



**Report Identification Number: BU-20-022**

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

**Issue Date: Feb 10, 2021**

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

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

**Jurisdiction:** Niagara  
**Gender:** Female

**Date of Death:** 08/24/2020  
**Initial Date OCFS Notified:** 08/24/2020

## Presenting Information

An SCR report alleged on 8/24/2020, the 1-year-old SC died while in the SM and PGM's care. At about 9:00 PM, the SM put the SC to sleep in a toddler bed. At about 9:55 PM, the SM went into the room where the SC was sleeping and was unable to determine if the SC was breathing or not. The SM called 911 while the PGM performed CPR on the floor in the bathroom. The SC vomited. The SC was unresponsive and blue in color despite CPR attempts. The SC was pronounced dead. The SC had no known preexisting medical conditions and the adults had no explanation for her death. The PGF and SF were at work at the time of the incident. A subsequent report received on 8/26/2020 alleged the parents placed the SC to bed and at 10:00 PM found the child unresponsive and covered in vomit. EMS reported to the home and transported the SC to the hospital where she was pronounced deceased at 10:43 PM. The parents did not have an explanation as to how the SC became unresponsive and covered in vomit.

## Executive Summary

This fatality report concerns the death of the 1-year-old female subject child that occurred on 8/24/2020. A report was made to the SCR on the same day regarding concerns the child was placed to sleep in a toddler bed and was found unresponsive. A subsequent report that was received alleged the father was also a caregiver for the child when was discovered unresponsive. The child was pronounced deceased and there was not a plausible explanation for the death. The child did not have any known pre-existing medical conditions. At the time of her death, the child resided with her parents, paternal grandparents and 16-year-old paternal aunt. The aunt was assessed to be safe in the care of her parents.

Niagara County Department of Social Services (NCDSS) coordinated investigative efforts with law enforcement immediately upon receipt of the SCR report. Law enforcement interviewed the family prior to NCDSS' involvement and shared information. An autopsy was performed; however, the final report was not available at the time this report was written. The child's toxicology report was negative for substances. The criminal investigation remained open pending the autopsy report.

The family explained the mother placed the child to sleep on a toddler bed after feeding her a snack. The mother checked on the child moments later and saw the child face-down on a pillow and did not know if the child was breathing. The mother called for the grandmother who performed CPR until EMS responded and transported the child to the hospital where she was pronounced deceased. The mother did not have a plausible explanation for the child's death and only stated the child had vomited. The father and grandfather were not home at the time of the fatal incident. The aunt was in another room when the child was found unresponsive and did not know why the child was unresponsive.

NCDSS gathered information regarding the death and the family's care of the child from first responders, law enforcement records, the mother's mental health counselor and the paternal great grandfather. The maternal great grandfather and mental health counselor had concerns the mother reported being afraid to be alone with the child following her birth and that the mother had thoughts of harming the child.

Multiple home visits were completed, and the required reports and Safety Assessments were completed timely and accurately. The allegations of the investigation were unsubstantiated against the adults regarding the child as the investigation did not reveal an explanation for the child's death and the cause of death remained unknown at the time of case closure.



The family was offered services in response to the fatality including bereavement services, mental health counseling referrals, crisis services and behavioral counseling referrals. The grandparents and aunt were accepting of the services; however, the parents declined the referrals as they were engaged through a private practice.

## 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:

Casework activity was commensurate with case circumstances.

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: 08/24/2020

Time of Death: 10:43 PM



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

09:00 PM

**County where fatality incident occurred:**

Niagara

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

09:58 PM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**How long before incident was the child last seen by caretaker? 30 Minutes**

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

**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	Aunt/Uncle	No Role	Female	16 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	21 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	51 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	55 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)

### LDSS Response

On 8/25/2020, NCDSS initiated their investigation and coordinated investigative efforts with law enforcement upon the receipt of the SCR reports. OCDSS contacted the sources of the reports, documented a CPS history check, assessed the safety of the aunt, and made a home visit within the first 24 hours of the investigation. The medical examiner and district attorney's offices were made aware of the death.

