



## Report Identification Number: SV-18-019

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

Issue Date: Aug 10, 2018

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 14 day(s)

**Jurisdiction:** Suffolk  
**Gender:** Male

**Date of Death:** 03/07/2018  
**Initial Date OCFS Notified:** 03/13/2018

## Presenting Information

A male child was born on 2/21/18, prematurely at 23 weeks gestation. He was born with a low birth weight and went into the neonatal intensive care unit as a result. An SCR report was received the same day as a result of the mother testing positive for marijuana. On March 7, 2018, the child had an extremely low heart rate and hospital staff administered chest compressions. Resuscitative efforts were made and were unsuccessful. The child was declared deceased at 11AM.

## Executive Summary

Suffolk County Department of Social Services (SCDSS) received a report from the SCR on 2/21/18 with concerns the mother tested positive for marijuana upon delivering a male child (SC) on the same day. There were also concerns the mother did not have the necessary provisions for the child. The child's toxicology results were negative.

This fatality report concerns the death of SC which occurred on 3/7/18. SCDSS received notification from hospital staff on 3/9/18 that the SC had died two days prior. SCDSS notified the Spring Valley Regional Office by phone that same day and submitted the required 7065-Agency Reporting Form on 3/12/18 which noted the SC died during an open CPS case. SCDSS notified the DA. There was no autopsy requested so the ME was not notified. The child's immediate cause of death was listed as respiratory failure as a consequence of extreme prematurity.

There were two surviving siblings (ages 7 & 1) that were assessed as safe within 24 hours of learning of the fatality.

On 2/21/18, SC was born premature and was admitted in the neonatal intensive care unit (NICU) where the child received multiple medical interventions. The mother stated she did not know she was pregnant until January 2018 and she had not received any prenatal care.

SCDSS provided funeral assistance to the family and encouraged the mother to use bereavement resources. The CW discouraged the mother from using marijuana while caring for the surviving siblings. The mother said she had not used marijuana since finding out she was pregnant.

SCDSS obtained all medical records, reviewed CPS history, and obtained LE history of the family. SCDSS made notable efforts to contact and interview all fathers but was unsuccessful.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### Determination:



- Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

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:**  
 Casework activity was commensurate with case circumstances.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 03/07/2018 Time of Death: 11:00 AM

County where fatality incident occurred: Suffolk  
 Was 911 or local emergency number called? No  
 Did EMS respond to the scene? No  
 At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

<input type="checkbox"/> Sleeping	<input type="checkbox"/> Working	<input type="checkbox"/> Driving / Vehicle occupant
<input type="checkbox"/> Playing	<input type="checkbox"/> Eating	<input checked="" type="checkbox"/> Unknown
<input type="checkbox"/> Other		

Did child have supervision at time of incident leading to death? Yes  
 Is the caretaker listed in the Household Composition? Yes - Caregiver 2  
 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
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Deceased Child's Household	Deceased Child	No Role	Male	14 Day(s)
Deceased Child's Household	Grandparent	No Role	Female	52 Year(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Other Household 1	Father	No Role	Male	20 Year(s)
Other Household 2	Other Adult - Father of 7yo SS	No Role	Male	24 Year(s)
Other Household 3	Other Adult - Father of 1yo SS	No Role	Male	21 Year(s)

### LDSS Response

On 3/9/18, SCDSS received notification that a child in an open CPS investigation died on 3/7/18. SCDSS completed the required form and sent it to the Spring Valley Regional Office in a timely manner. SCDSS contacted medical staff at the hospital where the child died and gathered information regarding the child's death. There was no autopsy as it was declared the child died from medical complications; therefore, the ME was not notified. The two surviving siblings were seen on 3/9/18 and 3/10/18 and assessed to be safe. SCDSS notified the DA of the child's death.

On 3/10/18, CW visited the mother at home. The mother was upset discussing the death of her child and said she didn't know she was pregnant until January. She said she stopped using marijuana once she discovered she was pregnant. The CW advised mother to not smoke marijuana while caring for either of the SS. The CW provided the mother with bereavement resources. The mother said she received funeral assistance from the county. The mother did not have contact information for the father but said she would give him the CW's contact information the next time she spoke with him.

