



Report Identification Number: RO-19-027

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

Issue Date: Dec 17, 2019

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		



Case Information

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

Jurisdiction: Monroe
Gender: Female

Date of Death: 07/16/2019
Initial Date OCFS Notified: 07/19/2019

Presenting Information

An SCR report alleged that on 7/15/19, a one-year-old child was dropped off at daycare at 6:56 AM. Sometime after nap time, the child presented with a fever of 104 degrees, appeared lifeless, pale, and limp. The daycare providers were aware of the fever and attempted to contact the director; however, there was a delay in response for unknown reasons. The director and daycare providers failed to seek immediate medical attention for the child and delayed calling the mother by an hour. The mother picked up the child from the daycare at 1:54 PM and immediately took her to the hospital emergency room. Due to the delay in medical care, the child passed away on 7/16/19 with an unknown infection. The role of the mother and father were unknown.

Executive Summary

This report concerns the death of a one-year-old (18 months) female child that occurred on 7/16/19. On 7/19/19, Monroe County Department of Human Services (MCDHS) received a report from the SCR regarding the death. The SCR report was taken against four daycare staff members at the daycare the child attended. The report contained allegations of lack of medical care and DOA/Fatality. Upon receipt of the report, MCDHS coordinated investigative efforts with law enforcement and the OCFS Division of Child Care Services. The child had a four-year-old surviving sibling who was assessed to be safe.

On 7/15/19, the mother brought the child to daycare, and the child developed a fever later in the day. The daycare notified the mother who then took the child for medical treatment at the hospital. Upon returning home late that night, the child became ill and the mother found her to be blue in color and called 911. The child was transported to the hospital via EMS and was pronounced deceased at 12:20PM on 7/16/19.

Medical staff informed the family the child likely died from strep pneumonia; therefore, the family declined an autopsy. The medical examiner's office confirmed an autopsy was not completed for the child. The child's blood culture was determined to be resistant to most antibiotics. Law enforcement found no criminality in the case and declined to participate in the investigation.

The father was a Marine and was deployed at the time of the child's illness and death. All daycare staff that were alleged subjects were interviewed and reported the child woke from her nap visibly ill with a fever. There was some discrepancy over the child's temperature, the difference of one degree, and if there was a delay in calling the mother or calling for medical assistance. Physicians who reviewed the medical documentation reported that even if there was a delay in medical care or a change of documentation of the temperature by one degree, it would not have changed the outcome of the child's illness which caused her death.

The child had been fighting an illness since 6/27/19 and mother had sought appropriate medical care. The child had been on antibiotics for ten days in the two weeks prior to her death.

MCDHS contacted and obtained records from first responders, medical staff, the pediatrician, and the medical examiner. All alleged subjects and collateral contacts were interviewed.

Home visits were completed, and the family was offered trauma/grief services. MCDHS completed required reports adequately and on time and conducted a thorough investigation.



The case was unfounded and closed on 9/3/19. There was no credible evidence the actions or inaction of the daycare staff contributed to the child’s death. Hospital physicians who treated the child believed the streptococcus pneumonia bacteria is what caused her death.

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? 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 has detail of the consultation.

Explain:

Casework activity was commensurate with best casework practice as outlined in the CPS manual.

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: 07/16/2019

Time of Death: 12:20 PM

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

County where fatality incident occurred: Monroe

Was 911 or local emergency number called? Yes

Time of Call: 03:45 AM

Did EMS respond to the scene? Yes



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

No

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

If the child was in day care at the time of the fatality, was the day care program duly licensed or registered? Unknown

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Father	No Role	Male	29 Year(s)
Deceased Child's Household	Mother	No Role	Female	28 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	26 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	24 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	23 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	49 Year(s)

LDSS Response

On 7/19/19, MCDHS received the SCR report regarding the child's death and immediately initiated their investigation and coordinated investigative efforts with LE and the OCFS Division of Child Care Services. The CW completed a CPS history check and confirmed the report with the source.

