



Report Identification Number: BU-16-024

Prepared by: Buffalo Regional Office

Issue Date: 12/21/2016

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 Not Found
Age: Unknown

Jurisdiction: Chautauqua
Gender: Unknown

Date of Death: Unknown
Initial Date OCFS Notified: 07/20/2016

Presenting Information

Approximately three or four years ago, the BM dropped the unknown child out of a window for unknown reasons. The child died as a result of unknown injuries. The MGF had a history of sexually abusing children. The mother was aware of this but left the sibling, age 1, home alone with the MGF. The home is a safety hazard for the sibling. The floors were covered in dirt, garbage and household items that were choking hazards for the sibling. The BM and the MGPs did not provide a safe living environment for the sibling. The role of the sibling's father was unknown.

Executive Summary

On 7/20/16, Chautauqua County DSS received an SCR report against the BM of the 1 year old child in the home with allegations of IG, LCFS and DOA/Fatality. The report alleged that the BM had a child as a teenager in NC which she dropped out of a window and the baby died. There were also allegations against the MGP's of LFCS and IG due the conditions of their home. The report also stated that the MGF sexually abused children.

It was determined that there was not a death of a child in North Carolina when the BM was a teenager. The BM stated that when she was 13 yrs. old living in NC, her best friend had a baby. The BM considered the baby to be one of her children because she and her friend were so close. The BM stated that one day the best friend's boyfriend accused her of cheating on him and threw the female infant out of the window. The BM stated the incident was reported in NC and that she was down the street and witnessed it. The BM also stated that neither LE nor CPS spoke to her regarding the incident. The BM denied knowing her best friend's last name or the boyfriend's name. The MGF denied any knowledge of the incident. There were no LE reports nor CPS reports regarding the MGF sexually abusing children.

Due to domestic violence between the BM and the BF, the BM and the child were placed in a safe shelter. The BM was taking medication for her mental illness at the time and was in the process of securing counseling. The BM also requested preventive services to assist her in parenting her child. The BF returned to PA and filed a petition for custody of the one year old child in Family Court in PA. The BM was given temporary custody by the court and the BF was given visitation every other weekend to take place in Chautauqua County. A preventive services case was opened on 7/27/16, to assist the BM in finding housing and to provide parenting. The BM and the child moved into an apartment with the MGPs. The allegations of DOA and IG were unfounded against the BM and the MGPs on 9/19/16. A voluntary preventive services case was opened to assist the BM with parenting. On 12/6/16, the BM requested that the preventive services be ended as she was receiving treatment and had sufficient support from her parents to assist her in parenting the child.

The CW followed all protocols for a fatality investigation. The case notes were timely and of good quality. All appropriate collaterals were contacted. Appropriate services were offered and provided to the family.

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? 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 notes a consultation took place, but no details noted.

Explain:

During the course of the investigation it was determined that the report of a child fatality was false. Upon interviews with MO the caseworker determined that due in part to her mental health and attention-seeking behaviors, she had told a tale about an alleged child death. LE advised that it was confirmed with LE in North Carolina that no child fatalities occurred within the stated timeframe.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	4 Month(s)
Other Household 1	Grandparent	Alleged Perpetrator	Male	50 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	50 Year(s)
Other Household 2	Father	No Role	Male	29 Year(s)



LDSS Response

On 7/20/16, upon receipt of the SCR report the CW contacted the Regional Office , the DA and the source. The CW contacted the PGM who stated that she was very concerned for her granddaughter, age 1, due to the fact that the BM had left the BF in PA and moved to NY. The BF and the other people in the home provided care to the child. The PGM stated that the BM was mentally ill and unable to care for the child. The PGM also stated that the BM told the BF that she had killed her baby a few years ago and that the baby died from falling out a window. The CW contacted LE and was told that there was no record of the BM being involved with a child death.

