



**Report Identification Number: NY-20-040**

**Prepared by: New York City Regional Office**

**Issue Date: Nov 02, 2020**

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:** 5 year(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 05/07/2020  
**Initial Date OCFS Notified:** 05/14/2020

## Presenting Information

The 5/14/20 report alleged the SC died on 5/7/20 due to complications from COVID-19. Prior to his death, the SC had a fever for several days. The SM was aware of the fever and delayed medical treatment for the SC. This contributed to or resulted in his death.

## Executive Summary

The 5-year-old male child (SC) died on 5/7/20. OCFS had not yet received a copy of the autopsy report at the time this fatality report was issued.

At the time of the fatality, the family was in receipt of preventive services and court ordered supervision.

ACS learned that according to the SM, on the night of 4/24/20, the SC was ill. The SM gave the SC medication twice and then took him to the hospital. He was admitted on the morning of 4/25/20. He had complications and was transferred to another medical facility. The SC tested negative twice for COVID-19 but tested positive for the COVID-19 antibody test. The medical team told the SM the SC may have been exposed to COVID-19 about 4-6 weeks prior to the test. On 5/4/20, the physician performed medical examinations and diagnosed the SC with a pre-existing medical condition. At that time, the SC's brain was found to be swollen and the SC was placed on life support. The physician did not find any brain activity and based on the brain test protocol the SC was pronounced dead on 5/7/20.

On 5/14/20, the MGM said the SM was a good parent who did everything she could to save the SC.

On 5/15/20, LE said the ME's office stated the autopsy was conducted and there was no preliminary findings to suggest the cause of death was anything other than complications related to COVID-19.

On 5/19/20, two conferences occurred; and the SM identified the paramour as a perpetrator of an incident she recalled. The SM agreed to a DV assessment. The SM disclosed the paramour was not willing to engage in services.

On 5/20/20, the SM's paramour said he had nothing to do with the SM's case.

On 5/20/20, the SC's BF reported the SM did not allow him to visit the SC. He last visited the SC around September 2019. He learned of the SC's illness after he was hospitalized around the end of April 2020.

On 6/11/20, ACS made an Early Intervention referral for the 5-month old SS.

On 6/11/20, the ME's office informed ACS that the cause of death was pending, and the physical cause of death was natural causes. There were no signs of abuse.

On 7/7/20, a case conference occurred. The CP said she made a recent home visit and saw the family. The CP did not note any concerns for the CHN's safety in the home.

On 7/13/20, the allegations of DOA/Fatality, IG and LMC of the SC by the SM were Unsub due to a lack of credible evidence. The Office of the Chief ME said the SC's death was due to natural causes and there was no sign of abuse. The



hospital SW said the SC tested positive for COVID-19 and he had symptoms. The SC’s physician stated the SM was compliant with visits and medical recommendations. The SM and MGM denied the SM took the SC out during the COVID-19 pandemic without using safety gear such as masks or gloves or lacking hand washing or sanitizing. The SM and MGM denied the SM took the SC to the MGM’s home when the MGM was diagnosed with a medical condition.

## 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

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:**  
On 8/26/19, ACS filed an Article Ten Neglect petition in Family Court and the SM was named as the respondent. The CHN were released to the care of the SM with supervision.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	The 30-Day Child Fatality Summary report was inadequate as the Summary of Past Service History was incomplete. ACS did not assess past CPS involvement, past child and family service involvement and updated legal status.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this



	fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Pre-Determination/Assessment of Current Safety/Risk
<b>Summary:</b>	The 6/12/20 safety assessment document was inadequate. The associated comment regarding the temperature log did not support the selected safety factor.
<b>Legal Reference:</b>	18 NYCRR 432.2 (b)(3)(iii)(b)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 05/07/2020

**Time of Death:** Unknown

**Date of fatal incident, if different than date of death:**

04/24/2020

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

Unknown

**County where fatality incident occurred:**

Bronx

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

Yes

**Time of Call:**

Unknown

**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: Hospitalized

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

**At time of incident supervisor was:** Unknown if they were 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	Deceased Child	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)



Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Month(s)
Other Household 1	Other - BF of 3-yo SS	No Role	Male	25 Year(s)

### LDSS Response

On 5/14/20, the MA said she acquired information from the MGM. She stated the MGM said the SM brought the SC to her home without masks or gloves. When the SM and CHN arrived at the MGM's home, the MGM told the SM to wash her and the CHN's hands. The SC was ill, and the SM delayed seeking medical attention. Later, the MA said the SM did not take the proper precautions. The SM constantly visited public places. The MA said the MGM recovered from illness, the MU appeared to have a medical condition, and the SM continued to take the CHN to the MGM's home.

On 5/14/20, ACS spoke with the BF of the 3-yo by phone and he told ACS the SC died from COVID-19. The 3-yo SS was at the hospital as there were white bumps in his mouth. He had no other concerns.

On 5/14/20, ACS spoke with LE and both agreed there did not seem to be criminality involved as there was no evidence that the SM and/or the BF of the 3-yo SS caused the death.

On 5/14/20, the medical professional told ACS the 3-yo SS was examined and the 3-yo seemed stable. This CH was asymptomatic and did not meet the indicators to be tested for COVID-19. There was a probability the CHN and everyone in the household were exposed to COVID-19. The medical professional stated the examination did not reflect anything remarkable in the 3-yo SS condition. The medical professional said the SM was being appropriate and doing her very best.

On 5/15/20, the SM reported that in February 2020, she went to the hospital with the CHN and they all tested negative for a specific medical condition. The MGM was no longer ill. The SM said there was nothing she could have had done to prevent the SC from dying. She was in the hospital due to the SC feeling ill and that was around late April 2020. The SC was then transferred to another medical facility and suffered more medical issues. The SM said on 5/7/20, the SC was pronounced dead due to complications related to COVID-19. Prior to his death, he was tested twice for COVID-19 and both tests were negative. The SS were observed, and they did not appear to have marks or bruises.

On 5/19/20, the SM's medical specialist reported the SM was not prescribed any medication and the SM was compliant with therapy. The provider did not observe any risks to the CHN.

On 6/11/20, the SC's physician reported the SM was compliant with visits and recommended treatment.

On 6/30/20, the CP reported the family made progress and the agency planned to close the PPRS case.

On 7/2/20, ACS held a video conference with the 3-yo SS and his BF. The SS seemed well. The BF was advised to seek medical attention if the SS showed symptoms of rash, swelling, diarrhea, cough, or fever. ACS discussed social distancing and other relevant health precautions related to the virus. The progress notes showed the SS would return to reside with the SM.

On 7/13/20, the allegations of DOA/Fatality, IG and LMC of the SC by the SM were Unsub due to a lack of credible evidence.

### 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)?**No

**Comments:** The case documentation did not reflect there was an MDT response.

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

**Comments:** There is no OCFS approved Child Fatality Review Team in NYC.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054521 - Deceased Child, Male, 5 Yrs	054522 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
054521 - Deceased Child, Male, 5 Yrs	054522 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
054521 - Deceased Child, Male, 5 Yrs	054522 - Mother, Female, 25 Year(s)	Lack of Medical Care	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"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Daycare Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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"/>

**Explain:**  
 On 8/26/19, ACS filed an Article Ten Neglect petition in Family Court and the SM was named as the respondent. The CHN were released to the care of the SM with ACS supervision.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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# Child Fatality Report

<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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain as necessary:**  
 On 8/26/19, ACS filed an Article Ten Neglect petition in New York County Family Court and the SM was named as the respondent. The CHN were released to the care of the SM with ACS supervision.

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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 SM was in receipt of PPRS. The family resided in temporary housing as the SM stated she did not feel comfortable returning to the home since the SC's death.

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

**Explain:**

The family received PPRS and housing assistance.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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? Yes

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/20/2019	Deceased Child, Male, 4 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	Yes

**Report Summary:**  
The report alleged on 8/20/19, the SC was crying for an unknown reason. The SM grabbed the SC and banged him against the wall. The SC did not sustain any visible injuries.

