



**Report Identification Number: SV-19-006**

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

**Issue Date: Jun 26, 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

<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:** 8 year(s)

**Jurisdiction:** Dutchess  
**Gender:** Male

**Date of Death:** 02/20/2019  
**Initial Date OCFS Notified:** 02/25/2019

## Presenting Information

Dutchess County Department of Children and Family Services (DCDCFS) learned of the death of a child who was involved in an open CPS case, when his mother called to notify them. DCDCFS then completed the OCFS-7065 Agency Reporting form and submitted it to the Spring Valley Regional Office on 2/22/19, notifying them of the fatality.

## Executive Summary

This fatality report concerns the death of an 8-year-old child which occurred on 2/20/19. At the time of the child's death, Dutchess County Department of Children and Family Services had an open CPS investigation that began on 12/7/18. DCDCFS was investigating allegations that the mother was failing to meet the child's educational needs. Further, there were concerns he was not receiving the services and therapy he needed because he was not attending school.

As an infant, the child was diagnosed with a multitude of medical conditions. The child received regular and ongoing treatment for his medical condition. Medical records obtained by DCDCFS reflected the mother was appropriate in getting the child necessary treatment and the primary care doctor did not have any concerns for her care with regard to meeting the child's medical needs.

The mother reported that the subject child's father had never been in the child's life and she refused to give contact information for him. Efforts by DCDCFS to gather contact information on the father were unsuccessful.

An autopsy was not completed. DCDCFS learned that, because the child died while receiving hospice care the medical examiner's office was not notified of the death due to the death being referred to hospice medical staff. A death certificate was received and listed the immediate cause of death as cardiac arrest due to heart failure and cardiomyopathy. The other significant condition listed on the death certificate was chromosome 1P36 deletion. The manner of death was classified as natural. DCDCFS did not make an SCR report regarding the child's death as they learned it was the result of a medical condition and not the result of abuse or neglect.

Immediately upon learning about the death, DCDCFS made efforts to assess the safety of the surviving siblings who resided at home with their mother. Hospice staff was on scene at the time of the child's death. Law Enforcement was not notified and did not investigate the death as the death was not deemed an unattended death due to medical staff being present.

DCDCFS met New York State regulations and requirements pertaining to casework contacts, safety assessments, risk assessments, and the provision of services in the investigation that was open at the time of the child's passing. The mother was offered grief counseling, mental health services, and burial assistance.

## 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 as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

The above questions are not applicable as the fatality was not reported to the SCR. There was no report alleging the fatality was suspected to be a result of abuse or maltreatment by a caretaker; however, other decisions made during the open investigation were appropriate.

- 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:**

The facts and circumstances surrounding the fatality were thoroughly investigated and there was evidence of supervisory consultation.

**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: 02/20/2019 Time of Death: 04:00 AM (Approximate)

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

County where fatality incident occurred: Dutchess

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:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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



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

**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	No Role	Male	8 Year(s)
Deceased Child's Household	Mother	No Role	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Month(s)
Other Household 1	Other Adult - Bio Fa of SS	No Role	Male	31 Year(s)
Other Household 2	Other Adult - Bio Fa of SS	No Role	Male	34 Year(s)

### LDSS Response

DCDCFS had an open SCR report at the time of the 8-year-old child's death. The reported concerns were related to the child's truancy as well as the parents' failure to provide a minimum degree of care for the subject child. DCDCFS learned of the death following a telephone call from the mother. Upon learning of the death of the child, DCDCFS immediately reached out to the family to offer services and support. DCDCFS met with the parents and three siblings (ages 6 years, 4 years, and 2 months).

Through interviews with the mother, it was learned the child passed away on 2/20/19 while receiving Hospice services. Hospice had been providing 24-hour care for the child, which included regularly checking his vitals and keeping him as comfortable as possible. The mother reported that around 2am on the day of his passing, she was asleep and the registered nurse woke her to inform her that the child had passed. The mother reported the child had numerous medical anomalies since infancy.

DCDCFS obtained information from Bambini Pediatrics, where the child was a patient. The doctor reported that the child was medically fragile. The doctor said the mother brought the child to all necessary appointments and he had no concern for the care that was provided to him or his siblings. Additionally, the doctor said that an educational setting would not have been beneficial to the child given his condition, needs, and medication. The doctor did not believe the child could receive occupational or physical therapy in a setting outside of his home.

