



Report Identification Number: SV-21-045

Prepared by: New York State Office of Children & Family Services

Issue Date: Apr 26, 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: 7 month(s)

Jurisdiction: Nassau
Gender: Male

Date of Death: 11/01/2021
Initial Date OCFS Notified: 11/03/2021

Presenting Information

An SCR report was received which alleged that on the morning of 11/1/21, the mother found the seven-month-old subject child unresponsive in his crib. The mother contacted authorities and the child was taken to the hospital where he was pronounced dead. The child was otherwise healthy and the mother had no explanation for his death. There were additional concerns reported that the conditions of the home environment were not safe for the children, and the mother had the children urinate in a bucket in the room rather than use the bathroom.

Executive Summary

This fatality report concerns the death of a seven-month-old male subject child that occurred on 11/1/21. A report was registered with the SCR on 11/3/21 with allegations of Inadequate Food/Clothing/Shelter, Inadequate Guardianship, and DOA/Fatality against the child’s mother. Nassau County Department of Social Services (NCDSS) received the report and investigated the child’s death. An autopsy was performed; however, the final report had not yet been issued at the time of this writing, and the results remained pending.

At the time of the child’s death, he resided at a family shelter with his mother and three surviving siblings, ages nine, four and two years old. The subject child’s father did not live in the home and had minimal involvement with the child. The biological fathers of the surviving siblings did not live locally and did not have regular contact with their children. The investigation revealed that on the night of 10/31/21, the mother last fed the subject child at 11:00PM, and then placed him on his back in his bassinet. The mother and all the children fell asleep. At an unknown time during the night, the subject child began crying, but the mother did not wake up. The nine-year-old sibling heard the child and fed him the remainder of the bottle from earlier. She then placed the child on his back in his bassinet and the two went back to sleep. The mother next awoke around 7:00AM on 11/1/21, saw the four-year-old was awake playing on a phone and assumed the rest of the children were still asleep. The mother left the room and went to the communal kitchen to prepare bottles for the day and speak with other residents and returned to the room at 7:58AM. The mother attempted to rouse the subject child to get him ready for daycare, but found he was unresponsive. The mother yelled for assistance, and emergency services were called. The child was transported via ambulance to the local hospital where he was pronounced deceased at 8:46AM.

NCDSS spoke with family members and collateral sources including law enforcement, the children’s pediatrician, shelter staff, school staff, the medical examiner and the daycare provider. There were no concerns noted surrounding the care of the children, and the subject child showed no physical signs of abuse or neglect. There were no criminal charges brought against the mother regarding the death of the child. NCDSS found the child had no known underlying health conditions and the mother was adhering to safe sleep practices. There was no evidence found to support the mother’s actions or inaction placed the child at imminent risk or harm or resulted in his death. NCDSS unsubstantiated the allegations and closed the investigation.

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:

NCDSS gathered sufficient information to appropriately determine the allegations and assess the safety of the surviving siblings.

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

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: 11/01/2021

Time of Death: 08:46 AM

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

County where fatality incident occurred: Nassau

Was 911 or local emergency number called? Yes

Time of Call: 08:07 AM

Did EMS 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? 8 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	7 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	9 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)

LDSS Response

NCDSS interviewed SM on several occasions to obtain an accurate timeline of events leading up to SC's death. SM reported the day prior to the fatality was Halloween, so she and the CHN went trick or treating that evening, from 5:00PM until around 8:30PM. SM stated afterward they had dinner at a fast-food restaurant and then returned to the shelter for the night. SM said SC was acting normally throughout the day and she had no concerns. SM reported everyone was tired when they got back to their room, so they went to bed. SM explained she fed SC a bottle around 11:00PM before going to bed herself; SC slept in a bassinet. SM denied SC had any objects in the bassinet while he was sleeping. SM said she next awoke around 7:00AM on 11/1/21, and the 4yo SS was the only CH awake and was playing on a phone. SM stated she "scanned the room" and all the CHN looked fine. SM said she then gathered laundry, exited the room and went to the kitchen to prepare SC's bottles for daycare. SM said while she was in the kitchen, she began chatting with other residents until her phone rang at 7:57AM. SM stated it was the daycare calling letting her know they were on the way to pick up the CHN. SM explained she returned to the room at 7:58AM to get everyone up and ready, and that is when she noticed milk on SC's face, between his nose and upper lip. SM said she wiped his face with a baby wipe, picked him up and laid him on her bed. SM reported she tried to wake SC, but he would not respond. She then checked for breathing and a heartbeat and could not find either, so she yelled for help and then called 911. The SSs stayed with a neighbor while SM went to the hospital with SC.