**Report Determination:** Indicated **Date of Determination:** 10/19/2019

**Basis for Determination:**  
The SM did not protect the SC from harm during the altercation between herself and the MGM. The SM did not attempt to deescalate the incident and therefore permitted the threat of harm to exist.

**OCFS Review Results:**  
On 8/21/19, the MGM said she was in her room when she overheard banging and the SC crying. She said she spoke with the PU who told her the SM banged the SC's head against the wall. The MGM said the SM denied it but the SC stated the SM banged his head. LE was contacted. The SC was seen at the ER and there was no swelling, marks or bruises on his head. The SM said the SC had a tantrum so she tried hold him against the wall and he attempted to move and banged his own head. A conference occurred and the outcome was an emergency removal. On 8/26/19, ACS filed an Article Ten Neglect petition in Family Court. The judge released the CHN to the SM with ACS supervision.

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

**Issue:**  
Contact/Information From Reporting/Collateral Source  
**Summary:**



The ACS documentation did not reflect ACS contacted and interviewed the physician who examined the SC at the hospital.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 8/27/19 safety assessment document was inadequate as the associated comments did not support the selected safety factor. The comment regarding the SM's alleged health condition did not reflect whether the condition had a negative impact on the SM's ability to supervise, protect, and/or care for the CHN.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The 10/17/19 safety assessment document was inadequate. There were comments that did not support the selected safety factor. The comment regarding the SM's alleged clinical health condition did not reflect whether there was a negative impact on the SM's ability to supervise, protect, and/or care for the CHN.

**Legal Reference:**

18 NYCRR 432.2 (b)(3)(iii)(b)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/17/2019	Sibling, Male, 2 Years	Other Adult - BF of SS, Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes
	Other Child - CH of BM, Female, 12 Years	Other Adult - BF of SS, Male, 25 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Other Child - CH of BM, Female, 12 Years	Other Adult - BF of SS, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - CH of BM, Male, 16 Years	Other Adult - BF of SS, Male, 25 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Other Child - CH of BM, Male, 16 Years	Other Adult - BF of SS, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The report alleged the BF smoked marijuana to the point of impairment while acting as the sole caregiver of the 2-yo SS. The BF smoked marijuana with the 15-yo and 16-yo CHN.

**Report Determination:** Unfounded**Date of Determination:** 07/17/2019**Basis for Determination:**

ACS unfounded the report on the basis of no credible evidence. ACS explained that the BF admitted to marijuana use but denied doing so while he was with his son. The 9-yo and 16-yo CHN denied they were provided any drug by the BF.

**OCFS Review Results:**

On 5/17/19, the BM denied the allegations and said her CHN did not use substances. The BM said sometimes the BF stayed at the case address and other times he resided elsewhere. He smoked outside of the home and not in the presence of the CHN. The BM denied substance abuse. The 9-yo reported no knowledge of drugs in the home no other concerns. On 5/20/19, the SM said she sought an OP against the BF of the 2-yo SS. The SM stated the BF of the SS hit her in 2016 and more recently left her a message stating he wanted the 2-yo. The SC was interviewed and there were no concerns noted. The BF denied using drugs with his nephews.

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

Timely/Adequate Seven Day Assessment

**Summary:**

The 5/23/19 safety assessment document was inadequate as an associated comment did not support the selected safety factor. The BF of the SS admitted to marijuana use and he declined to take a drug test. The comment did not reflect his drug use had a negative impact on his ability to supervise, protect, and or care for the CHN.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The 7/17/19 safety assessment was inadequate. The associated comments did not support the selected safety factor. The comment regarding DV did not reflect whether the CH observed DV regarding the BF.

**Legal Reference:**

18 NYCRR 432.2 (b)(3)(iii)(b)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Case record contains information that relevant, useful, factual and objective

**Summary:**

ACS did not update the household composition information to reflect the correct date of birth for father of the SS.

