



Report Identification Number: NY-15-079

Prepared by: New York City Regional Office

Issue Date: 3/25/2016

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
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: New York
Gender: Male

Date of Death: 08/08/2015
Initial Date OCFS Notified: 09/23/2015

Presenting Information

The SCR registered a report alleging that on 7/28/15, an otherwise healthy five-month-old male child was taken by the father from NJ to Bellevue Hospital in an unresponsive state. The child was observed with extensive injuries which included a detached retina, blood in various spaces of the brain and old rib fractures. The child was placed on a ventilator until his death on 8/8/15. The report also alleged that the father admitted to shaking the child for 15-20 seconds. Additionally, a week prior to the child's hospitalization, the father punched the child in the stomach twice and had shaken the child during the month of June. According to the SCR report, the mother had threatened to leave the father if he shook child again. The report further alleged that the father was aware that the child had fractures in various stages of healing but admitted to punching the child a couple of days prior to a doctor's visit. It was alleged that the father got angry because the child refused to eat.

Executive Summary

On 8/8/15 this five-month-old male child succumbed to injuries that were inflicted by his father on 7/28/15. The ME listed the cause of death as abusive head trauma and the manner of death as homicide. The father is currently incarcerated in a Bergen County, NJ detention facility. The family resided in NJ; however, the child died in the Bellevue Hospital in NY.

According to the narrative of the report, on 7/28/15, the otherwise healthy five-month-old male child was taken by the father from NJ to Bellevue Hospital in an unresponsive state. The child was observed with extensive injuries which included a detached retina, blood in various spaces of the brain and old rib fractures. The child was placed on a ventilator until his death on 8/8/15. The report also alleged that the father admitted to shaking the child for 15-20 seconds. Additionally, a week prior to the child's hospitalization, the father punched the child in the stomach twice and had shaken the child during the month of June. According to the SCR report, the mother had threatened to leave the father if he shook child again. The report further alleged that the father was aware that the child had fractures in various stages of healing but admitted to punching the child a couple of days prior to a doctor's visit. It was alleged that the father got angry because the child refused to eat. The allegations of the report were DOA/Fatality, FX, II, and IG of the child by the father who was named as the only subject.

ACS' MFO conducted the investigation and made contact with the hospital and law enforcement in both NY and NJ. Additional contacts were made with the NJ Division of Youth and Family Services (DYFS) to obtain information regarding the family. DYFS reported and law enforcement confirmed that there were no surviving children in the home.

ACS's contact with NJDYFS also revealed that the father admitted that on 7/28/15 he shook the child twice and punched the child once in the stomach and on the previous day he had also hit the child. He then put the child in the middle of the bed, left the room and went to eat breakfast and left the child in the room for 45 minutes. The father also reported that the child had fallen from the car seat in a department store; however, he did not tell his wife or the pediatrician whom he visited two days later when the child went for a checkup. The father said he hit and shook the child because the child refused to eat. He said after that incident he left the child on the bed, alone for 45 minutes and



when he returned to the room he found the child unresponsive. The father said he did not call 911 because he knew he would "get into trouble." The father said he had spoken to the mother about being frustrated with the child and they were in the process of hiring a babysitter.

The Specialist interviewed the mother who expressed her disbelief that the father could have hurt the child. The mother was referred for counseling.

ACS learned the DYFS Specialist made contact with the pediatrician on 8/3/15. The pediatrician was not aware that the child had a healing rib fracture. The pediatrician said that at the last visit on 6/18/15 the child received a full body work up and there was no swelling or bruising noted during the exam. The pediatrician reported that the parents did not mention any falls or injuries to the child and there were no medical issues for the child; the child was deemed a well-child at that time.

On 2/4/16, ACS substantiated the allegations of the report against the father based on the father's statements to law enforcement regarding his role in the injuries that the child sustained and his actions thereafter.

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?** 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:

There are no surviving siblings; therefore, there are no safety factors that presented an immediate or impending danger to any child in the home.

