



**Report Identification Number: SV-23-035**

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

**Issue Date: Dec 11, 2023**

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 had an open investigation or a CPS monitored services 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

<b>Relationships</b>		
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	OA-Other Adult	
<b>Contacts</b>		
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
CPS-Child Protective Services	DA-District Attorney	
<b>Allegations</b>		
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	SXTF-Sex Trafficking
<b>Miscellaneous</b>		
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
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 16 year(s)

**Jurisdiction:** Westchester  
**Gender:** Female

**Date of Death:** 07/05/2023  
**Initial Date OCFS Notified:** 07/05/2023

## Presenting Information

On 7/5/2023, Westchester County Department of Social Services (WCDSS) received an SCR report regarding the death of the 16-year-old subject child which occurred that day. The SCR report alleged the subject child was feeling unwell when the mother checked on her around 6:00 PM. The mother checked on the subject child again around 6:27 PM, found the child unconscious and not breathing, and immediately called 911. Emergency medical services arrived at the home, found the subject child on her back in her bed, initiated life-saving measures, and transported the subject child to the hospital where she was pronounced deceased at 7:32 PM. The father was at the home at the time of the incident and neither the mother or father were able to provide an explanation for the death of the subject child. On 7/7/2023, a duplicate SCR report alleged the subject child reported drinking 4 beers on the evening of 7/4/2023, and was vomiting and experiencing chest pain on the day of her death.

## Executive Summary

This report concerns the death of the 16-year-old subject child which occurred on 7/5/2023. At the time of her death, the subject child resided with her mother, father, adult sibling, and 14-year-old surviving sibling. The surviving sibling was assessed to be safe in the care of the parents throughout the investigation.

On 7/4/2023, the subject child visited the home of a friend who resided down the street from the family's home. The subject child had intended to stay overnight; however, texted the mother and father stating she would be returning home around 1:45 AM on 7/5/2023. At the time she returned home, the mother and father observed the subject child appeared well and was acting normal. Around 8:00 AM on 7/5/2023, the subject child was complaining of nausea, chest pain, and a sore throat. The subject child was vomiting throughout the day and the parents provided the child Gatorade. Around 5:00 PM, the subject child took a shower, stated she felt slightly better and returned to her room to lie down. Around 6:00 PM, the mother went to check on the subject child, and the bedroom door was locked. The mother could hear a gurgling noise from inside the subject child's bedroom and asked multiple times for the child to unlock the door. Eventually, the mother pried the door open with a kitchen knife and found the subject child was unresponsive, blue in color, and had vomit around her mouth and on the floor. The mother called for the adult sibling to contact 911. Emergency medical services responded to the home and initiated live-saving measures. The subject child was transported to the hospital and was pronounced deceased at 7:32 PM.

Law enforcement reported to WCDSS that the parents provided the subject child with alcohol to take to her friend's home on 7/4/2023. Upon investigation of the subject child's bedroom, law enforcement documented a liquor bottle that was 1/4 full and what appeared to be cannabis vaping devices. At the time the CPS investigation was closed, the law enforcement investigation remained ongoing pending the final autopsy report; however, there were no charges or arrests pending at that time.

An autopsy was completed on 7/6/2023. WCDSS learned from the medical examiner that the toxicology report showed a very small trace of THC in the subject child's system; however, the report showed no trace of alcohol or any other substance. The histology report showed changes in the subject child's right ventricle which was indicative of Right Ventricle Arrhythmogenic Cardio Myopathy. The medical examiner reported that the heart condition, coupled with the subject child's vomiting, may have caused the child's death. The medical examiner reported the subject child's vomiting could not be attributed to the use of alcohol, as the child had a history of vomiting when menstruating and was menstruating at the time of her death. The final autopsy report and death certificate were not yet available at the time the



CPS investigation was closed.

The allegation of Inadequate Guardianship was substantiated against the mother and father regarding the subject child. The Investigation Conclusion Narrative noted the mother and father provided alcohol to the 16-year-old subject child. The allegation of DOA/Fatality was unsubstantiated against the mother and father. The Investigation Conclusion Narrative noted the medical examiner found no alcohol in the subject child’s system at the time of death and the medical examiner reported the subject child’s vomiting could not be attributed to her use of alcohol.

WCDSS referred the mother, father, and surviving sibling to victim’s assistance services, which were declined by the family. The surviving sibling was already engaged with mental health services and other services through 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:**  
Caseworker activity was commensurate with case circumstances. The safety assessments and investigation determination were made in congruence with the information gathered.