**Legal Reference:**

18 NYCRR 428.1(a) and 18 NYCRR 428.1(b)(1)

**Action:**



ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/25/2018	Deceased Child, Male, 3 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Deceased Child, Male, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The report alleged the SM was frustrated with the SC and hit the SC with excessive force. The SM hit the 2-yo SS; however, much more often the SC was hit by the SM. The SM did not provide food to the CHN on a regular basis. There was often no food in the home and the CHN were hungry as a result. This was an ongoing concern.

**Report Determination:** Unfounded

**Date of Determination:** 01/24/2019

**Basis for Determination:**

There was no evidence of physical discipline of the CHN. The family had sufficient food in the home. It was discovered through investigation that due to the SM's untreated diagnosis, she was not motivated to care for herself and her home environment. According to the case manager, the SM made an improvement in her appearance and also appeared motivated to carry out daily responsibilities in and out of the home.

**OCFS Review Results:**

On 11/25/18, the MGM said the SM hit the CHN and used excessive corporal punishment but had not seen marks or bruises. The MGM said the SM and CHN visited her home as they did not have food. On 11/26/18, the SM said the SC had temper tantrums and she hit him with her hand, and there was no family support. The 2-yo SS did not have marks or bruises. Later, ACS did not observe marks on the SC. ACS saw food in the home. The SM asked the MGM for help and the shelter provided food. The case manager said the concern was poor hygiene. On 12/14/18, SM was referred to PPRS.

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

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

The case manager reported that the SM had poor hygiene. During the interview with the SM on 11/26/18, she reported she suffered from untreated clinical health issues; however, the interview did not reflect a further exploration regarding her condition.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/19/2017	Deceased Child, Male, 2 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 1 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Years	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Deceased Child, Male, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The report alleged the BF had a two year history of domestic violence involving the SM in the presence of the SC and 1-yo SS. On 12/18/17, in the presence of the two CHN, the BF threw a hard toy at the SM, grabbed her and refused to let her go, even when asked to do so by the SM. The BF then punched the SM in the face and slammed her to the floor. Neither the SC nor SS sustained injuries.

**Report Determination:** Indicated

**Date of Determination:** 02/16/2018

**Basis for Determination:**

There was credible evidence to prove that the SM neglected her CHN's needs. The SM knew the SC had Early Intervention (EI) service but did not enroll him to begin receiving services. The SM had no stable shelter for herself and her CHN. During the investigation, the SM resided in a shelter but abruptly went out of state to reside with a friend. Upon arrival at the friend's home, the home was unsatisfactory for the SM and CHN to live as there was no running water and electricity, and the home was dirty. The SM returned to NYC.

**OCFS Review Results:**

On 12/20/17, the SM reported she and the BF of the 1-yo engaged in a verbal dispute. The BF of the 1-yo threw a toy at her and hit her in the face. He threw a second toy which hit her in the face. The SM hit the BF and he threw her on the floor. The SM said she had an intake appointment for counseling with her service provider. ACS took the SM and CHN to a shelter. The SM relocated out of state, ACS contacted the relevant official child welfare professionals, and the SM returned to NYC.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 12/26/17 safety assessment document was inadequate as the associated comment did not support the selected safety factor. The progress notes reflected the SM said she was diagnosed with a health condition. However, the comment did not clarify whether the SM's condition had a negative impact on her ability to supervise, protect, and/or care for the CHN.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**



## Pre-Determination/Assessment of Current Safety/Risk

### Summary:

The 2/14/18 safety assessment document was inadequate as an associated comment did not support the selected safety factor. ACS did not clarify whether the BM's condition had a negative impact on her ability to supervise, protect, and/or care for the CHN.

### Legal Reference:

18 NYCRR 432.2 (b)(3)(iii)(b)

### Action:

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/14/2017	Deceased Child, Male, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 2 Years	Mother, Female, 22 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Lack of Supervision	Unsubstantiated	

### Report Summary:

The report alleged the SM was diagnosed with mental health conditions. In the past, the SM engaged in verbal and physical altercations in the presence of the 2-yo SS and 1-yo SS as a result of not taking her medication and not participating in treatment. Since July 2016, the SM engaged in three altercations in the presence of the CHN. On 8/12/17, the SM argued with an unknown person in front of the CHN. During the incident, the SM left the CHN unattended for an unknown length of time to engage in a physical altercation outside the home. The role of the 1-yo CH's BF was unknown.

