



## Report Identification Number: NY-18-114

Prepared by: New York City Regional Office

Issue Date: Apr 30, 2019

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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 5 year(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 11/06/2018  
**Initial Date OCFS Notified:** 11/06/2018

## Presenting Information

The 11/6/18 SCR report alleged, this morning around 7:00 AM, the stepmother (SM) realized the SC was experiencing some breathing discomfort. The SM administered the SC's prescribed breathing medication. When the SC did not respond to his medication she took a cab to the hospital. The SC was pronounced dead at the hospital. The SC had a pre-existing medical and respiratory condition but it was unclear whether these conditions contributed to the death of the SC; therefore, the death was deemed suspicious. The roles of the SS were unknown.

## Executive Summary

This five-year-old SC died on 11/6/18. According to the ME, there were no signs of abuse or neglect observed and the autopsy was pending further studies.

The case records reflected the SC was born significantly premature and had medical and respiratory conditions since birth. He had developmental and severe intellectual delays. He was non-verbal and bedbound. He could not perform activities of daily living. On 11/5/18, the SC did not feel well. At about 7:00PM, the PGM gave the SC a homemade tea and an over-the-counter medication to help the SC feel better. The SC then regurgitated approximately 15 minutes later and appeared to be feeling better then he fell asleep. At approximately 7:00AM on 11/6/18, the SC had difficulty breathing. The step mother (SM) gave the SC a nebulizer treatment to improve his breathing. When the SC did not respond to his medication, the SM decided to take him to the hospital. Minutes later, the maternal step grandmother alerted the SM that the SC was unresponsive. The SM quickly ran out of the home and hailed a cab to the ER. Medical staff attempted to resuscitate the SC but he was pronounced dead at 8:36AM.

The SC was born in and resided with his BM in the Dominican Republic (DR). He was visiting the BF from DR at the time of his death. There were 4 surviving half siblings in the home. The SM and the BF had the 4 SS in common.

On 11/6/18, ACS initiated the CPS investigation and contacted the family, LE and the ER staff. The ER staff did not observe any signs of trauma to the SC. Also, LE reported there was no criminality found regarding the SC's death and the case would remain open pending the ME's report. ACS utilized language services to interview the family who only spoke Spanish. The family's accounts were similar regarding the events that took place the day prior and on the day the SC passed away. The family reported the SC was checked on throughout the night and again in the morning. They confirmed the SM was familiar with the nebulizer machine as it was prescribed to the 4-year-old SS for congestion. ACS assessed the 4 SS and deemed them safe in the home. The family's neighbors denied any concerns for the family and that the children were never seen with any marks or bruises.

During the investigation, ACS held a child safety conference (CSC) because of the fatality. The participants at the CSC did not seek court intervention for the family. The family agreed to accept PPRS services and on 11/9/18, they signed up for services.

ACS discussed the dangers of the family using the 4-year-old SS' nebulizer for the SC. ACS also discussed a safety plan with the family and encouraged them to seek medical attention if the 4-year-old SS appeared in distress due to difficulty breathing. Additionally, ACS provided the children with beds and clothes.

At the time of writing this report, ACS had not yet determined the CPS fatality investigation and the family continued to



receive PPRS services. There were no concerns of immediate danger or hazardous conditions observed for the SS who were attending school consistently.

## 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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Was the decision to close the case appropriate? N/A

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 case is opened for service.

## 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: 11/06/2018

Time of Death: 08:36 AM

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

07:38 AM

County where fatality incident occurred:

Bronx



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? N/A

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

- Sleeping  Working  Driving / Vehicle occupant  
 Playing  Eating  Unknown  
 Other: awake

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	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	49 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	47 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Stepmother	Alleged Perpetrator	Female	26 Year(s)

**LDSS Response**

On 11/6/18, the ER staff reported the SC arrived at the ER unresponsive. The ER team made multiple attempts to revive the SC but pronounced him deceased at 8:36AM after full efforts at resuscitation were exhausted. There were no signs of abuse or neglected noted on the SC.

