



**Report Identification Number: BU-20-028**

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

**Issue Date: Mar 11, 2021**

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

<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		
<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	
<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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

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

**Jurisdiction:** Orleans  
**Gender:** Female

**Date of Death:** 09/27/2020  
**Initial Date OCFS Notified:** 09/30/2020

## Presenting Information

On 9/29/20, Orleans County Department of Social Services (OCDSS) learned of the death of the 1-day-old female subject child that occurred on 9/27/20. There was an open CPS investigation at the time of the fatality with concerns unrelated to the death. On 10/1/20, OCDSS notified the Buffalo Regional Office through the 7065 Agency Reporting Form.

## Executive Summary

On 9/29/20, OCDSS received notice of the death of the subject child that occurred on 9/27/20. OCDSS had an open CPS investigation with the family at the time of the child fatality. The CPS case was opened on 8/8/20, after OCDSS received an SCR report with concerns that the father and uncle were using marijuana while caring for the sibling and cousin. In addition there were allegations that the grandparents and mother were aware of the substance abuse and failed to intervene. OCDSS was notified of the death on 9/29/20 by the grandparents during a routine home visit and notified the Buffalo Regional Office via telephone on 9/30/20.

OCDSS made all necessary contacts with the family and collaterals to gather information related to the open CPS investigation and the fatality. The mother received prenatal care and was diagnosed with premature rupture of membranes (PROM) at 16 weeks. The pregnancy was classified as high risk and there was a plan for the mother to receive inpatient hospital care for monitoring once the child reached 23 weeks gestation. The subject child was born at 22 weeks gestation after the mother went into premature labor. Following the child's birth, doctors determined they were unable to resuscitate her due to her size and condition. The child passed away an hour and a half after her birth, while held by her mother.

The mother and father resided with the paternal grandparents and uncle. There was a surviving sibling and cousin who resided with their mothers, but visited their fathers at the home. Following the fatality, OCDSS conducted an assessment of safety of the surviving children and found them to be safe with their parents. The family was offered grief counseling, information on grief support groups, a book on grief, mental health counseling and burial assistance in response to the fatality. The open CPS investigation had been unfounded and closed on 10/23/20 after OCDSS completed all required casework activity and offered services.

### PIP Requirement

For issues identified in historical cases, OCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS will review the plan and revise as needed to address ongoing concerns.

## 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? N/A

**Determination:**

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

**Explain:**

All required casework activity was completed and documented in connections within the open CPS investigation. OCDSS gathered additional information when they were notified of the fatality. There was no SCR report made regarding the fatality as there was no reason to suspect the death was the result of abuse or maltreatment.

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:**

There was supervisory consultation documented in the case record. OCDSS unfounded and closed their open CPS investigation after they completed all required work tasks and offered the family relevant services.

### 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: 09/27/2020

Time of Death: 03:00 AM

Time of fatal incident, if different than time of death: 01:34 AM

County where fatality incident occurred: Orleans

Was 911 or local emergency number called? No

Did EMS 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
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Hospitalized

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

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	Female	1 Hour(s)
Deceased Child's Household	Father	No Role	Male	28 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	50 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	48 Year(s)
Deceased Child's Household	Mother	No Role	Female	21 Year(s)
Other Household 1	Other Adult - Mother of 6yo cousin	No Role	Female	23 Year(s)
Other Household 1	Other Child - Cousin	No Role	Female	6 Year(s)
Other Household 2	Other Adult - Mother of 4yo sibling	No Role	Female	24 Year(s)
Other Household 2	Sibling	No Role	Female	4 Year(s)

**LDSS Response**

OCDSS was notified of the of death by the paternal grandparents during a routine home visit and immediately began to gather information regarding the fatality. OCDSS interviewed the parents, relatives, medical staff and assessed the surviving siblings for safety.

