



Report Identification Number: SV-23-046

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

Issue Date: Jan 02, 2024

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

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	OA-Other Adult	
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
CPS-Child Protective Services	DA-District Attorney	
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	SXTF-Sex Trafficking
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
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 2 year(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 08/02/2023
Initial Date OCFS Notified: 08/02/2023

Presenting Information

The SCR report alleged on 7/31/23, the mother took the subject child to the pediatrician because the child had a fever and a seizure. The mother was given a fever-reducing medication to administer to the child. It was unknown if the medication was administered. Over the next day, the subject child's fever went up and down and the child did not have subsequent seizure activity. On 8/1/23, at approximately 6:30PM, the mother put the subject child to bed. The mother and father were in the home during the evening. At an unknown time on 8/2/23, the mother found the subject child unresponsive. The mother attempted cardiopulmonary resuscitation and called 911. The subject child was pronounced deceased at the scene at 8:17AM. There was no explanation for the subject child's death.

Executive Summary

This fatality report concerns the death of the 2-year-old female subject child that occurred on 8/2/23. The SCR report contained allegations of Inadequate Guardianship and DOA/Fatality against the mother and father. At the time of her death, the subject child resided with her mother, father, and 5-year-old sibling.

Suffolk County Department of Social Services (SCDSS) completed casework and collateral contacts and learned that the subject child had been experiencing symptoms of a viral illness since 7/26/23 including a high fever, running nose, and lethargy. On 7/30/23, the subject child experienced a seizure as a result of a high fever and vomited. The mother and father were in consistent contact with the subject child's pediatrician on 7/30/23 and throughout the days preceding the subject child's death regarding her condition, symptoms, and advice for treatment. The pediatrician advised the parents to keep the subject child hydrated, apply a cold compress, administer fever-reducing medication as needed, and seek emergency medical care if the subject child experienced another seizure. On 8/1/23, the mother put the subject child to sleep around 6:30PM in the child's bed. On the morning of 8/2/23, the subject child did not wake up at her normal time; however, the parents thought the child was extra tired from her illness. The father brought the sibling to camp and returned at 8:05AM, noting it was unusual the subject child was still sleeping. The mother went to check on the subject child and found her unresponsive and blue in color. The mother yelled for the father to call 911 and began cardiopulmonary resuscitation. Emergency medical services responded to the home, advised the mother to discontinue life-saving efforts, and pronounced the subject child deceased.

An autopsy was performed, and the final cause and manner of death were pending the toxicology results. There was no preliminary cause of death; however, the medical examiner noted no injuries to the child and stated the death was possibly the result of an infection or seizure. The subject child's brain was being studied related to Sudden Unexpected Death in Epilepsy. Law enforcement found no criminality related to the subject child's death and no charges were filed.

Bereavement, trauma, and mental health services were offered to the parents and on behalf of the sibling. The mother and father were previously engaged in counseling and continued to utilize their existing counseling services following the subject child's death. The parents reached out to the siblings' school to request additional support and completed an intake for the sibling to begin therapy with a private party. The allegations against the mother and father were unsubstantiated, as there was no evidence of abuse or maltreatment pertaining to the subject child's death. The CPS investigation was unfounded and closed on 9/19/23.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Explain:

SCDSS made an appropriate determination based on evidence obtained throughout their investigation.

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 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: 08/02/2023

Time of Death: 08:17 AM

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

County where fatality incident occurred: Suffolk

Was 911 or local emergency number called? Yes



Time of Call: 08:10 AM
Did EMS respond to the scene? Yes
At time of incident leading to death, had child used and/or ingested alcohol or drugs? Unknown

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	Deceased Child	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)

LDSS Response

Upon receipt of the SCR report, SCDSS coordinated their investigation with LE, interviewed all household members and collateral sources, conducted a CPS history check, and offered fatality-related services.