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 are no surviving siblings.

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: 08/08/2015

Time of Death:

Date of fatal incident, if different than date of death: 07/28/2015

Was 911 or local emergency number called? No

Did EMS to 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

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

2

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 001

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	038 Year(s)
Deceased Child's Household	Mother	No Role	Female	035 Year(s)

LDSS Response

On 9/23/15 following the receipt of the report, the ACS Specialist made contact with the ME to obtain information regarding the cause and manner of death. The autopsy report was not finalized at the time; therefore, no information was available. The Specialist also solicited the assistance of the ACS Investigative Consultants and was informed that the family had no criminal or domestic violence history. Later the ME indicated the cause of death was abusive head trauma and the manner of death was homicide.

On 9/24/15, the ACS Specialist contacted the NJ DFYS Specialist and learned that the father was interviewed by law

enforcement in that state and was arrested on 7/29/15. The NJ Specialist reported that the father's statements reflected that he punched and shook the child on different occasions and in one instance while he was caring for the child, the child had fallen from a car seat which was not securely fastened. The father said he did not inform anyone of the incident. Additionally, on 7/28/15 when he realized that the child was hurt he drove to NY to seek medical attention because he knew he would "get into trouble." The father said he hit and shook the child because the child refused to eat.

The NJ Specialist made contact with child's pediatrician. The pediatrician was not aware of any injuries to the child and reported that on 6/18/15 when the child was last seen, the child did not have any marks or bruises indicative of abuse or neglect. A full examination of the child's body was completed and there was no swelling or bruising noted during the exam. The pediatrician reported that the parents did not mention any falls or injuries to the child.

On 9/25/15, the Specialist contacted law enforcement and learned that the father was charged with Aggravated Manslaughter and was incarcerated in a Bergen County detention facility since 7/29/15.

On 10/14/15, the mother said she was shocked at the father's actions, but denied that he had told her of past incidents where he had hit or shaken the child. The mother was referred for bereavement counseling. The mother also reported that at the time of the child's death she was actively searching for a babysitter because she knew her husband was "stressed" about caring for the child.

Between 10/15/15 and 2/3/16, the Specialist maintained contact with law enforcement and the ME's Office. No new information was obtained from law enforcement ; however, the ME reported that the cause of death was abusive head trauma and the manner of death was homicide.

On 2/4/16, ACS substantiated the allegation of Internal Injuries against the father regarding the 5-month-old child based on the father's statements that he shook and punched the child on more than one occasion. ACS documented that as a result the child sustained subdural hemorrhages, retinal hemorrhaging and retinal detachment which was consistent with abusive head trauma. The child sustained brain injuries and had an old healing rib fracture (6th rib).

The allegation of Fracture was substantiated against the father based on the presence of the rib fracture (6th rib). ACS documented that the father said he punched the child in the stomach on more than occasion.

The allegation of Inadequate Guardianship was substantiated against the father based on the father's statement regarding his role in the child's injuries. ACS added that the father punched and shook the child on more than one occasion, and on 7/28/15 after inflicting injuries to the child he left the child unsupervised and failed to seek immediate medical attention when he found the child unresponsive.

The allegation of DOA/Fatality was substantiated against the father. ACS documented that on 8/8/15 the child succumbed to the injuries that were inflicted on 7/28/15. To support the substantiation, ACS documented that according to the ME the cause of death was abusive head trauma and the manner was homicide.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner



NYS Office of Children and Family Services - Child Fatality Report

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 NYC Region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026185 - Deceased Child, Male, 5 Mons	026187 - Father, Male, 038 Year(s)	DOA / Fatality	Substantiated
026185 - Deceased Child, Male, 5 Mons	026187 - Father, Male, 038 Year(s)	Inadequate Guardianship	Substantiated
026185 - Deceased Child, Male, 5 Mons	026187 - Father, Male, 038 Year(s)	Fractures	Substantiated
026185 - Deceased Child, Male, 5 Mons	026187 - Father, Male, 038 Year(s)	Internal Injuries	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NYS Office of Children and Family Services - Child Fatality Report

documentation?

