



**Report Identification Number: SV-15-018**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 12/4/2015**

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
<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
CPR-Cardio-pulmonary Resuscitation		
<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	MN-Medical Neglect	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	
<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		

**Case Information**



**Report Type:** Child Deceased  
**Age:** 21 day(s)

**Jurisdiction:** Westchester  
**Gender:** Female

**Date of Death:** 04/18/2015  
**Initial Date OCFS Notified:** 04/18/2015

## Presenting Information

The State Central Register (SCR) report stated the following:

"This morning, 4/18/15, 3-week old female child was found unresponsive on the bed between a pad and the wall. Last night, the parents slept in the same bed with the infant and 18-month-old sibling. This morning, at 2:00am, the father left and went to work. At 3:30am, the mother fed the infant and put her on the infant pad to sleep and mother went back to bed. This morning, mother woke up and could not find the baby. Mother yelled to the grandmother to find out if she had the baby. Mother turned around and saw the baby on top of the bed between the pad and the wall. The baby appeared blue and not responding. Mother tried to stimulate the baby, but there was no response. The grandmother called the father while mother called 911. When the ambulance and police arrived, they tried to revive the child but were unable. The child was taken to the hospital where she was pronounced dead."

## Executive Summary

On 4/18/15, the Westchester County Department of Social Services (WCDSS) received a report of abuse/maltreatment from the SCR. The report listed the mother, father, and Maternal Grandmother (MGM) as subjects and alleged DOA/Fatality, and Inadequate Guardianship. The report stated that the 3-week old female child was found unresponsive on the bed between a pad and the wall.

The previous night, the parents slept in the same bed with the infant and with the 20-month old sibling. At 2:00am, the father woke up to prepare for work and the subject child woke up at the same time and began to cry. The father proceeded to feed the subject child a bottle before handing the subject child to the mother to continue the feeding while he and the 12-year-old surviving sibling left the residence at approximately 2:20 am. At approximately 3:30am, the mother return the subject child to sleep wrapped in a blanket on the infant pad located on the adult bed. The mother went back to bed as well. In the morning, the mother woke up and could not find the baby. The mother yelled to the MGM to find out if she had the baby. The mother turned around and saw the baby on top of the bed between the pad and the wall. The baby appeared blue and non-responsive. The mother tried to stimulate the baby to no avail. The MGM called the father while the mother called 911. The ambulance and police arrived and tried unsuccessfully to revive the child. The child was taken to the hospital where she was pronounced dead at 7:07am. It is unknown how the child rolled from the pad to the bed.

The CPS investigation was conducted by the WCDSS. The WCDSS made contact with the source of the report, law enforcement, the District Attorney's office, the children's pediatrician as well as other medical personnel. Multiple interviews were conducted with the parents, the MGM, the Maternal Great-Grandmother, and the 12 year-old surviving sibling. The 20 month-old surviving sibling was observed. Throughout the investigation the family's statements were consistent with what was reported to the SCR.

There were no concerns presented about the family. A criminal and SCR background check was completed for all family members with negative results. Law enforcement stated that there was no criminality involved. The parents voluntarily submitted to a CASAC substance abuse screening with negative results.



The progress notes and safety assessments were completed timely, accurately, appropriately and were thorough. Case conferences were held and medical records were reviewed which confirmed that the subject child had no health problems and the mother received appropriate pre-natal and medical care.

Bereavement and burial assistance services were offered to the family, but they declined them, having obtained the services from another agency. The allegations of the report were unsubstantiated and the case was closed on 6/17/15. The WCDSS was unable to find evidence to support that bed-sharing in and of itself resulted in the death of the child. No aggravating factors (such as parents' lack of sleep, parents being under the influence of drugs or alcohol, parents being under the influence of prescription drugs or the subject child's medical condition that would make her susceptible to danger if she shared a bed with the parents) were found during the course of the investigation. No causal connection could be established between the death, the sleeping conditions and any actions of the parents.

The cause of death is unknown as the final autopsy report was not available to the WCDSS at the time of their determination. The autopsy report listed the cause of death as, "sudden unexpected death of a twenty-one day old infant found co-sleeping with an adult", and the manner of death was deemed to be "undetermined".

## 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:

**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:

## 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: 04/18/2015

Time of Death: 07:07 AM

Time of fatal incident, if different than time of death: 06:30 AM

County where fatality incident occurred:

WESTCHESTER

Was 911 or local emergency number called?

