



Report Identification Number: NY-21-124

Prepared by: New York City Regional Office

Issue Date: May 16, 2022

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	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		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 11/21/2021
Initial Date OCFS Notified: 11/21/2021

Presenting Information

The SCR report alleged on 11/21/21 at approximately 4:00PM, the mother put the one-month-old subject child (SC) in her crib to sleep. At 5:00PM, the mother checked the SC and found her unresponsive, and with blood seeping from her nostrils. The mother called 911. EMS responded to the home and transported the SC to the hospital. The SC was pronounced dead at 5:51PM at the hospital. The SC's father and aunt were present when she was found unresponsive and there was no indication of anything else in the crib with the SC. The SC was an otherwise healthy child, and the adults had no explanation for the child being unresponsive, blood excreting her nostrils, and her death.

Executive Summary

This fatality report concerns the death of a one-month-old female subject child (SC) who died on 11/21/21. The parents declined an autopsy due to religious reasons; however, an examination was completed by the ME.

ACS learned that at the time the SC was discovered unresponsive, the parents, maternal aunt and her six-year-old son were at home. The MGPs also resided in the home but were not home at that time. The parents, along with their two children (SC and two-year-old SS) arrived in New York to visit their parents in September 2021, with plans to return to their home in January 2022. The MA and her six-year-old child also resided in another country and planned to return. The parents occupied a bedroom where they shared a bed with the SS and the SC slept in the Pack-n-Play.

According to ACS' documentation, the parents stated the mother breastfed the SC at 4:00PM. The SC was fussy, but it was "nothing out of the norm." The mother assumed the SC wanted more food, so she gave her an ounce of formula. The SC then fell asleep. At approximately 4:30PM, the SC was placed on her side in the Pack-n-Play with nothing else in the crib. She often moved around but she was not yet rolling over. The mother checked the SC at 5:00PM to find blood and milk seeping from her nostrils. She picked up the SC and she was unresponsive.

The attending medical staff reported there were no signs of trauma found on the SC. The ME reported the SC was found with dry milk in her nostrils and mouth and later reported there was no evidence of trauma to support that harm was caused to the SC. LE reported no criminality was found.

The SS and the six-year-old cousin were deemed safe and remained in the home with their respective parents. The parents denied the SC had any medical conditions or issue with the formula. They also denied that the SC exhibited any change in behavior or routine.

The SC's pediatrician reported the last visit occurred on 10/1/21, there were no concerns and safe sleep was discussed.

The collaterals had no concerns regarding the care the parents provided and noted that the family was well loved and respected by everyone in the building.

On 2/7/22, ACS unfounded the allegations of DOA/fatality and IG of the SC by the mother, father, and MA citing no credible evidence was found to suggest abuse or maltreatment of the SC. The family declined services and ACS closed the case.

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:

Sufficient information was gathered to make determination for all allegations.

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:

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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: 11/21/2021

Time of Death: 05:51 PM

Time of fatal incident, if different than time of death: 05:00 PM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes



Time of Call: 05:12 PM
Did EMS respond to the scene? Yes
At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping Working Driving / Vehicle occupant
 Playing Eating Unknown
 Other

Did child have supervision at time of incident leading to death? Yes
How long before incident was the child last seen by caretaker? 30 Minutes
At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted Absent
 Asleep Other: **Not applicable**

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	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Aunt/Uncle	Alleged Perpetrator	Female	37 Year(s)
Other Household 1	Other Child - cousin	No Role	Male	6 Year(s)

LDSS Response

Upon receipt of the SCR report, ACS initiated an investigation by contacting hospital staff and learned on 11/21/21, the SC and the mother arrived at the hospital at 5:35PM via ambulance. The SC had no signs of trauma, and the death was attributed to her having choked on vomit while asleep. She was pronounced dead at 5:51PM on 11/21/21.

ACS also learned the SC was born at the hospital with no complications; the mother carried her full term 39 weeks, 4 days to delivery. The SC was brought to all medical appointments and had seen the pediatrician on 11/19/21. ACS received information from the pediatrician who had no concerns. The SC was immunized on the day of the last visit.

ACS conducted a home assessment and documented the children were safe. The home had an adequate food supply and appropriate sleep accommodations. ACS offered the maternal aunt an infant bed for the 2-year-old child; however, she declined.

On 11/21/21, ACS interviewed the maternal aunt and she stated she had arrived home earlier on that afternoon and went to sleep. She awoke to the mother screaming that something was wrong with the SC. She summoned 911 and alerted the



neighbors who were medical professionals. They initiated CPR until EMS arrived. The maternal aunt contacted the MGP who had left the home just prior to the incident. At the time of the incident, the SS and six-year-old cousin were in the living room on their iPads.

ACS first interviewed the father on 11/21/21 and the mother on 11/22/21, as she mother was too distraught to speak the night the incident occurred. The parents reported the mother received prenatal care in their country of residence and she received safe sleep instruction just prior to the SC's birth. The mother stated she fed and burped the SC who was still fussy, so she gave her another ounce of milk, then she fell asleep at 4:30PM. She placed her on her side with her head arched upward a little, in the Pack-n-Play. At 5:00PM, when she checked and observed blood and milk coming from the SC's nose and mouth, she panicked and screamed. The father initiated CPR as instructed by the 911 operator and two neighbors who had responded to the scream took over as they were medical professionals. EMS responded shortly after and transported the SC along with the mother as the father followed to the hospital. The parents reported due to their religious beliefs, they declined an autopsy. The SC was buried on 11/24/21 due to a delay at the funeral home.

ACS interviewed LE on 11/22/21 and it was reported no criminality was suspected and closed their case. The ME reported the physical exam supported no findings of trauma.

The parents, maternal aunt and MGP denied mental illnesses, DV or drug/alcohol use in their homes. They reported to be a very close knit family who always support each other.

ACS interviewed the collateral contacts on 11/21/21 and 11/22/21 and their accounts corroborated the family's accounts. They reported they knew the family for many years and reported no concerns.

ACS held a CSC on 11/25/21, with the parents and other family members in attendance. The maternal aunt declined services. ACS provided a pack-n-play to accommodate the SS who co-slept with the parents.

The family, including the parents, MA and surviving children returned to their country of residence on 1/8/22.

On 2/7/22, ACS unfounded the allegations of DOA/Fatality and IG of the SC by the mother, father and MA citing no credible evidence was found to suggest abuse or maltreatment of the SC. ACS noted that the ME reported no evidence to support any signs of trauma. The children were up to date with their physicals and immunizations. The family declined services and ACS closed the case.

Official Manner and Cause of Death

Official Manner: Natural

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)?Yes

Was the fatality referred to an OCFS approved Child Fatality Review Team?No

Comments: There is no OCFS approved Child fatality Review team in the NYC region.

SCR Fatality Report Summary



Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060441 - Deceased Child, Female, 1 Mons	060445 - Aunt/Uncle, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
060441 - Deceased Child, Female, 1 Mons	060445 - Aunt/Uncle, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated
060441 - Deceased Child, Female, 1 Mons	060442 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
060441 - Deceased Child, Female, 1 Mons	060442 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
060441 - Deceased Child, Female, 1 Mons	060443 - Father, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
060441 - Deceased Child, Female, 1 Mons	060443 - Father, Male, 32 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"/>



Child Fatality Report

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"/>

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: The family declined services as they returned to their country of residence.				

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 checked="" 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 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 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 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:
 The family returned to their country of residence.

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? No

Explain:
 The family declined services.

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

Explain:
 The family declined services.

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? No

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record | |

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 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