The mother and father were interviewed and stated that the mother went for an ultra sound and learned that she had an increased nuchal fold and a chronic villus sampling (CVS). During that appointment she was given the option to abort the child, but the mother and father were not willing to consider that option because there was a slight chance of survival. The mother stated that her prenatal care doctors were forthcoming with her and explained the risk involved in continuing with the pregnancy. The mother reported that the week of the fatality she was scheduled to be hospitalized for the remainder of her pregnancy. The day of the fatality the mother went to the hospital after experiencing contractions and was immediately transferred to another facility for additional care. The mother was checked in by nursing staff, who reported the mother was delivering the baby upon arrival. The mother delivered the child at 1:34AM and she passed away at 3:00AM.

OCDSS gathered information from medical providers and hospital staff. The mother received routine prenatal care throughout her pregnancy. There were medical complications identified with the pregnancy including premature rupture of membranes (PROM) at 16 weeks. The pregnancy was classified as high risk with a possibility of fetal demise. Medical staff provided information to the parents regarding the concerns and reviewed care coordination.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** From a medical cause

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

**Multidisciplinary Investigation/Review**

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No**



**Comments:** Orleans County does not have an OCFS approved Child Fatality Review Team.

### 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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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**Explain:**  
As there was no SCR report surrounding the fatality, OCDSS inquired of relevant collaterals and family members as to whether there was reasonable cause to suspect abuse or maltreatment with respect to the SC's death. OCDSS found there to be no such reason. Although safety assessments in these instances are not required, OCDSS did assess and document the safety of the surviving children as part of this review.

### Fatality Risk Assessment / Risk Assessment Profile



# Child Fatality Report

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



<b>Parenting Skills</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**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 family was offered grief counseling and support groups, mental health services and provided a book on grief.

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

**Explain:**  
The family was offered grief counseling and support groups, assistance with funeral expenses, mental health services and were provided a book on grief.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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

### 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



# Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/08/2020	Other Child - Cousin , Female, 6 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - Cousin , Female, 6 Years	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Cousin , Female, 6 Years	Aunt/Uncle, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin , Female, 6 Years	Aunt/Uncle, Male, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Years	Aunt/Uncle, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Aunt/Uncle, Male, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Cousin , Female, 6 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin , Female, 6 Years	Grandparent, Female, 50 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Grandparent, Female, 50 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin , Female, 6 Years	Grandparent, Male, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Grandparent, Male, 48 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**  
 OCDSS received an SCR report that stated on 8/7/20, while acting as the sole caregivers for the 4yo sibling and 6yo cousin the father and uncle smoked marijuana and blew it into the children's faces. The children inhaled the smoke as a result. The 6yo cousin had unspecified medical issues that was exasperated by smoke. The mother and paternal grandparents were aware of the concerns and failed to address them.

**Report Determination:** Unfounded **Date of Determination:** 10/23/2020

**Basis for Determination:**  
 OCDSS unsubstantiated the allegations. It was determined through interviews of the adults residing in the home and the children that the father and uncle did not smoke marijuana to the point of impairment while caring for the kids. They did admit to using marijuana, but denied it occurred in the home or in the presence of the children.

**OCFS Review Results:**  
 OCDSS completed required face-to-face contacts and home visits, completed all assessments on time and with accurate information, spoke to the source and entered all notes contemporaneously with their event dates. Upon learning of the child fatality, OCDSS gathered necessary records, completed additional interviews, and assessed the safety of the surviving children. OCDSS offered services in response to the needs of the family. There was supervisory consultation



documented throughout the investigation. The notification letters were not sent and the CPS history check was not completed within required time frames.

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

**Issue:**

Review of CPS History

**Summary:**

A CPS history check was documented late on 9/21/20.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within 1 business day of a report, OCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, OCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

**Issue:**

Failure to provide notice of report

**Summary:**

The notification of existence letters were provided late on 9/30/20.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

OCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

### 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 CPS 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

### Additional Local District Comments

Required actions noted and will be addressed.

### 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