

Report Identification Number: NY-16-094

Prepared by: New York City Regional Office

Issue Date: May 30, 2017

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	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



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

Jurisdiction: Bronx
Gender: Female

Date of Death: 08/31/2016
Initial Date OCFS Notified: 10/18/2016

Presenting Information

On August 31, 2016, the 5-month old female infant stopped breathing. SM placed the infant to sleep in her crib; At approximately 3:30 p.m. SM found female infant unconscious and not breathing. At approximately 4:00 p.m. LE, and EMS responded and found the female infant on the bed not breathing with face discoloration. EMS rushed the female infant to Jacobi Hospital where the attending physician attempted to resuscitate her. At approximately 6:20 p.m. the female infant was pronounced dead. The other family member (grandfather) was at work at the time of incident and had no role. The sibling of SM had no role.

Executive Summary

The 5 month-old female infant was pronounced deceased on 8/31/2016. OCFS received the autopsy report from the ME's office in January 2017. The final diagnoses of death was documented as Co-sleeping in bed with onesie obstructing nose and mouth with Asphyxia and history of two apparent life-threatening events. The ME reported the final cause of death as Asphyxia due to obstruction of airway by clothing and bedding. The manner of death was documented as Accident (co-sleeping in bed with onesie obstructing nose and mouth).

The family had been known to ACS in one SCR report between 11/15/13 and 1/13/14. The report did not concern the SM, (SM was listed as a child in the report with an unknown role). The MGM was listed as the subject for the one unfounded report. The report contained allegations of Educational Neglect for the MU.

ACS learned throughout the course of the investigation that there were life threatening events that occurred while SC was in the care of the SM. ACS documented that in August 2016 the SC stopped breathing, EMS was called, and the SC was transported to the hospital; 8/6/16 child was discharged from the hospital, all tests were normal. On 8/13/16 SM reported that the SC was transported to the hospital for her breathing and admitted for three days, (SC was diagnosed with diabetes -asthma was ruled out). The SM reported that the pediatrician gave a referral for a pulmonary doctor on 9/15/16.

ACS documented that MGM was aware of Safe Sleep. ACS documented an interview with the MU who reported that he observed the SC to be fine prior to leaving the home. ACS documented an assessment of the MA and found that the SM did not leave the apartment, and was in the home during the time of the SC's death. ACS clarified that SM was home and not at the store as previously reported by ACS. MA also reported that the SC was sleeping on her stomach. ACS documented MA, found the SC bleeding from her nose and bubbles from her mouth. During the investigation ACS found that the family Co-slept with the SC. ACS documented contact with SC PCP who confirmed the dates SC was seen. ACS documented PCP had no concerns regarding the care of SC.

A review of the investigation revealed inconsistencies in the SM and MA's account which prompted ACS to obtain medical records from Mount Sinai and Jacobi Hospital. The medical records received noted that the SM received safe sleep information and acknowledged the warning signs of co-sleeping with an adult in an adult bed.

ACS documented that the SM, and MGM attended bereavement counseling at El Sol LCSW Services, PLLC in Brooklyn NY. On 10/20/16 ACS contacted El Sol and confirmed that the family was engaging in bereavement



counseling. It was reported that the referral given by CPS to The Door, was unsuccessful because the family had to pay for services.

On 1/11/17 ACS substantiated the allegations of DOA/Fatality and IG, based on the SM's statements along with relevant evidence obtained. ACS determined the SM's decision to allow routine co-sleeping/bed-sharing with SC (who had a pre-existing breathing condition) placed SC at serious risk of harm or death. The SM admitted to routine bed sharing with the SC. The subject family also reported that the SC slept in the bed with her maternal grandparents.

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:

ACS received medical documents from Mount Siani Hospital and Jacobi Medical Center, supporting SM's admission of having been informed of safe sleep and warnings against bed sharing. ACS observed a crib in the home.

Was the decision to close the case appropriate? Yes

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

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

Explain:

ACS made collateral contact with LE, ME, Doctors, and the Subject family. The ACS Supervisor provided detailed consultation throughout the record.