**Report Determination:** Unfounded

**Date of Determination:** 10/13/2017

### Basis for Determination:

ACS received information from the physician and schools about the CHN, and found the SM attended scheduled medical appointments and the CHN attended daycare. ACS observed the family and noted the SM met reasonable minimum standards of care for the CHN by providing them with food, clothing and shelter. The SM left the CHN with a neighbor who was in her apartment. The CHN were not harmed as a result of being in the care of the neighbor.

### OCFS Review Results:

ACS obtained information from collateral contacts and who said the SM left the CHN alone, and the SM engaged in physical altercations with the BF and a female individual. ACS addressed the allegation with the SM and she said she and her friend met a female resident outside of the shelter.

The findings showed the CHN were not outside during the fight as another female individual stayed inside the shelter with the CHN. ACS reviewed the SM's health records and verified she was in treatment.

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

### Issue:

Pre-Determination/Assessment of Current Safety/Risk

### Summary:



The 10/13/17 safety assessment document was inadequate. There were comments that did not support the selected safety factors. An associated comment referenced the SM's health issues but it did not clarify whether the condition had a negative impact the SM's ability to supervise, protect and/or care for the CHN.

**Legal Reference:**

18 NYCRR 432.2 (b)(3)(iii)(b)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 8/21/17 safety assessment document was inadequate. There were comments that did not support the selected safety factors. An associated comment referenced the SM's clinical health issues but it did not reflect the impact on the SM's ability to supervise, protect and/or care for the CHN.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP was inadequate as the document did not reflect the family had unstable housing condition.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

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

The SM was an alleged subject in one report dated 6/24/16. The allegations of the 6/24/16 report were B/S and IG of the SC by the SM. On 7/26/16, ACS UNF the report.

### Known CPS History Outside of NYS

The ACS documentation of the 12/19/17 report reflected that ACS contacted officials outside of NYS as the SM and the two CHN relocated to a friend's home.

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes**

**Date the preventive services case was opened: 12/17/2018**



Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 12/17/2018

#### Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The 6/23/20 FASP was not completed timely as it was not completed until 6/25/20.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

ACS opened a preventive services case for the family on 12/17/18.

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	The provider agency did not contemporaneously enter progress notes. Event occurred on 1/28/19 and 2/8/19 but was not entered until 3/6/19 and 4/13/19.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	The FSPN reflected ACS progress notes were not entered contemporaneously. There were events that occurred on 9/5/17 but were not entered until 10/12/17.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

### Preventive Services History

During the 6/24/16 investigation, ACS opened a preventive services case for the family on 7/1/16. ACS found the SC sustained a burn to his hand due to an accident, the SM had a health condition and was not on medication, and she had a history of non-compliance with services. ACS provided support services to address the family's identified needs. The 7/12/18 FASP reflected the SM received mentoring, clinical health services, emergency shelter, parenting training, parent aide services and other. The SC and 3-yo SS received daycare services, case management, and emergency shelter. The SC



was referred for EI services and preventive services for CHN. The 8/2/18 FASP reflected the provider ended services with the family as there were no safety concerns. ACS closed the services case on 8/8/18.

During the 11/25/18 investigation, ACS opened a preventive services case for the family on 12/17/18. ACS addressed the family's household condition in the shelter unit. The progress notes showed the CHN had poor hygiene, the SM had untreated health issues and poor financial management skills.

### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?**

Family Court

Criminal Court

Order of Protection

### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
08/26/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	054522 Mother Female 25 Year(s)	
<b>Comments:</b>	On 8/26/19, ACS filed an Article Ten Neglect petition in Family Court and the SM was named as the respondent. The CHN were released to the care of the SM with ACS supervision.	

### 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