Additional information:

The father who was the sole subject of the report was not interviewed face-to-face; however, his statement which was recorded by police was shared with ACS.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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?

- Family Court Criminal Court Order of Protection

Criminal Charge: Aggravated manslaughter Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	The father.	Unknown	Unknown
Comments:	Father is incarcerated in the Bergen County Jail in NJ.		

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but 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 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"/>



NYS Office of Children and Family Services - Child Fatality Report

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

Additional information, if necessary:
 There were no surviving siblings. The father was arrested and incarcerated . The mother refused all services except for bereavement counseling.

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? N/A

Explain:
 There were no surviving siblings in the home.

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

Explain:
 Mother was referred to counseling services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- 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 Had heavy alcohol use



NYS Office of Children and Family Services - Child Fatality Report

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/28/2015	8121 - Other Child - Subject child (pre-fatality), Male, 5 Months	8122 - Mother, Female, 35 Years	Inadequate Guardianship	Indicated	No
	8121 - Other Child - Subject child (pre-fatality), Male, 5 Months	8123 - Father, Male, 38 Years	Inadequate Guardianship	Indicated	
	8121 - Other Child - Subject child (pre-fatality), Male, 5 Months	8123 - Father, Male, 38 Years	Swelling / Dislocations / Sprains	Indicated	
	8121 - Other Child - Subject child (pre-fatality), Male, 5 Months	8122 - Mother, Female, 35 Years	Fractures	Indicated	
	8121 - Other Child - Subject child (pre-fatality), Male, 5 Months	8123 - Father, Male, 38 Years	Fractures	Indicated	
	8121 - Other Child - Subject child (pre-fatality), Male, 5 Months	8123 - Father, Male, 38 Years	Internal Injuries	Indicated	
	8121 - Other Child - Subject child (pre-fatality), Male, 5 Months	8123 - Father, Male, 38 Years	Choking / Twisting / Shaking	Indicated	
	8121 - Other Child - Subject child (pre-fatality), Male, 5 Months	8123 - Father, Male, 38 Years	Lack of Medical Care	Indicated	
	8121 - Other Child - Subject child (pre-fatality), Male, 5 Months	8123 - Father, Male, 38 Years	Lack of Supervision	Indicated	

Report Summary:

On 7/28/15 the father was caring for the child and at about 9:00AM he placed the child in a carrier and placed the carrier on the edge of the bed in the home. The father then left the child unsupervised and went to another room for about 40 minutes. When the father returned to the room, the child was face down on the un-carpeted floor. The father did not call 911; he took the child in his car to a NYS hospital. The child arrived at the hospital unresponsive. The child was revived and remained in critical condition. The father told police that he shook the baby twice and punched the baby once in the stomach because the baby refused to eat. ACS added the mother as a subject of the report.

Determination: Indicated	Date of Determination: 09/30/2015
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Basis for Determination:

There was credible evidence to substantiate the allegations of the report (CTS, FX, II, LOMC, LOS, SWDS, and IG) against the father, based on the father's statements to the police and the results of the medical findings which were consistent with the information the father provided. ACS added and substantiated the allegation of Inadequate



Guardianship of the child by the mother on the basis that the mother allowed the father to continue to care for the child although she was aware of the fact that the father had shaken the child in past.

OCFS Review Results:

The report was completed appropriately. ACS made contact with the appropriate collaterals which included law enforcement in NY and NJ, medical personnel in NY, and CPS in NJ.

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

CPS - Investigative History More Than Three Years Prior to the Fatality

There is no known CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

The family was known to the NJ Division of Child Protection as a result of the incident which occurred on 7/28/15. The report was investigated and the allegations were substantiated against the father.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)



Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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