



Report Identification Number: SV-19-022

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

Issue Date: Oct 25, 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 month(s)

Jurisdiction: Dutchess
Gender: Female

Date of Death: 05/22/2019
Initial Date OCFS Notified: 05/23/2019

Presenting Information

An SCR report was received with concerns on 5/22/19, the mother fell asleep in a large chair with the 5-week-old child next to her, and when the mother awoke, the child was unresponsive. Emergency services were called and the child was transported to the hospital where she was pronounced deceased.

Executive Summary

This fatality report concerns the death of a one-month-old female subject child (SC) that occurred on 5/22/19. A report was made to the SCR on that same date with allegations of DOA/Fatality, Inadequate Guardianship, and Parent’s Drug/Alcohol Misuse against the child’s mother (SM) and father (SF). Dutchess County Department of Social Services (DCDSS) received the report and conducted a thorough investigation into the child’s death. An autopsy was completed and noted the cause of death as “Sudden Unexpected Death in Infancy” and the manner of death as undetermined.

DCDSS had been involved with the family since 5/14/19 as there was an ongoing investigation regarding concerns the mother was using drugs while caring for the child. Prior to her death, DCDSS had assessed the safety of the child and her home environment and no concerns were noted. At the time of the fatality, the child resided with her mother, maternal aunt (MA), the maternal aunt’s husband, and their 9-year-old child; there were no surviving siblings. The child’s father was incarcerated when the incident occurred.

It was discovered on the night of 5/21/19, the mother had been breastfeeding the child in a bean bag chair while watching television. During the feeding, the child fell asleep. The mother continued watching television and accidentally fell asleep at approximately 1:00 AM. The mother awoke at 5:30 AM and found the child unresponsive beside her in the chair. The mother screamed for help, and the maternal aunt contacted emergency services. The aunt’s husband began CPR on the child until paramedics arrived. The child was transported to the hospital where she was pronounced deceased.

From the time the investigation began to the time of its closure, DCDSS interviewed all individuals listed on the report as well as an abundance of collateral sources, including: family members, law enforcement, counselors, parole, and first responders. It was noted the parents had received education surrounding safe sleep guidelines just days prior to the child’s death. Appropriate sleeping provisions were also observed in the home. The investigation further revealed the mother had been using illicit substances in the days leading up to the fatality. All allegations were substantiated and the case was closed to community based services.

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



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

How long before incident was the child last seen by caretaker? 4 Hours

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

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	Aunt/Uncle	No Role	Female	35 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Other - MA's Husband	No Role	Male	35 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	9 Year(s)

LDSS Response

On 5/22/19, DCDSS received a report regarding the death of SC. DCDSS initiated their investigation within 24 hours and coordinated their efforts with their Multidisciplinary Team. DCDSS learned SC was an only child; however, resided in the same household as her 9-year-old cousin. DCDSS worked promptly to assess the safety of this child and found no immediate concerns.

DCDSS had been involved with the family since 5/14/19, as they were investigating an SCR report with allegations SM was using illicit drugs and breastfeeding SC. On that same date, DCDSS completed a home visit and assessed the safety of SC; no concerns were noted and SM did not appear to be under the influence of drugs or alcohol. DCDSS learned SM was prescribed Methadone which she took daily. DCDSS educated SM surrounding safe sleep practices and observed appropriate provisions for SC. A drug test for SM was scheduled on 5/21/19 and DCDSS also made a public health nurse referral for the family.

