



**Report Identification Number: SV-15-052**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 6/15/2016**

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

<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	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	
<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



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

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

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

**Date of Death:** 12/25/2015  
**Initial Date OCFS Notified:** 12/25/2015

## Presenting Information

This morning, 12/25/15, at 3:00 AM, the mother attempted to wake the one month old subject child for a feeding but found her unresponsive in her bassinet. The mother called police and CPR was performed. The subject child was transported to the hospital where she was pronounced deceased. The subject child was an otherwise healthy child with no known medical conditions.

## Executive Summary

On 12/25/15, the Westchester County Department of Social Services (WCDSS) received a report of maltreatment from the State Central Register (SCR), which listed allegations of DOA/Fatality and Inadequate Guardianship against the mother and father on behalf of the one-month-old subject child. The report stated that on 12/25/15 at 3:00AM the mother attempted to wake the subject child for a feeding but found the subject child unresponsive in her bassinet. It further stated that the subject child was an otherwise healthy child with no known medical conditions. Two subsequent reports were received on 12/25/15 with the same allegations listed and merged with initial case/report.

Visits were made to the home and interviews were conducted with all family members. Contact was made with the sources of the reports. Criminal and CPS checks were conducted and history was documented. Collateral contacts were made with law enforcement, the district attorney's office as well as all medical providers and schools. Releases were signed by the mother and all medical records were requested and received. Supervisory and case conferences were held throughout the life of the case. Progress notes were adequate and entered in a timely fashion. Safety and risk assessments were appropriate and submitted in a timely manner.

Contact was made with the medical examiner throughout the life of the case. As of the date of this report, the autopsy results were pending but preliminary findings did not reveal signs of maltreatment. The allegations of DOA/Fatality and Inadequate Guardianship were unsubstantiated regarding the mother and father. According to the WCDSS, there was no credible evidence to indicate that the mother and father did not exercise a minimum degree of care. The subject child was put to sleep in a bassinet and not left alone. The bassinet was observed to be safe and appropriate.

## 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:

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- 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:**  
Casework activity was commensurate with case circumstances. Visits were made to the home, family members were interviewed and collateral contacts were made. Safety was appropriately assessed and appropriate referrals were made.

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:**  
The decision to close the case was appropriate.

**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: 12/25/2015 Time of Death: Unknown

Time of fatal incident, if different than time of death: 03:00 AM

County where fatality incident occurred: WESTCHESTER

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

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

Did child have supervision at time of incident leading to death? Yes  
How long before incident was the child last seen by caretaker? 5 Hours  
Is the caretaker listed in the Household Composition? Yes - Caregiver



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

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**  
**Children ages 0-18:** 1

## 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	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)

## LDSS Response

On 12/25/15, the Westchester County Department of Social Services (WCDSS) received a report of maltreatment from the State Central Register (SCR), which listed allegations of DOA/Fatality and Inadequate Guardianship against the mother and father on behalf of the one-month-old subject child. The report stated that on the morning of 12/25/15 around 3:00AM, the mother attempted to wake the subject child for a feeding but the subject child was found unresponsive in her bassinet. The reported stated that the mother called the police, CPR was performed and the subject child was transported to the hospital where she was pronounced deceased. The report further stated that the subject child was an otherwise healthy child with no known medical conditions.

Throughout the investigation the caseworker made home visits, interviewed the parents, surviving siblings; the interviews were comprehensive, well documented and addressed the allegations. The caseworker contacted the source as well as collateral contacts with medical providers, law enforcement, and daycare providers as well as the medical examiner. Medical records were received. The caseworker noted that the subject child had mild jaundice at birth. The caseworker further noted that the subject child was seen on 11/27/15 for a weight check as well as on 11/30/15 for another weight check; no concerns were noted. CPS history and criminal history checks were conducted and appropriately documented. No criminal history was found.

