



Report Identification Number: SV-17-021

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

Issue Date: Oct 27, 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: 10 year(s)

Jurisdiction: Nassau
Gender: Female

Date of Death: 06/05/2017
Initial Date OCFS Notified: 06/20/2017

Presenting Information

On 6/20/17 the SCR received a report regarding the death of the SC. The report alleged on 6/5/17, the SM was at the park with the SC and the SS (ages 8, 4 and 1) and the SC got off of the swing set, collapsed and passed away. No further details were known. The SC had no pre-existing condition that would have contributed to her demise and was otherwise a healthy child. On 6/19/17, the 8 yo SS had a bruise to the upper left part of her arm. It was unknown how the SS sustained the injury. On 6/1/17, the 8 yo SS also had bruises underneath her eyes. The explanation provided was not consistent with the injury the SS sustained. There were concerns that the SS's injuries were inflicted by the SM or SFA (Step-father to SC, 8 yo SS and 4 yo SS).

Executive Summary

On 6/20/2017 the SCR received a report regarding the fatality of the 10-year-old SC. The report alleged DOA/Fatality and IG against the SM and SFA in relation to the death of the SC. Additionally there were allegations of IG and L/B/W against the SM and SFA in regard to the 8-year-old SS. The death of the SC was very sudden and without explanation.

NCDSS began an investigation and learned the SC died on 6/5/17. The ME did an autopsy of the SC and the final report was pending toxicology and neuropathology reports. The ME expressed he believes the SC died of natural causes due to a probable brain tumor. The ME stated he was confident the outstanding test results would support his diagnosis.

The SM and SFA picked the SC up on 6/5/17 and brought her, the 3 SS and the SFA's 2 children to the park. The SC was playing on the swings with her SS and the SM was sitting on a bench talking with another SS. The SC yelled for her mother stating she could not see. The SM went to the aid of her daughter and the SC began to convulse and was having trouble breathing. The SM and SFA put the SC and the other children into the car and began driving to the hospital. The SC became unresponsive shortly into the ride and the SFA pulled over and called 911. EMS responded to the call and took the SC to the hospital. The SC was revived in the ambulance ride, but later died at the hospital. The SC had complained of a headache 3 days earlier and the SM treated her with over the counter medication. The SC felt better a short time later and had not complained of any symptoms in the 2 days leading up to her death.

NCDSS contacted LE immediately after receiving a report. LE had no knowledge of the SC's death and had no active investigation. LE did not investigate the death because there was no belief the SC died due to a criminal act. NCDSS also contacted the DA and the ME after receiving the report.

During the investigation NCDSS spoke with medical providers, school staff and everyone listed on the case. NCDSS made several announced and unannounced home visits and found the SM and SFA were caring for the SS. The SS were safe in the home and all their needs were being met. NCDSS did not speak with the SFA's 7-year-old and 4-year-old children that were at the park with the SC the day she died. NCDSS did not speak with the staff at the aftercare program the SC attended.

NCDSS offered grief and counseling services to the SM, SFA, MGM and SS. The 8-year-old SS was in counseling to help deal with the loss of the SC. NCDSS followed up with the family multiple times and offered to assist them with getting other counseling services.

NCDSS found no evidence to substantiate the allegations against the SM and SFA regarding the SC. The SC's death was



not due to any commission or omission on the part of the SM and SFA. The SC became ill very suddenly and the SM and SFA acted appropriately and sought immediate medical attention. In regard to the allegations of IG and L/B/W against the SM and SFA regarding the SS, NCDSS made the appropriate determination to unsubstantiate these allegations. After speaking with several collateral contacts and interviewing the SS, NCDSS found no evidence to support 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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:
The family was grieving the loss of the SC and all the children were cared for and safe when the investigation concluded.

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	The SFA's 2 children (ages 7 and 4) were at the park with the SC when the fatal incident occurred and were not spoken to by NCDSS. The SFA was not asked about the children and the children were not offered services.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	NCDSS will speak with all collateral contacts that have information regarding an investigation.

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 06/05/2017

Time of Death:

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

06:27 PM

County where fatality incident occurred:

Nassau

Was 911 or local emergency number called?

Yes

Time of Call:

06:27 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

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	Alleged Victim	Female	10 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	60 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	8 Year(s)
Deceased Child's Household	Stepfather	Alleged Perpetrator	Male	34 Year(s)
Other Household 1	Father	No Role	Male	35 Year(s)

LDSS Response

Nassau County Department of Social Services (NCDSS) began investigating the death of the 10-year-old SC on 6/20/17 after receiving a report from the SCR. NCDSS contacted LE, the school, medical staff, the ME and the DA.