LE stated there was no criminality found in the SC's death and the case would remain open pending the ME's report. LE assessed the family's home and reported the home was appropriate for the children.

Also on 11/6/18, ACS interviewed the family. The family provided the same explanation of the incident that the SM noticed the SC was having difficulty breathing. The SM gave the SC his medication via a nebulizer. After the SM rushed him to the hospital via cab the SC stopped breathing. The family reported the SC was well and did not have breathing issues 2 days prior to his death. The SM stated she did not call 911 because EMS took too long to come to the home. She reported an experience where her husband had a medical condition in the past and the ambulance did not respond. She stated she now knew better and would call 911 in the future. The SM denied the 4-year-old SS had difficulty breathing when congested and used a nebulizer with medication. ACS discussed a safety plan with the family and encouraged them to seek medical attention if the SS ever appeared distressed due to difficulty breathing. ACS assessed the SS and deemed



them safe in the home. There was a concern for the children’s sleeping arrangements. ACS discussed the agency ordering beds for the children. The family was open to ACS’ offer and other supportive services. The family’s neighbors denied any concerns for the family. The children were never observed with marks and bruises.

On 11/7/18, ACS visited the family at the case address. The family did not provide any new information about the fatality. ACS assessed the SS and deemed them safe in the home at the time of the visit.

Also on 11/7/18, the ME stated the cause of death was pending further studies.

Later that same date, LE reported that the SC’s death was deemed non-criminal and no further criminal investigation would be conducted on the case.

On 11/8/18, the ER Dr. stated the SC’s death was not suspicious. The Dr. educated the family about the importance of calling 911 in emergencies. The ER Dr. stated EMS could arrive on the scene faster and begin care of the patient right away.

On 11/9/18, ACS held a child safety conference (CSC) in respect of the fatality. The CSC recommended PPRS services for the family.

On 11/14/18, ACS received the SS’ medical report from their pediatrician. The report indicated all the SS were current with their vaccines. The pediatrician did not report any concerns for the family.

On 11/29/18, ACS assessed all the SS at the child advocacy center. They denied any form of physical discipline. They all appeared to be in good physical health.

On 12/10/18, ACS visited the 7 and 8-year-old SS’ schools. The school did not report any concerns for the 8-year-old SS. The SS received school based services. The 7-year-old SS was behind academically and the school was exploring services to support him. The school denied seeing any bruises or marks on the SS. The 4-year-old SS DC provider described the parents as loving and caring. The provider denied witnessing the SM hitting the children or the 4-year-old SS disclosed being hit.

Between 12/31/18 and 3/12/19, ACS made multiple visits to the family and casework contacts with the ME. ACS assessed all the SS and deemed them at the time of the visits. The ME reported that there was no evidence of abuse to the SC at autopsy. The ME stated preliminary findings revealed the SC died of natural causes.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** The investigation adhered to previously approved protocols for joint investigation.

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the New York City region.



## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
048302 - Deceased Child, Male, 5 Yrs	048305 - Grandparent, Female, 47 Year(s)	DOA / Fatality	Pending
048302 - Deceased Child, Male, 5 Yrs	048303 - Stepmother, Female, 26 Year(s)	Inadequate Guardianship	Pending
048302 - Deceased Child, Male, 5 Yrs	048304 - Father, Male, 27 Year(s)	DOA / Fatality	Pending
048302 - Deceased Child, Male, 5 Yrs	048303 - Stepmother, Female, 26 Year(s)	DOA / Fatality	Pending
048302 - Deceased Child, Male, 5 Yrs	048304 - Father, Male, 27 Year(s)	Inadequate Guardianship	Pending
048302 - Deceased Child, Male, 5 Yrs	048305 - Grandparent, Female, 47 Year(s)	Inadequate Guardianship	Pending

## 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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"/>



<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

There was a concern regarding the children's sleeping arrangement; therefore, ACS provided the family with bunk beds.

## 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? 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

The family had no CPS history more than three years prior to the fatality.

## Known CPS History Outside of NYS

The family had 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

## 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