CW mailed the father his notification letter, offered condolences, and asked that he call the CW so they could meet and discuss the case and CW could provide bereavement referrals. CW mailed letters to the fathers of the two SS as well. SCDSS made multiple efforts to contact the fathers and was unsuccessful.

SCDSS obtained LE records, medical records, and the death certificate of the child. CW also obtained medical records for the SS and interviewed MGM.

The initial case that was open at the time of the child's death was unfounded and closed on 4/20/18.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

### Multidisciplinary Investigation/Review

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

### 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"/>
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"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Explain:</b> SCDSS assessed safety within 24 hours of notification.				

**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"/>



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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 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"/>

### 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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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"/>



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<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<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? No**

**Explain:**

Services were offered but the family had not engaged at the time of case closing.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**

Services were offered to the mother but she had not engaged in any at the time of case closing. Services were offered to the father via mail.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was there an open CPS case with this child at the time of death?** 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?** No

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/21/2018	Deceased Child, Male, 16 Days	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

**Report Summary:**

An SCR report alleged that on 2/21/18, the mother gave birth to a male child at 23 weeks' gestation. At the time of delivery, mother tested positive for marijuana. The mother does not have the necessary provisions for the child. The roles of the father and two other children (ages 7 and 1) were unknown.

**Report Determination:** Unfounded**Date of Determination:** 04/20/2018**Basis for Determination:**

Medical records showed the child passed away as a result of an extremely low heart rate and an infection. There was no evidence the mother's marijuana use contributed to the prematurity, complications or death of the child. There were no safety concerns for the two siblings.

**OCFS Review Results:**

SCDSS reviewed medical records, spoke to medical collaterals, and reviewed CPS history. SCDSS interviewed the MGM and the siblings and observed them to be safe and well cared for. CW completed safety assessments and progress notes in a timely manner. CW offered the family bereavement referrals and substance abuse referrals for the mother; however, mother denied using marijuana since she found out she was pregnant. SCDSS made notable efforts to contact the fathers of the children but were unsuccessful. SCDSS completed a thorough investigation and appropriately unfounded the report.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/16/2017	Sibling, Male, 1 Years	Father, Male, 20 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 1 Years	Father, Male, 20 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the father was not bathing the 1-year-old male child on a regular basis and as a result the child had greasy hair and appeared visibly dirty. The child did not have any seasonally appropriate clothing that fit.

**Report Determination:** Unfounded**Date of Determination:** 07/18/2017**Basis for Determination:**

The child lived with his mother and had visits with the father. SCDSS observed the child in both homes and observed him to be clean and wearing weather appropriate clothing that fit well. SCDSS made unannounced home visits and observed the child to have overall good hygiene.

**OCFS Review Results:**

SCDSS interviewed both parents, observed both homes, and found the child to be well cared for with no concerns. SCDSS contacted collaterals, and completed safety assessments and progress notes in a timely manner. SCDSS completed a thorough investigation and appropriately unfounded the report.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/02/2017	Sibling, Male, 9 Months	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 9 Months	Mother, Female, 22 Years	Lack of Medical Care	Unsubstantiated	

**Report Summary:**

The SCR report alleged the mother had a history of not attending to the medical needs of her 9-month-old male child. The child had breathing difficulties since birth, his symptoms worsened, and he had not received medical treatment. The



child also had a rash on his chest, along with red bumps around his genitals. The rashes returned after being treated and the mother failed to seek additional medical attention. The father had an unknown role.

**Report Determination:** Unfounded

**Date of Determination:** 04/19/2017

**Basis for Determination:**

Medical records showed the child was seen medically several times and prescribed medication. Medical records did not state the child had a breathing problem. CW did not observe the child to have any breathing difficulties. CW also observed the child's skin to be clear by the case closing.

**OCFS Review Results:**

CW made several home visits, obtained medical records for the child, and observed the mother had obtained prescribed medication. CW spoke to collaterals such as the MGM and PGM. CW went over safe sleep guidelines with the family. SCDSS completed a thorough investigation and appropriately unfounded the report.

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

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

4/20/11-5/13/11 case was IND against the MGM for IG regarding the 7yo SS.

**Known CPS History Outside of NYS**

There is no known CPS history outside of NYS.

**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