SCDSS interviewed the SM and SF and learned that on 7/26/23 the SC and SS presented with runny noses. The SM noted the SC felt slightly warm but did not think the SC had a fever. The SC was eating and drinking like normal. On the morning of 7/30/23, the family had a birthday party for the SS. The SC was bouncing around, but about halfway through became tired and cuddled with the SM for the remainder of the party. The SM stated before the party the SC felt warm but was acting normal and was given a fever reducer. The family arrived home from the birthday party and the SM went to put the SC down for a nap around 12:30PM. At this time, the SC froze, began saying "mama", and her head, neck, and eyes were jerking which lasted a couple of minutes. The SC vomited and had a temperature of 101 degrees. The SM attempted to call for the SF, but he did not hear her, so she called for the MGF who was present in the home and a retired physician. The SM immediately contacted the pediatrician's emergency hotline and spoke with a doctor regarding the SC's symptoms and seizure. The SM was advised to provide a fever reducer every 3 hours and monitor the SC for 24 hours. If the SC had another seizure lasting more than 5 minutes, the SM was to bring the SC to the hospital. On 7/31/23, the SC did not experience any further seizures and was brought to the pediatrician to be examined. The SC had a normal temperature and passed a neurology examination. No viral testing was completed, but it was noted the SC's throat appeared patchy. The SM was advised to continue fever reducers as needed. The SM stated the SC's hands would jerk during the night, but the pediatrician denied this was a seizure. That night the SC had a fever of 100 degrees. The SM continued providing medication and slept with the SC to monitor her. On 8/1/23, the SC's temperature was 103.5 degrees. The SM contacted the pediatrician again and was advised that viral symptoms peak at this point which could cause high fevers and to continue fever reducers, apply a cold compress, and keep the SC hydrated. The SC was lethargic, did not want to eat dinner, and went to bed at 6:30PM. On the morning of 8/2/23, the SF took the SS to camp and returned around 8:05AM. The SM had a monitor in the SC's room in case she needed anything. When the SF returned home, he stated it was unusual



the SC was still asleep, but the parents thought she was tired from being ill. The SM checked on the SC and found her unresponsive in her bed. The SM stated the SC was blue and stiff but still warm. The SM told the SF to call 911 and began CPR. EMS responded and the SC was pronounced deceased at the scene.

The SM reported the SC's normal bedtime was 6:30PM and the children usually slept for 12 hours. The SM stated she had not checked on the SC, as she typically did not check on the children throughout the night. The MGF corroborated the events that occurred on 7/30/23 and noted no concerns for the children in the parents' care.

The parents denied the SC had a history of seizures. The SC and SS were up to date medically. SCDSS contacted the SC's pediatrician and confirmed the SM's contact with their office and advice for medical treatment. The SC was seen on 7/31/23 and diagnosed with a febrile seizure and was noted to have slightly swollen lymph nodes. No other results were found. The SM was advised to go to the ER if another seizure occurred, keep the SC hydrated, and return in 10 days. A follow-up appointment was scheduled for 8/10/23. The SM was also advised to follow up with a neurologist in two weeks.

The SS presented with a cough at the time of the SC's death and was brought to the pediatrician. The SM was instructed to provide nebulizer treatments. The SS was deemed safe in the care of the parents.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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 referred to an OCFS approved Child Fatality Review Team? No

Comments: Suffolk County does not have an OCFS-approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
065888 - Deceased Child, Female, 2 Year(s)	065889 - Mother, Female, 38 Year(s)	DOA / Fatality	Unsubstantiated
065888 - Deceased Child, Female, 2 Year(s)	065889 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Unsubstantiated
065888 - Deceased Child, Female, 2 Year(s)	065890 - Father, Male, 36 Year(s)	DOA / Fatality	Unsubstantiated
065888 - Deceased Child, Female, 2 Year(s)	065890 - Father, Male, 36 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"/>

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"/>

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:
 SCDSS made an adequate assessment of risk throughout their investigation; however, the Risk Assessment Profile tool did not reflect the SM and SF's mental health diagnoses. The inclusion of this information would not have changed the overall risk rating.

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

Additional information, if necessary:
 Bereavement, trauma, and mental health services were offered to the family. The SM and SF were previously engaged in counseling prior to the SC's death and continued to utilize their counseling services following her death. The parents contacted the SS's school to request additional support be provided to the SS. The parents had completed an intake for a private therapist for the SS.

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:
 SCDSS provided the parents with bereavement services on behalf of the SS. The parents reached out to the SS's school regarding additional support being provided to the SS upon starting school. The parents also completed an intake to engage the SS in mental health counseling with a private therapist.

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

Explain:
 SCDSS offered bereavement services, trauma counseling, and mental health counseling resources to the parents. The SM and SF were previously engaged in counseling, and continued to be engaged and utilize their counselors for support following the death of the SC.

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? 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 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 New York State.



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