NCDSS went to the school and interviewed the 8-year-old SS. The SS reported her sister (the SC) had passed away a few days prior, but she did not know the day of the week or a date. The SS told NCDSS the SM, SFA, the SC, her other two



siblings (ages 4 and 1) and the SFA two children were all at the park after school. The SC was on the swings with the 1-year-old SS, while the 8-year-old SC was sitting on a bench talking to the SM. NCDSS learned that the SC was walking toward the SM and SS and yelling that she could not see. The SM and SFA took the SC to the car and the SFA called 911. The SS reported an ambulance came and took the SC to the hospital and they also went to the hospital in the SFA's car. The SS said doctors came out and told the family the SC died.

NCDSS went to the SC's home and were able to make contact with the SM and the other two SS. The SM reported that on 6/5/17 she picked up the SC from after-school care at around 4:30pm. The SM said that the SC, 3 SS, SM, SFA and the SFA's 2 children all went to a park. The SM reported the SC was on the swings with a SS and playing happily. The SC stopped swinging and yelled to her mother that she could not see. The SFA took the SS from the SC and the SM went to the SC to help her. The SFA called 911. The SC was convulsing, her eyes were rolling into her head and she made gurgling sounds from her mouth. The SM reported 2 ambulances arrived and the SC was transported to the hospital in 1 ambulance, while the SM rode in the other ambulance. The SFA followed in his car with the other children. The SM told NCDSS the doctor was able to resuscitate the SC, but then told the SM the SC suffered a heart attack and died. The SM reported she picked the SC up early from her aftercare program on 6/2/17 because she had a headache. The SM gave the SC 2 doses of Motrin 4-hours apart. The SC then told the SM she felt better and was fine the rest of the weekend.

The SFA was also interviewed and reported much of the same information as the SM. The SFA stated that when the SC initially became ill at the park they began driving her to the hospital in the car, because she was still responsive. The SFA explained the SC became unresponsive in the car, so he pulled over and called 911. The SFA said that is when EMS responded. The MGM also resided in the home with the SC and was interviewed. The MGM had no information regarding the events surrounding the fatality because she was working that day. The MGM had no concerns for the care of the SC or SS.

NCDSS made multiple visits to the family's home and spoke with the 8-year-old and 4-year-old SS. The 1-year-old SS was too young to be interviewed. NCDSS assessed the home and concluded all the SS were safe and appropriately cared for by the SM and SFA.

Throughout the investigation NCDSS spoke with the pediatrician and reviewed medical records. NCDSS learned the SC and all SS were up-to-date with immunizations and received regular medical care. The pediatrician told NCDSS the SC was a healthy child with no known medical concerns. The doctor expressed the SM appropriately treated the SC when the SC reported having a headache. The pediatrician had not treated the SC for headache complaints, but expressed it is normal for a child to have a headache from time to time.

NCDSS spoke with staff at the SC's school. The school had no concerns of abuse or maltreatment of the SC or the SS.

NCDSS made several attempts to locate and speak with the SC's BF, but were unsuccessful. The SM reported the BF had not seen the SC in the 8 months prior to her death. NCDSS also tried to speak with a friend the SC and her family previously lived with, but were unable to interview her.

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
040681 - Deceased Child, Female, 10 Yrs	040686 - Mother, Female, 31 Year(s)	DOA / Fatality	Unsubstantiated
040681 - Deceased Child, Female, 10 Yrs	040687 - Stepfather, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
040681 - Deceased Child, Female, 10 Yrs	040686 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
040681 - Deceased Child, Female, 10 Yrs	040687 - Stepfather, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
040688 - Sibling, Female, 8 Year(s)	040686 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
040688 - Sibling, Female, 8 Year(s)	040687 - Stepfather, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
040688 - Sibling, Female, 8 Year(s)	040686 - Mother, Female, 31 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
040688 - Sibling, Female, 8 Year(s)	040687 - Stepfather, Male, 34 Year(s)	Lacerations / Bruises / Welts	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>
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 checked="" 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 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 checked="" 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"/>
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



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

There is no known CPS History in New York State.

Known CPS History Outside of NYS

There is no known history outside of New York State.

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

Additional Local District Comments

While Nassau County agrees that not interviewing the stepchildren was an oversight, as a standard of practice Nassau requested a review of the case. As in all fatalities as well as this one, Nassau County might not have any specific questions regarding a case, but requests a review so there is another set of eyes to read through the case. Unfortunately, this did not occur and perhaps if it did this oversight would have been discovered.

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