NCDSS observed the shelter unit where the family resided at the time of SC's death and noted it was cluttered with clothing and other belongings. SM reported to have a mental health concern and was working on cleaning her room with



the assistance of shelter staff. NCDSS observed appropriate sleeping provisions for the CHN. SM admitted she had the CHN urinate in a bucket during the night so they would not need to leave the unit to use the bathroom.

NCDSS assessed the safety of the SSs on more than one occasion and interviewed the 9yo. The 9yo SS reported the family went trick or treating the night prior to SC's death, and then went out to eat before returning to the shelter. SS explained everyone went to sleep, and she was next awoken by SC crying in his bassinet. SS reported SM did not wake up, so SS picked up SC and gave him the remained of the bottle from the last time he was fed. SS explained she then placed SC back in his bassinet, on his back, and they went back to sleep. SS reported she told SM she fed SC in the middle of the night, and SM told her SC's death was not her fault. SS said the next morning, she woke up after SM found SC not breathing and she and the other SSs went to stay with a friend at the shelter while SM went to the hospital with SC. SS had no further information surrounding the incident and denied any safety concerns for herself or her siblings. NCDSS followed up with SM regarding SS feeding SC, and SM stated she did not want to bring much attention to it as she felt SS would blame herself for SC's death. SM explained SS helped with SC's care often. NCDSS did not follow up further with SS regarding the possibility of feeling responsible for SC's death.

NCDSS spoke with family and collateral sources, including shelter staff, the CHN's pediatrician, the 9yo's school and the other SS's daycare. There were no concerns surrounding SM's care of the CHN noted. There was no criminality found regarding the death of SC. NCDSS offered SM voluntary preventive services, which she accepted. There was no evidence found to support the allegations in the report, and therefore, NCDSS unfounded and closed the investigation.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: This fatality was conducted by the Nassau County Multidisciplinary Team.

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

Comments: This fatality was referred to the Nassau County Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060151 - Deceased Child, Male, 7 Mons	060155 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
060151 - Deceased Child, Male, 7 Mons	060155 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
060152 - Sibling, Male, 2 Year(s)	060155 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
060153 - Sibling, Female, 9 Year(s)	060155 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
060154 - Sibling, Female, 4 Year(s)	060155 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	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 checked="" 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:

NCDSS interviewed the family and appropriate collateral sources. Progress notes and other documentation were completed and entered timely. The biological fathers were interviewed via phone as they did not live locally.

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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: NCDSS offered the family services in response to the subject child's death.				

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"/>
Explain as necessary: The surviving siblings were deemed safe and did not need to be removed as a result of this fatality report.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Mental health services	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Voluntary Preventive Services

Additional information, if necessary:

NCDSS provided the mother referrals for grief counseling following the fatality. The mother reported she was a victim of domestic violence in a past relationship, and NCDSS offered services in response. Voluntary preventive services were offered to assist the family with housing, economic and mental health concerns. The services case was opened and ongoing at the time of this writing.

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:

NCDSS provided the mother with referrals for the surviving siblings to receive grief and bereavement services.

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

Explain:

NCDSS provided the mother with referrals for grief and bereavement 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:



- 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

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

In 2013, the mother was named as a subject in an indicated investigation with allegations of IG, L/B/W and LMC.

In 2014, the nine-year-old surviving sibling was named as a maltreated child in an unfounded investigation with allegations of IG against her biological father.

Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

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