Required Actions Related to the Fatality

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

Issue:	Timeliness of Determination
Summary:	ACS investigation determination was submitted on 1/12/2017. The investigation was open for approximately, 4 months ACS documented they did not received the ME's report.
Legal Reference:	SSL 424(7);18 NYCRR 432.2(b)(3)(iv)



Action: ACS must meet with the staff involved in this investigation and inform OCFS of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/31/2016

Time of Death: 06:20 PM

Time of fatal incident, if different than time of death: 03:30 PM

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

Yes

Time of Call:

04:00 PM

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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 1 Hours

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

1

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	13 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	19 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim		5 Month(s)
Deceased Child's Household	Grandparent	No Role	Male	47 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)



LDSS Response

On 9/1/16, ACS made phone contact with the Source. According to the source, MA placed SC in her crib and later found child unresponsive at 4:30 pm. According to ACS EMS was called at 4:50 and SC was transported to the hospital. SC was pronounced dead at Jacobi hospital at 6:20 pm.

ACS made phone contact with the ME and learned the Subject family declined an autopsy. ACS also contacted the attending physician (Jacobi Hospital) who refused to provide any information regarding SC due to HIPAA law restrictions. ACS also learned that the ME did not observe any suspicious marks/bruises.

According to LE, the SM reported leaving the SC in the care of the MA in order to run errands. The SM later returned and found child unresponsive, with blood on her face and stomach. The SM reported to LE that she initially placed SC on her stomach and upon her return found child in the same position. LE also reported that SM mentioned that she sought medical care for SC recently because the SC had breathing difficulties.

ACS conducted a search through the Investigative Consultants (IC) and found SM had no criminal history, Domestic Incident Reports or active order of protections. On 9/2/16 ACS consulted with the IC who reported an autopsy was completed and no signs of abuse was found.

ACS/ECS made face to face contact with the SM at the case address. ACS/ECS interviewed the SM and learned that the SC sleeps in a crib on her back. SM reported that she placed the SC on her bed next to the MA who also appeared sleeping. SM reported that the MA, woke and picked up the baby who was limp in her arms. SM reported seeing the baby on her stomach with bubbles in SC's mouth and blood on the SC's face. SM reported performing CPR to the SC, while the MA called 911.

On 9/6/16, ACS sought a Medical Consultation from Medical Consultant and learned that it is not standard to give a child at 5 months Lead and CBC testing. During a documented ACS visit on 9/7/16 ACS reported speaking to MGM, SM, MU, and MA. MGM and MU advised ACS that the SC had breathing issues when she was lying down.

On 9/22/16, ACS met with SM and provided her with a referral to the Door for Bereavement counseling. ACS learned that the Door offered a sliding scale fee; therefore a referral for family bereavement counseling was made to El Sol LCSW Services, PLLC in Brooklyn NY. On 10/20/16 ACS contacted El Sol and confirmed that the family was engaging in bereavement counseling.

Although MA, and MU are not SS's of SC, they are children within the household. On 9/30/16, ACS conducted school visits, and found that MU is doing well academically, and having no behavior concerns. ACS spoke with guidance counselor at MA school and found that there were no complaints concerning MA's behavior. Both MA and MU were up to date with physicals.

ACS indicated the report.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner



Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: The investigation adhered to previously approved protocols for joint investigation.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: New York City does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
035601 - Deceased Child, , 5 Mons	035602 - Mother, Female, 18 Year(s)	DOA / Fatality	Substantiated
035601 - Deceased Child, , 5 Mons	035602 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACS made extensive collateral contacts throughout this investigation.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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 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"/>
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Explain as necessary:
There were no reported surviving siblings in the household at the time of the 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	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>				
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:
ACS provided the family with referrals for Bereavement counseling. ACS also provided the family funds for burial assistance.

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:
ACS reported making referrals for bereavement counseling. ACS also provided burial assistance to the family.

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

Explain:
ACS referred SM to the DOOR community based organization for mental health counseling.

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?** N/A
- Was the child acutely ill during the two weeks before death?** Yes

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

CONNECTIONS revealed one prior report in November 2013. The 11/2013 report alleged, the parents provided adequate supervision and met the SC's basic needs. The SC disclosed drinking in school and never in the presence of the parents. The BM complied with taking the SC to Arms Acre to get an assessment. The BM was complimented with bringing the SC to the services. The SC tested negative for drugs. The allegations of IG and CDAM were unsubstantiated against MGM and MGF for MU.



Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

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.

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

Additional Local District Comments

The overall investigation was documented well, with collateral contacts, and family assessments.

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