NCDSS gathered information from law enforcement, who interviewed the family prior to NCDSS' involvement. The mother reported to law enforcement that she placed the child to sleep around 9:00 PM. The mother went downstairs, and the grandmother suggested she take medicine for congestion which was in the same room as the child. The mother went upstairs where the child was, and noticed the child was not breathing. The mother called the grandmother upstairs to assist. The grandmother moved the child to the bathroom where she performed CPR. The aunt witnessed the child being carried to the bathroom. The father nor grandfather were home at the time of the fatal incident. The grandfather reported the mother expressed thoughts of suffocating the child soon after her birth.



Documents obtained by law enforcement included statements collected from family members. The grandmother said she observed the mother to look like she had been crying after placing the child to sleep. The mother said she was not and that she had the sniffles. The grandmother suggested the mother take allergy medication and the mother went upstairs to get it. The grandmother stated she was told the child was not breathing and checked on the child. The grandmother performed mouth-to-mouth resuscitation; however, the child had vomited making it difficult. The grandmother told the mother to call 911. Information collected from the great grandfather noted he learned from a third party that the mother wanted to suffocate the child when the child was approximately 1-month-old, but the mother did not go through with it.

On 8/26/2020, NCDSS conducted a home visit. The adults collectively provided information that the child acted fine on the day of her death and that she had a snack prior to the mother laying her down to sleep between 9:00-9:15 PM. The mother went upstairs where the child was to take allergy medicine when she shined her cell phone’s flashlight on the child and saw the child was laying face-down on her stomach with her face in a pillow. The grandmother said the child was on her stomach, but had her head turned to the side. The grandmother performed CPR. The aunt said the mother went upstairs and heard the mother and grandmother screaming “wake up” but did not have additional information. Although the grandfather was not home at the time of the fatal incident, he reported the child acted normally on the day of her death but received a phone call saying something was wrong and the child was deceased. The father was at work at the time of the fatal incident and did not have additional information.

NCDSS obtained information from the mother’s mental health provider. The mental health provider received a note from a third party prior to the death with concerns the mother made a “concerning statement.” The mother was afraid of being alone with the child, not being able to respond to the child’s needs and that she had thoughts of harming the child while experiencing postpartum depression symptoms. The record also reflected the mother wished to “have space” from the child and on had thoughts of harming the child.

NCDSS collected information from the coroner’s office, which included statements from the grandfather and another adult, that approximately a year prior to the child’s death, the mother had thoughts of harming the child by means of smothering; however, did not act on it after having second thoughts.

NCDSS appropriately determined and closed the investigation after completing Safety Assessments, required reports and casework activity.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Unknown

### 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 death was referred to the CFRT during the course of the investigation.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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# Child Fatality Report

054891 - Deceased Child, Female, 1 Year(s)	055357 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated
054891 - Deceased Child, Female, 1 Year(s)	055357 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Unsubstantiated
054891 - Deceased Child, Female, 1 Year(s)	055358 - Father, Male, 21 Year(s)	DOA / Fatality	Unsubstantiated
054891 - Deceased Child, Female, 1 Year(s)	055358 - Father, Male, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
054891 - Deceased Child, Female, 1 Year(s)	055360 - Grandparent, Female, 51 Year(s)	DOA / Fatality	Unsubstantiated
054891 - Deceased Child, Female, 1 Year(s)	055360 - Grandparent, Female, 51 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:**  
The family accepted services that were offered including mental health services, bereavement services and crisis counseling.

### 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:**  
No children were removed as a result of the fatality investigation.

### 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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? Yes

Explain:

The aunt was referred to and accepted bereavement counseling.

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

Explain:

The grandparents accepted counseling services and the parents were engaged through a private practice.

## 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?

N/A

Was the child acutely ill during the two weeks before death?

No

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

There is no CPS investigative history in NYS within three years prior to the fatality.

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

There was no CPS investigative history more than three years prior to the fatality.

### Known CPS History Outside of NYS

There was no known CPS history outside of New York.

### 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