On 1/22/16, the Victim Assistance Services worker contacted the caseworker to inform her of some concerns that the parents' landlord had reported. The landlord reported that the mother had broken a window in the apartment as well as the stove and that she drinks alcohol. The caseworker referred the parents for a substance abuse screening and the results were negative.

Supervisory and case conferences were held frequently throughout the life of the case. Regular contact was maintained with the parents and updates were obtained almost daily regarding their progress in the grieving process. Referrals for bereavement services as well as help paying for funeral expenses was offered and accepted by the parents.



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

Safety and risk assessments were appropriate and completed in a timely fashion. Progress notes were entered timely and contemporaneously.

The allegations of DOA/Fatality and Inadequate Guardianship were appropriately unsubstantiated against the mother and father on 2/23/16. Law enforcement as well as the paramedics did not observe anything suspicious as it related to the subject child's death. In addition, there was no credible evidence to indicate that the parents did not exercise a minimum degree of care in caring for the subject child. The subject child was put to sleep on her back, in her bassinet and she was not left alone.

The Medical Examiner's report is still pending as of the date of this report.

## Official Manner and Cause of Death

**Official Manner:** Pending

**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 reviewed by an OCFS approved Child Fatality Review Team?** Yes

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026839 - Deceased Child, Female, 1 Mons	026840 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
026839 - Deceased Child, Female, 1 Mons	026841 - Father, Male, 42 Year(s)	Inadequate Guardianship	Unsubstantiated
026839 - Deceased Child, Female, 1 Mons	026840 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
026839 - Deceased Child, Female, 1 Mons	026841 - Father, Male, 42 Year(s)	DOA / Fatality	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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"/>

**Additional information:**

Progress notes were appropriate and entered in a timely fashion.

**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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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
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# NYS Office of Children and Family Services - Child Fatality Report

				<b>Determine</b>
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"/>

### Placement Activities in Response to the Fatality Investigation

	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>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?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" 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 checked="" type="checkbox"/>	<input 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 parents were referred for a substance abuse screening. The results came back negative.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The caseworker confirmed that the siblings were receiving counseling in school in response to the fatality.

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

Explain:

The parents were referred to Victim Assistance Services. Referrals were provided for counseling/bereavement counseling as well as help in paying for funeral expenses. In addition, the mother was assisted with obtaining repairs that needed to be done in the apartment and helped with her DSS benefits which were at risk of being taken away.

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



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

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

**CPS - Investigative History Three Years Prior to the Fatality**

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/25/2015	8492 - Sibling, Female, 2 Months	8491 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	No
	8492 - Sibling, Female, 2 Months	8491 - Mother, Female, 27 Years	Lack of Supervision	Unfounded	

**Report Summary:**

The report was called in against the mother with allegations of Inadequate Guardianship and Lack of Medical care on behalf of the 2 month old female sibling. The report alleged that the 2 month old female sibling was believed to have a congenital dislocation of the hips and the mother failed to take her to the doctor for a follow-up.

**Determination:** Unfounded **Date of Determination:** 04/23/2015

**Basis for Determination:**

The allegations, Inadequate Guardianship and Lack of Medical Care were unsubstantiated. The mother complied with the medical appointment and no concerns were reported by the orthopedic specialist and the Early Intervention program. The family was not interested in any other services.

**OCFS Review Results:**

Casework and collateral contacts were made throughout the life of the investigation. Supervisory conferences were held and referrals for necessary services were made.

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

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

On 8/27/11 a report was made to the State Central Register. The report was against the mother on behalf of the three male siblings, ages 7 years, 2 years and 7 months at the time of the report with allegations of Inadequate Guardianship and Parent's Drug/Alcohol Use. The report alleged that the mother became intoxicated and unable to provide adequate care to the children. It further stated that the mother was acting irrational and incoherent, attempted to jump off of the roof and shove the maternal aunt in the presence of the children. The report was unfounded and closed with no services on 9/19/11.

**Known CPS History Outside of NYS**



There is no known 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**