance abuse program and CW obtained records from the program. BM did test positive for marijuana during treatment however her workers did not feel her marijuana use had any negative impact on her children. CW made several home and face to face visits with BM, and reported that BM always appeared sober and not under the influence of any substances. SS denied witnessing BM smoke marijuana. The home was always clean, organized, free of hazardous conditions, and contained ample food.

All safety assessments were completed on time and case notes were contemporaneously entered. CW confirmed with the doctor that SC died due to prematurity. There was no evidence that BM's marijuana use caused the premature birth. Case was closed on 5/23/17 as BM was engaged with outpatient substance abuse services and there were no remaining safety factors.

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: Hospital physician

Multidisciplinary Investigation/Review

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

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
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All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>
Additional information, if necessary:							



BM took initiative and told CW what services she planned on engaging in before CW had the opportunity to offer services. CW did help BM set up some appointments with the services she was interested in.

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/24/2017	Deceased Child, Male, 4 Hours	Father, Male, 39 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	Deceased Child, Male, 4 Hours	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Deceased Child, Male, 4 Hours	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	

Report Summary:

BM gave birth to SC and BM tested positive for marijuana. The roles of BF and the four SS (ages 16, 14, 5, and 2) were unknown.

Determination: Unfounded

Date of Determination: 05/23/2017

Basis for Determination:

BM said she smoked marijuana in February 2017 but did not know she was pregnant at the time as she was still having her menstrual cycle. CHN reported they'd never witnessed BM use marijuana. There was no harm or effect on the CHN from BM's marijuana use. SC died 4 hours after being born. Several medical professionals stated SC died due to prematurity and that marijuana use does not cause prematurity.

**OCFS Review Results:**

CW did an extremely thorough investigation gathering information from several sources such as relatives, medical professionals, law enforcement, probation, a rehabilitation facility, as well as doing a sex offender clearance. A review of the family's history was completed. Appropriate services were offered.

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)
01/06/2016	Sibling, Female, 1 Years	Father, Male, 38 Years	Inadequate Guardianship	Indicated	No
	Sibling, Female, 1 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 4 Years	Father, Male, 38 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 15 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 15 Years	Father, Male, 38 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 4 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

On repeated occasions, BF was highly intoxicated on alcohol and physically violent towards BM in the presence of the children. The last known incident was on 11/7/15.

Determination: Indicated

Date of Determination: 03/04/2016

Basis for Determination:

BM admitted that BF arrived home under the influence of alcohol and they had a verbal dispute. BF broke a door off the hinges. SS witnessed BF imitate like he was going to hit BM, so she stepped between BF and BM. SS got scared and called the police. BF was arrested and charged with menacing, endangering the welfare of a child, and criminal mischief.

OCFS Review Results:

WCDSS opened the case as an FSI and a referral was made to a DV program due DV history.

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)
11/07/2015	Sibling, Female, 14 Years	Father, Male, 38 Years	Inadequate Guardianship	Indicated	No
	Sibling, Male, 3 Years	Father, Male, 38 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 1 Years	Father, Male, 38 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 1 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 14 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Indicated	



Child Fatality Report

Sibling, Male, 3 Years	Father, Male, 38 Years	Parents Drug / Alcohol Misuse	Indicated
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Report Summary:

BF was intoxicated and unable to get into the home as he was locked out. At approximately 11:30AM, BF got violent and broke into the front door of the home with BM, and three SS. BF raised his hand and menaced BM. The oldest SS intervened to protect her BM. BF has a history of getting intoxicated, violent and beating up the BM with the children present. BM had an unknown role.

Determination: Indicated	Date of Determination: 01/06/2016
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Basis for Determination:

BF was arrested and charged with menacing, endangering the welfare of a child, and criminal mischief. BM and SS gave some credible evidence to support the allegations. Allegations against BF were appropriately indicated.

OCFS Review Results:

WCDSS interviewed all parties and offered appropriate services. WCDSS verified that BF was in a rehabilitation program and that his last two tests were negative for alcohol.

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

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

- 1/4/12-3/2/12-IND for IG against BM for SS1, SS2, SS3 and SS4.
- 2/1/10-3/26/10-UNF allegations of IG and L/B/W against SS3's BF for SS1 and SS3.
- 4/30/09-6/22/09-UNF for IG against BM for SS3.
- 11/12/08-1/9/09-UNF for IG against BM for SS2.

Known CPS History Outside of NYS

There is no known history outside of NYS.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

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

Casework Contacts

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

Required Action(s)



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

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No