



Report Identification Number: SY-17-002

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

Issue Date: Jun 15, 2017

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 Deceased
Age: 1 year(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 01/24/2017
Initial Date OCFS Notified: 01/24/2017

Presenting Information

On 1/24/2017 the SCR received a report alleging that sometime between 2-2:30 p.m., the SM was caring for the SC. The SM went outside to talk on the phone and to smoke a cigarette. When the SM went back in the home, the SC had fallen into a bucket water. The SM called 911 and EMS responded. The child vomited and gurgled but was unable to be revived. The SC was pronounced dead. The SM failed to provide adequate supervision to the SC. The role of the SS age 4 was unknown.

Executive Summary

The SCR reported fatality received by Onondaga Department of Social Services (OCDSS) on 1/24/2017 was a subsequent to an open child protective investigation that had been received earlier that same day before the SC was pronounced dead. On 1/24/2017, the SM went outside to smoke a cigarette and make a phone call leaving the 16-month-old SC unsupervised inside. When the SM went back inside she found the SC head first in a bucket of water with cleaning solution. The SM removed the child from the bucket and called 911. The SM began CPR until EMS arrived and transported SC to the hospital. The medical professionals at the hospital attempted to revive the SC, subsequently the SC was pronounced dead.

Upon receipt of the SCR report on 1/24/2017, a joint investigation was conducted by OCDSS and LE. OCDSS initiated an immediate investigation which included contact with the source and all other required contacts, SCR and criminal history checks were conducted regarding both parents. The SM had no known history of drug or alcohol misuse. The BF did not reside in the same household but had been notified and was at the hospital when the SC was pronounced dead. OCDSS appropriately provided the BF with Notice of Existence in regards to the INV.

Investigation included appropriate case and collateral contacts including medical providers and school personnel. No care concerns were reported by collateral contacts or other family members. OCDSS coordinated their investigation with LE and there was no arrest.

An autopsy was performed on 1/24/2017 by the ME. The final results of the autopsy were the cause of death was drowning and the manner of death was accidental.

OCDSS appropriately substantiated the allegations of DOA/Fatality, IG and LS against the SM. There was some credible evidence to substantiate the allegations against the SM regarding the SC. While the manner of death was ruled by the ME to be accidental drowning, it could have been prevented had the SM provided the proper supervision to the SC. The SS was not at home at the time of the incident. The SM took full responsibility for her actions and agreed to provide appropriate supervision of the 4-year-old SS. The report was IND and closed. The family was referred to grief counseling.

From the time of the receipt of the report OCDSS had frequent contact with the SM and SS. OCDSS continued to gather information relevant to the investigation. OCDSS conducted adequate safety and risk assessments.



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

Explain:

OCFS found the determination was appropriate based on the information gathered.

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:

OCFS found the investigation to be complete and the determination to be appropriate based on the information gathered.

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: 01/24/2017

Time of Death: 04:21 PM

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

County where fatality incident occurred: ONONDAGA

Was 911 or local emergency number called? Yes

Time of Call: 14:28 PM

Did EMS to 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? No - but needed

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	Male	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)

LDSS Response

On 1/24/2017, OCDSS received an SCR report alleging DOA/Fatality, IG and LS against the SM involving the 16-month-old SC. A joint investigation was conducted with LE. Through investigation and interviews it was learned that SM admitted to leaving the 16-month-old SC alone in the apartment while she went out onto the porch to smoke a cigarette and make a phone call. The SM decided to clean up the apartment that morning and had prepared a bucket of water with cleaning solution in it and had it placed in the kitchen. The SC was playing in the living room when the SM went out onto the porch. The SM said she has done this before and usually the SC watches her through the window where she can see him. On that day the SC was not at the window and SM did not check on him. The SM reported she was outside for fifteen to twenty minutes. When the SM went back inside she found the SC upside down with his head in the bucket and there was vomit and a bottle floating in the water. The SM pulled the SC from the bucket and called 911 and began CPR. The EMS arrived and transported SC to the hospital where he was later pronounced dead. The SM also called the BF and he met her at the hospital.