On 7/26/19, the mother was interviewed at the CAC and reported she dropped the child off at daycare on 7/15/19 around 7 AM and the daycare director called her around 1:30 PM saying the child woke up with a fever of 103.3. The mother picked the child up at 1:56 PM and the daycare director provided her with a sheet that said the child's temperature was 104.3. Daycare staff reported when they take a child's axillary temperature, they add a degree. The mother reported when they got home, she gave the child 5ml of Tylenol and a little while later, she saw the child have a febrile seizure. The mother contacted the pediatrician's office who instructed her to bring the child to the hospital emergency department, which she did. The mother and child arrived at the hospital around 3 PM and were discharged around 7:30 PM on 7/15/19; the child's temperature had gone down to 99.9. Around 10:40 PM, the child vomited. The mother laid down with the child, nursed her and tried getting her to sleep. The mother said that around 3:40 AM, the child looked blue and she saw red dots all over the child's face and neck and that is when she called 911. While waiting for the ambulance, the mother said the child became unresponsive. The child died later that day at 12:20 PM. The hospital informed the mother the child's blood cultures came back showing strep pneumonia. The mother said the hospital advised the family this was likely the cause of the child's death; therefore, they declined an autopsy. The mother was offered services and burial assistance, but she declined, as they were already receiving assistance from the Marines.



A home visit was completed, and the MGM (who lived in the home) confirmed the mother's account. The MGM was provided a packet of information with resources for the family.

MCDHS received EMS records showing a 911 call was received on 7/16/19 at 3:45 AM, EMS was dispatched at 3:47 AM, at the child's home at 3:59 AM and was then transported to the hospital. The mother reported to EMS the child had been discharged from the hospital the night before around 7:30 PM. The mother reported that since 10 PM on 7/15/19, the child had vomited multiple times and had diarrhea.

MCDHS obtained pediatric records showing the child was up to date on well child visits. The child was seen on 6/27/19 for a cough, runny nose, and spiking fever. The mother contacted the pediatric office saying the child was having diarrhea and diaper rash. The doctor told her this was normal but put the child on a new ten-day antibiotic which the child took from 7/2/19 to 7/12/19.

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 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

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052126 - Deceased Child, Female, 1 Yrs	052129 - Day Care Provider, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
052126 - Deceased Child, Female, 1 Yrs	052127 - Day Care Provider, Female, 49 Year(s)	DOA / Fatality	Unsubstantiated
052126 - Deceased Child, Female, 1 Yrs	052127 - Day Care Provider, Female, 49 Year(s)	Lack of Medical Care	Unsubstantiated
052126 - Deceased Child, Female, 1 Yrs	052128 - Day Care Provider, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
052126 - Deceased Child, Female, 1 Yrs	052129 - Day Care Provider, Female, 24 Year(s)	Lack of Medical Care	Unsubstantiated
052126 - Deceased Child, Female, 1 Yrs	052130 - Day Care Provider, Female, 23 Year(s)	Lack of Medical Care	Unsubstantiated
052126 - Deceased Child, Female, 1 Yrs	052130 - Day Care Provider, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
052126 - Deceased Child, Female, 1 Yrs	052128 - Day Care Provider, Female, 26 Year(s)	Lack of Medical Care	Unsubstantiated

CPS Fatality Casework/Investigative Activities



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

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input 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"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine



Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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"/>

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? 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)
11/01/2018	Other Child - Daycare participant, Female, 2 Years	Day Care Provider, Female, 48 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

An SCR daycare report alleged that on 11/1/18, the DCP put a 2-year-old child in a Med-care cab and sent her home without confirming if the parent was home to receive the child. The driver arrived at the home and no one was home to receive the child.

Report Determination: Unfounded

Date of Determination: 04/04/2019

Basis for Determination:

The DCP admitted she made a mistake and appeared remorseful when the CW went over the allegations of the report with her. The mother arrived home and found the child waiting in the back of the cab. The child did not appear fearful, upset, or injured in any way. Although it was a poor decision made by the DCP, there was no evidence the child was harmed in any way.

OCFS Review Results:

MCDHS completed a history check, conducted thorough interviews, and completed casework activities timely. The appropriate determination was made and the case was closed.

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

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

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

Known CPS History Outside of NYS



There was no known CPS history outside of NYS.

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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