Upon learning of SC's death on 5/22/19, DCDSS and LE met with family members at their home. SM reported SC was born one month premature and was hospitalized for five days. SM explained SC was born positive for methadone due to SM being prescribed such. SM was too upset to speak about SC's death at the time of this home visit. SM informed DCDSS SF was incarcerated for a parole violation. DCDSS and LE also spoke with MA who reported no concerns surrounding SM and SF's care of SC. MA stated the parents moved into her home a few days prior due to being evicted from their apartment. MA explained both parents had a lengthy history of drug use; however, both were in treatment. MA had no current concerns SM or SF were using drugs. MA stated on the night of 5/21/19, SM was watching television while nursing SC; the two were sitting in a bean bag chair. MA stated she went upstairs to her bedroom and went to sleep. MA reported at 5:30 AM the next morning she was awakened by SM crying. MA stated she and her husband ran downstairs



and her husband began CPR; MA called 911. MA stated she had told SM in the past not to fall asleep with the baby. MA had no further information surrounding SC's death. DCDSS interviewed MA's 9-year-old son, who reported he was in his bedroom when 911 was called and did not witness anything. MA's husband was also interviewed and his recollection of events corroborated MA's with no additional information.

On 5/23/19, DCDSS met with SF at the Dutchess County Jail. SF reported he was incarcerated at the time of SC's death. He stated he and SM had a history of drug use; however, both were in recovery. SF had no concerns surrounding the care of SC when with SM or any of her family members.

On 5/24/19, DCDSS met with SM to discuss the fatality. SM reported around midnight on 5/21/19, she was feeding SC in a bean bag chair and SC fell asleep while she was holding her. SM reported she had been watching TV and fell asleep. SM awoke at 5:30 AM and was concerned because SC did not fuss for her feeding as she normally did. SM stated she found SC in SM's left arm unresponsive. SM said she screamed and MA and MA's husband called 911. SM stated she had planned to put SC in her bassinet that night.

DCDSS obtained SM's drug tests from January to May 2019 and found throughout that time, SM tested positive for 7 illicit substances. The result of a drug test completed on 5/22/19 was positive for 4 illicit substances. DCDSS spoke with professionals who explained in order for SM to test positive for some of the drugs found in her system, SM would have to have been using daily.

DCDSS completed a thorough investigation which included interviews with family members and numerous collateral services. There were no criminal charges brought against SM as there were no illicit drugs found in SC's system at the time of her death. DCDSS offered the family services. Evidence was found to support the allegations, therefore, DCDSS indicated and closed the report.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: This fatality investigation was conducted by the Dutchess County Multidisciplinary Team.

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.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051692 - Deceased Child, Female, 1 Mons	051723 - Father, Male, 30 Year(s)	DOA / Fatality	Substantiated
051692 - Deceased Child, Female, 1 Mons	051723 - Father, Male, 30 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
051692 - Deceased Child, Female, 1 Mons	051722 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated



051692 - Deceased Child, Female, 1 Mons	051722 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
051692 - Deceased Child, Female, 1 Mons	051723 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
051692 - Deceased Child, Female, 1 Mons	051722 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

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"/>

Additional information:

DCDSS interviewed all household members as well as all appropriate collateral sources.

Fatality Safety Assessment Activities

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



Child Fatality Report

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"/>

Explain:
DCDSS appropriately assessed the risk to the 9-year-old cousin residing in the household. Services were offered to the family based on their needs.

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"/>

Explain as necessary:
DCDSS assessed the safety of the 9-year-old cousin throughout the investigation and found no concerns.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input 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 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"/>

Additional information, if necessary:

The parents were involved with service providers to address their substance use and mental health prior to CPS involvement. DCDDSS offered appropriate services to the family in response to the fatality.

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:

Referrals for grief services were provided to the family, including the 9-year-old cousin.

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

Explain:

Referrals for grief services were provided to the family in response to the SC's death.

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?

N/A

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)
05/14/2019	Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Female, 1 Months	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 1 Months	Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

This report was received with concerns SM was breastfeeding SC after using illicit substances.

Report Determination: Indicated

Date of Determination: 07/19/2019

Basis for Determination:

DCDSS completed a thorough investigation into the allegations. All family members were interviewed and collateral sources were contacted. DCDSS found evidence that SM and SF were using drugs while caring for SC. SC died during this investigation. DCDSS appropriately indicated and closed the case.

OCFS Review Results:

This investigation met all statutory requirements.

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.



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