The CW contacted PA CPS and was told that there was an open case on the family and that the BF was mentally ill. No custody of the child was established. On 7/20/16, the CW accompanied by LE met with the BF and a female friend that lived with the BF and BM in PA. The BF stated that there were three different stories about the death of the baby. First, the BM stated that no one knew she threw the baby out the window. The second story was that it was someone else's child thrown out the window and the third was that BM's cousin had a baby that was thrown out a window. The BF stated that this would have occurred when the BM lived in NC where the BM lived as a teenager. The CW and LE also met with the BM, MGM and the year old child on 7/20/16. The BM stated that when she was 13 yr old living in NC, her best friend had a baby. The BM considered the baby to be one of her children because she and her friend were so close. The BM stated that one day the best friend's boyfriend accused her of cheating on him and threw the female infant out of the window. The BM stated the incident was reported in NC and that she was down the street and witnessed it. The BM also stated that neither LE nor CPS spoke to her regarding the incident. The BM denied knowing her best friend's last name or the boyfriend's name. The MGF denied any knowledge of the incident. The CW viewed the 1 year old in the care of her BM and MGPs and deemed her safe. LE contacted LE in NC and there were no reported child deaths in the period of time that the BM said that the incident occurred.

Due to domestic violence between the BM and the BF, the BM and the child were placed in a safe shelter. The BM was taking medication for her mental illness at the time and was in the process of securing counseling. The BM also requested preventive services to assist her in parenting her child. The BF returned to PA and filed a custody petition for the one year old child in Family Court in PA. The BM was given temporary custody by the court and the BF was given visitation every other weekend to take place in Chautauqua. County. A preventive services case was opened on 7/27/16, to assist the BM in finding housing and to provide parenting. The BM and the child moved into an apartment with the MGPs. There were no reports of the MGF sexually abusing children. The allegations of DOA and IG were unfounded against the BM and the MGPs on 9/19/16. A preventive services case was opened to assist the BM with parenting.

Multidisciplinary Investigation/Review

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?Yes

SCR Fatality Report Summary



NYS Office of Children and Family Services - Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
030181 - Deceased Child, ,	030182 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
030181 - Deceased Child, ,	030182 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
030183 - Sibling, Female, 4 Month(s)	030185 - Grandparent, Female, 50 Year(s)	Inadequate Guardianship	Unsubstantiated
030183 - Sibling, Female, 4 Month(s)	030184 - Grandparent, Male, 50 Year(s)	Inadequate Guardianship	Unsubstantiated
030183 - Sibling, Female, 4 Month(s)	030182 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
030183 - Sibling, Female, 4 Month(s)	030185 - Grandparent, Female, 50 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
030183 - Sibling, Female, 4 Month(s)	030182 - Mother, Female, 21 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
030183 - Sibling, Female, 4 Month(s)	030184 - Grandparent, Male, 50 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities



NYS Office of Children and Family Services - Child Fatality Report

	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>



NYS Office of Children and Family Services - Child Fatality Report

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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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:

No fatality occurred.



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

Explain:

No fatality occurred

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/13/2015	11605 - Other Child - bio. child, Female, 4 Months	11601 - Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	11605 - Other Child - bio. child, Female, 4 Months	11601 - Mother, Female, 20 Years	Inadequate Guardianship	Indicated	
	11605 - Other Child - bio. child, Female, 4 Months	11604 - Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	11605 - Other Child - bio. child, Female, 4 Months	11604 - Father, Male, 23 Years	Inadequate Guardianship	Indicated	

Report Summary:

BM had a history of mental health issues which impaired her ability to adequately care for the infant(4 months). The BM became agitated when the child cried and she was unable to calm the child down. The BM was living in a home with the child that was in deplorable condition and unsafe. The home had structural damage throughout. The walls and floors of the home were caving in. There was a bug and flea infestation in the home. The home was physically hazardous for the baby and the BM was unable to address the conditions of the home.

Determination: Indicated

Date of Determination: 11/09/2015

Basis for Determination:

The home in which family was living met minimal standards with no safety hazards. The parents and CH moved to Pennsylvania (PA) during the investigation. The CW requested that social services in PA do a safety check. The PA CW informed CW that both BM and BF as well as the other adults in the home had mental health issues. Neither BF or BM were in treatment for their mental health issues. The PA CW had an open investigation and advised the BM and BF to seek a mental health evaluation. There was a concern about the child's welfare while in the care of the parents. The CPS case in PA remained open at the time of case closure in Chautauqua County.

OCFS Review Results:

Due to the parent's untreated serious mental illness there was a belief that the child's well being was at risk. The substantiation of the allegation of IG appeared to be appropriate. The family moved to PA and the CW made contact with the PA CW to assess the child's safety.

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

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

none



Known CPS History Outside of NYS

none known

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

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