OCDSS appropriately assessed the safety of the SS age 4 and the household. There were no safety concerns and the home environment was deemed safe. The SM and BF were provided with notice of existence and interviewed when appropriate. During the investigation OCDSS interviewed the source and all first responders. The SM, SS were interviewed and observed. All appropriate collateral contacts were made including, pediatrician, service provider, school and family members. A SCR history check was completed and reviewed. A criminal history check was completed. The SM had no known history of drug or alcohol misuse. The SF did not reside in the household.

An autopsy was performed by the ME on 1/24/2017. The autopsy results were received and the cause of death was drowning and the manner of death accidental. No criminal charges were filed and no arrests were made.

On 4/17/2017, the allegations of DOA/Fatality, IG and LS against the SM regarding the 16-month-old SC were substantiated. There was credible evidence to support the allegations. While the manner and cause of death were ruled



accidental drowning, this could have been prevented had SM provided proper supervision. The SS age 4 was not at home at the time of the incident. The SM took full responsibility for her actions and agreed to provide appropriate supervision for the SS. There were no other safety concerns. The report was indicated and closed. The family was referred to grief counseling.

OCDSS conducted adequate safety and risk assessments. OCDSS gathered information from interviews, home visits and collateral contacts in a position to provide information in regard to the care of the SS. There were no reported concerns. OCDSS appropriately substantiated the allegations of DOA/Fatality, IG and LS against the SM. It was also noted that the SM had a very effective family support system.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external 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

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

Comments: OCDSS has an approved Child Fatality Review team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
036221 - Deceased Child, Male, 1 Yrs	036222 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
036221 - Deceased Child, Male, 1 Yrs	036222 - Mother, Female, 24 Year(s)	Lack of Supervision	Substantiated
036221 - Deceased Child, Male, 1 Yrs	036222 - Mother, Female, 24 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input checked="" 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 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"/>
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"/>

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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: OCDSS made referrals to bereavement counseling and assistance with funeral costs.							

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:

OCDSS made referrals for bereavement counseling.

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

Explain:

OCDSS made referrals for bereavement counseling and assistance with funeral expenses.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No

Was there an open CPS case with this child at the time of death? 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? No

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)
01/24/2017	16823 - Deceased Child, Male, 1 Years	16822 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	No
	16823 - Deceased Child, Male, 1 Years	16822 - Mother, Female, 24 Years	Lack of Supervision	Indicated	

Report Summary:

On 1/24/2017, the SCR received a report alleging IG and LS against the SM for the SC. On 1/24/2017 the SM went outside to smoke a cigarette and left the one year old SC unsupervised. When the SM returned she found the SC upside down in a mop bucket, non-responsive and in full cardiac arrest. The SM called 911 and began CPR. The SC was



transferred to Upstate Medical. This report came in prior to the DOA/Fatality.

Determination: Indicated **Date of Determination:** 01/30/2017

Basis for Determination:
There was some credible evidence to substantiate the allegations of IG and LS against the SM regarding the one-year-old SC. The SM admitted that she left the SC unattended while she stepped out onto her front porch to smoke a cigarette and make a phone call. The SM stated that when she returned she found the SC head first in the mop bucket filled with water and cleaning solution. The SM called 911 and began CPR. The SC was transported to the Hospital where he later died. That report was IND and closed. The investigation continued within the fatality report called in after the SC died at the hospital.

OCFS Review Results:
OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

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

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

9/17/2012 IND 10/25/2012 allegations of IG against the BF in regards to the SS. There was some credible evidence to support the allegation of IG. The BF became physical with SM in front of the SS. The BF was also throwing things around the room placing the SS at risk of harm.

Known CPS History Outside of NYS

There is no known history outside of NYS

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.

Casework Contacts

	Yes	No	N/A	Unable to
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				Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?
 Yes No

Foster Care Placement History

There is no record of foster care placement 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