Yes

Time of Call:

06:32 AM

Did EMS to 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:

- Checked: Sleeping, Working, Driving / Vehicle occupant, Unknown. Unchecked: Playing, Eating, Other.

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

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

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At time of incident supervisor was:

- Checked: Asleep. Unchecked: Drug Impaired, Alcohol Impaired, Distracted, Impaired by disability, Absent, Impaired by illness, Other.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Table with 5 columns: Household, Relationship, Role, Gender, Age. Rows include Deceased Child's Household, Father, Grandparent, Mother, and Alleged Victim/Perpetrator.



# NYS Office of Children and Family Services - Child Fatality Report

Deceased Child's Household	Sibling	No Role	Female	20 Month(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)

## LDSS Response

Upon receipt of the report, the Westchester County Department of Social Services (WCDSS) contacted the source and along with Law Enforcement (LE) visited the case address and met with the parents, the Maternal Grandmother (MGM), the maternal Great-Grandmother (MGGM). The 12 year-old sibling was interviewed and the 20-month old sibling was observed. The home and sleeping arrangements were observed and the home was found to be in adequate and satisfactory condition with no safety factors present.

During the course of the investigation, multiple home visits were made to the case address and the secondary case address where all family members were interviewed and the surviving siblings were interviewed and/or observed, as well as the sleeping arrangements for the family. The parents were given information for bereavement counseling and information on Home Safety Tips for Children. They were also given information on Safe Sleep. As per the Law Enforcement Summary submitted to the SVRO, law enforcement discovered the adult bed where the subject child slept was covered with sheets, several pillows and blankets and an infant positioner on the morning of the incident. The bedroom did not contain a crib or a bassinet. Other parts of the home were extremely clean and the family had an appropriate amount of food.

The WCDSS conferred with the District Attorney's office, the Medical Examiner and the children's pediatrician. The caseworker spoke with hospital personnel and was informed that they do have videos on co-sleeping, but the videos are not required or mandated by the hospital or by New York State for the parents to watch. Parents are only required and mandated to watch the video on Shaken Baby Syndrome.

The caseworker checked for any previous CPS, WMS, and criminal history of all family members. No previous records were found. The caseworker made a referral for the Healthy Start Program for the 20-month old sibling, but she was too old to qualify for their services. The 12-year old sibling was offered to attend an all day summer camp, but he declined, preferring instead to go to a half-day camp so he could be near his family during this time. The caseworker assisted the family in preparing documentation in order to apply for a transfer to a new apartment through Section 8. The caseworker made a referral to the Yonkers City Office of the Aging on behalf of the MGGM.

The case was presented at the Westchester County CFRT meetings on April 27, 2015 and June 8, 2015.

The safety assessments were completed and approved timely. There were no safety factors noted throughout the course of the investigation. The final autopsy report listed the cause of death as, "sudden unexpected death of a twenty-one day old infant found co-sleeping with an adult". The manner of death was classified as "Undetermined". The evidence gathered during the CPS investigation did not establish a causal connection between the death, the sleeping conditions and any actions of the parents. The allegations were unsubstantiated and the case was appropriately closed on June 17, 2015.

## Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** From a medical 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)? Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: The Westchester County CFRT reviewed this case on April 27, 2015 and June 8, 2015.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
018401 - Deceased Child, Female, 21 Day(s)	018102 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
018401 - Deceased Child, Female, 21 Day(s)	018106 - Grandparent, Female, 59 Year(s)	DOA / Fatality	Unsubstantiated
018401 - Deceased Child, Female, 21 Day(s)	018106 - Grandparent, Female, 59 Year(s)	Inadequate Guardianship	Unsubstantiated
018401 - Deceased Child, Female, 21 Day(s)	018103 - Father, Male, 33 Year(s)	DOA / Fatality	Unsubstantiated
018401 - Deceased Child, Female, 21 Day(s)	018103 - Father, Male, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
018401 - Deceased Child, Female, 21 Day(s)	018102 - Mother, Female, 32 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



# NYS Office of Children and Family Services - Child Fatality Report

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation



# NYS Office of Children and Family Services - Child Fatality Report

	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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

## Services Provided to the Family in Response to the Fatality

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



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:

A summer camp program was offered to the older sibling, but he declined.

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

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 fetal alcohol effects or syndrome
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 within three years prior to the fatality.

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

The family had no previous CPS history.

Known CPS History Outside of NYS

The family had no known CPS history outside of NYS.



**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.

**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