## 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:** 07/05/2023

**Time of Death:** 07:32 PM

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

Unknown

**County where fatality incident occurred:**

Westchester

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?**

Yes

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**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	Adult Sibling	No Role	Male	18 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	16 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	50 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	51 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)

## LDSS Response

On 7/5/2023, WCDSS received an SCR report alleging the death of the subject child. WCDSS coordinated their investigation with law enforcement, notified the District Attorney's office, interviewed household members, assessed the surviving sibling to be safe, and gathered information from pertinent collateral sources.

The mother and father were interviewed separately and provided a similar account of the events leading up to the death of the subject child. The parents stated the subject child was well on 7/3/2023 and 7/4/2023 and was not complaining of any illness or discomfort. On 7/4/2023, the subject child planned to spend the night at the home of a friend who resided down the street. While getting ready to leave, the subject child asked if she could bring 4 beers with her to her friend's home. The parents discussed the subject child's request and decided that 4 beers were too many, but allowed the subject child to bring 2 beers. The mother checked the child's backpack before she left the home to ensure she took only 2 beers. The mother reported she remained in contact with the subject child throughout the day and evening of 7/4/2023 and stated she knew the family at which house the subject child was staying for over 5 years and trusted them to ensure the subject child was safe. The parents reported they received a text message from the subject child around 1:45 AM on 7/5/2023,



requesting that they unlock the front door of the home as the subject child would be returning. The parents reported the child returned home and seemed well. The child reported to them that her friend’s family was leaving town early in the morning and she decided not to stay the rest of the night. The parents and the subject child went to bed without incident.

On 7/5/2023, around 8:00 AM, the subject child was complaining of a headache, sore throat, and chest pain. The subject child was vomiting, and the parents provided the child Gatorade to help with dehydration. The parents stated the subject child was vomiting and in bed throughout the day. The subject child took a shower around 5:00 PM and told the parents she was feeling slightly better. The subject child then returned to her room to lie back down. Around 6:00 PM, the mother checked on the subject child and found that her bedroom door was locked. The mother knocked and did not receive a response. The mother could hear a gurgling noise from inside the room and became worried. The mother pried the bedroom door open with a kitchen knife and observed the subject child on her bed unresponsive and blue in color. There was vomit on the floor and around the subject child’s mouth. The mother stated she yelled for the adult sibling who contacted 911 and stated a neighbor began to perform CPR on the subject child. EMS arrived at the home and transported the subject child to the hospital.

The mother and father denied they allowed the subject child to consume alcohol prior to 7/4/2023 and stated they were unaware of the liquor bottle that was in the child’s bedroom. The parents cooperated with CPS during the initial home visit and signed releases of information; however, after the initial home visit the family declined to cooperate further with CPS.

The adult sibling was interviewed and provided no further information regarding the incident. The 14-year-old surviving sibling declined to be interviewed. WCDSS interviewed a maternal aunt who reported she had seen the subject child on 7/3/2023 and she appeared well and stated she had no concerns for the subject child or surviving sibling in the care of the parents.

The surviving sibling was engaged with mental health counseling and other services through WCDSS, and her providers noted no immediate concerns for her.

WCDSS gathered records from the children’s pediatrician which showed no immediate concerns for either child. The records noted the parents followed through with the children’s appointments as needed.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Unknown

### Multidisciplinary Investigation/Review

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

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

**Comments:** The fatality was referred to the Westchester County Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
065408 - Deceased Child, Female, 16 Yrs	065409 - Mother, Female, 51 Year(s)	DOA / Fatality	Unsubstantiated



065408 - Deceased Child, Female, 16 Yrs	065410 - Father, Male, 50 Year(s)	DOA / Fatality	Unsubstantiated
065408 - Deceased Child, Female, 16 Yrs	065409 - Mother, Female, 51 Year(s)	Inadequate Guardianship	Substantiated
065408 - Deceased Child, Female, 16 Yrs	065410 - Father, Male, 50 Year(s)	Inadequate Guardianship	Substantiated

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

**Additional information:**

The surviving sibling declined to be interviewed.

### 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 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"/>



# Child Fatality Report

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"/>

**Explain:**  
 Service needs were identified for the surviving sibling; however, the sibling was already engaged with multiple service providers. WCDSS referred the family to victim's assistance services, which were declined.

### 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 as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other, specify:</b> victim's assistance services							

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 surviving sibling was engaged with mental health services prior to the fatality. WCDSS referred the family to victim's assistance services which were declined and bereavement services, though it was unknown if those services were utilized.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

**Explain:**  
WCDSS referred the family to victim's assistance services and the parents declined. WCDSS further provided referrals for bereavement services; however, it was unknown if the family utilized those services.

### History Prior to the Fatality

#### Child Information

Did the child have a history of alleged child abuse/maltreatment? No  
Was the child acutely ill during the two weeks before death? No

### 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 was no CPS investigative history more than three years prior to the fatality.

## Known CPS History Outside of NYS

There was no known history outside of NYS.

## 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