The siblings were observed and the oldest two (ages 4 and 7) were interviewed. Neither sibling expressed concern for the care of their deceased brother. The siblings recalled their brother being sick. They stated they felt safe in the home with their mother.

There were no noted safety concerns for the surviving siblings. Based on information received from medical personnel and collateral contacts, there was no reasonable cause to suspect there was abuse or neglect of any of the children. The mother and siblings began working with bereavement services, which were referred by DCDCFS. The father was not notified and no contact information regarding him was able to be obtained despite DCDCFS efforts.



## 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:** Unknown

## Multidisciplinary Investigation/Review

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

**Comments:** Dutchess County does not have an OCFS approved Child Fatality Review Team.

## 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	-------------------------------------	--------------------------

**Explain:**  
 A 24-hour Safety Assessment was not required due to the fact that the death was not reported to the SCR. Immediately upon learning of the fatality, DCDCFS did inquire of collateral contacts and family members as to whether there was reasonable cause to suspect abuse or maltreatment with respect to the SC's death. As part of this inquiry, an assessment of the SS was completed within 24 hours and documented in progress notes.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 A multitude of services were offered to the family, including bereavement counseling and funeral assistance.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
<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"/>
<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"/>

**Explain as necessary:**  
 There was no removal of any of the other children. The surviving siblings were observed throughout the investigation to be safe.

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

**Additional information, if necessary:**

DCDSS offered grief counseling through Dutchess County HELPLINE as well as offering the family assistance with funeral/burial services through Dutchess County Department of Social Services.

**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:**

Bereavement services were offered for the family and encouraged throughout the investigation, but it is unknown if the mother utilized the recommended services.

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

**Explain:**

Bereavement services were offered for the family and encouraged throughout the investigation, but it is unknown if the mother utilized the recommended services.

## 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)
12/07/2018	Deceased Child, Male, 8 Years	Mother, Female, 25 Years	Educational Neglect	Unsubstantiated	No
	Deceased Child, Male, 8 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

It was alleged the 8-year-old subject child had multiple disabilities and was supposed to be attending school. The mother had not enrolled the child in school and the child had never attended school. As a result of not attending school, the child was behind in his education and was not receiving services and therapy that he would have received there.

**Report Determination:** Unfounded**Date of Determination:** 03/26/2019**Basis for Determination:**

DCDCFS determined there was no credible evidence that the child was educationally neglected. The child was medically fragile with a weak immune system. He was on a transplant list for a new heart. The child's medical provider did not feel the child would have benefited in a school setting due to his weakened immune system. DCDCFS determined the child's physical condition exempted him from attendance.

**OCFS Review Results:**

DCDCFS made diligent efforts to engage the mother and offered necessary services related to the SC's medical and educational needs. DCDSS contacted many collateral contacts in order to gain knowledge about the family dynamics and the child's medical needs. DCDFCS completed timely and accurate safety and risk assessments throughout the duration of the investigation. DCDFCS assessed the safety of the surviving siblings and provided safe sleep education to the mother due to one surviving sibling being under the age of 1.

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)
03/26/2018	Deceased Child, Male, 8 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 8 Years	Grandparent, Female, 50 Years	Inadequate Guardianship	Unsubstantiated	



# Child Fatality Report

Sibling, Male, 3 Years	Grandparent, Female, 50 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 6 Years	Grandparent, Female, 50 Years	Inadequate Guardianship	Unsubstantiated

**Report Summary:**

The report alleged that the children were residing with their mother and grandmother. The mother and grandmother would scream and hit the children with excessive force.

**Report Determination:** Unfounded**Date of Determination:** 05/11/2018**Basis for Determination:**

DCDCFS determined there was no credible evidence to substantiate the allegations. The mother and grandmother were appropriate and there was no evidence they used physical discipline on the children.

**OCFS Review Results:**

DCDCFS made appropriate collateral contacts and thoroughly documented in the case record. DCDCFS completed timely and accurate safety assessments.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**CPS - Investigative History More Than Three Years Prior to the Fatality**

10/11/2011-12/14/2011: Unfounded against the mother regarding the SC for allegation of Lack of Medical Care. The concern was the mother was not getting the child to necessary medical appointments. The primary barrier for the mother to get the SC to appointments was transportation. The mother arranged for transportation with the help and support of familial resources and was able to get the SC to all his appointments with the specialist. There were no further concerns noted for the child's care. The investigation was unfounded and closed.

**Known CPS History Outside of NYS**

There is no known history outside of New York State.

**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