



**Report Identification Number: SY-15-009**

**Prepared by: Syracuse Regional Office**

**Issue Date: 1/8/2016**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



**Abbreviations**

<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
<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
CPR-Cardio-pulmonary Resuscitation		
<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	MN-Medical Neglect	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	
<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		

**Case Information**



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

**Jurisdiction:** Broome  
**Gender:** Female

**Date of Death:** 02/15/2015  
**Initial Date OCFS Notified:** 02/15/2015

## Presenting Information

On 2/15/15, the SCR registered a report noting that the 18-month-old SC was found deceased in her crib on the morning of 2/15/15. The report noted that the SC was last seen at 11pm on 2/14/15 when the SM put the SC in her crib. The SC shared a double crib with her twin sibling. The crib contained blankets, a pillow and a juice cup. The SC was healthy with no preexisting medical concerns and there were no signs of abuse.

## Executive Summary

This fatality report concerns the death of an almost 18-month-old child that was pronounced dead on 2/15/15 at 10am. The autopsy report listed the manner of death as natural. It stated the SC, "...was found at autopsy to have focal acute Haemophilus influenza bronchiolitis. The mechanism of death may have been a febrile seizure, with suffocation."

The LDSS investigation revealed that focal acute Haemophilus influenza bronchiolitis is an invasive infection that can affect the lungs, spinal fluid, blood, etc., and which can sometimes result in death. The SC had a history of seizure activity previous to death that the SC was receiving appropriate medical care for. No concerns were noted with the SM's care of the SC and it was noted that the SM regularly sought medical care for the SC.

On 4/17/15, the LDSS completed their investigation and unsubstantiated the allegations of DOA/Fatality and IG against the SM, MA, MGM and MGGM. OCFS is in agreement with the LDSS' determination. The LDSS appropriately assessed safety and risk to the SC's surviving siblings; ongoing services were not required. All casework activity was commensurate with case circumstances.

## 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** Yes



appropriate?

**Explain:**

All casework activity was commensurate with the case circumstances.

**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:**

All casework activity was commensurate with the case circumstances.

**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:** 02/15/2015

**Time of Death:** 10:00 AM

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

**County where fatality incident occurred:** BROOME

**Was 911 or local emergency number called?** Yes

**Time of Call:** Unknown

**Did EMS to respond to the scene?** Yes

**At time of incident leading to death, had child used alcohol or drugs?** N/A

**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?** 7 Hours

**Is the caretaker listed in the Household Composition?** Yes - Caregiver

1

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1



# NYS Office of Children and Family Services - Child Fatality Report

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Female	66 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	65 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	75 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)
Deceased Child's Household	Sibling	No Role	Female	16 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)

## LDSS Response

The LDSS initiated an investigation on 2/15/15 regarding the SC's death. The investigation revealed that the SC had 3 surviving siblings who resided in the home with the SC: the SC's twin sister, the SC's 12-year-old brother, and the SC's 16-year-old sister. Also residing in the home was a MA, a MGM and a MGGM. Paternity was not established for the SC and no father was ever identified.

The SC had a febrile seizure in May 2014 and was hospitalized in December 2014 due to a second febrile seizure. Febrile seizures are brought on by high temperatures. The SM reported being extra vigilant in monitoring the SC anytime she had a slight temperature, but the SC's temperature tended to spike very quickly and unexpectedly. The SC was seen at the doctor's office 4 days prior to the SC's death. The SC was seen for a recheck for an ear infection. The ear infection had cleared and no medical concerns were noted at the time. The SM denied that the SC had a temperature when the SC went to bed on 2/14/15. At the time of the SC's death, the SC's twin sister was being treated for bronchiolitis.

On 2/14/15, the SM gave the SC two liquid doses of Zantac as prescribed for acid reflux, and put the SC to bed in her crib at 7:30pm. The SC woke between 9:30pm-10:00pm. The SM brought the SC to the SM's bed, which is next to the crib. The SC sat up, babbled, and interacted with the SM until falling back to sleep between 11:00pm-11:30pm. The SM placed the SC back in her crib once the SC fell back asleep. Between 2:00am-3:00am, the SM attended to the SC's twin sister who woke up and needed a diaper change. The SM noted that the SC was sleeping on her belly and she heard the SC stir in the crib.

On 2/15/15, the SM awoke at 8:00am and woke the SC's twin sister, who had been sleeping next to the SM in the SM's bed. The SM drove the SC's 16-year-old sister to church and returned home at 8:25am. The SM then drove the SC's 12-year-old brother to church at about 9:10am. The SM had not checked on, or tried to wake the SC, as the SC slept in mornings, sometimes until 10:00am. After the SM returned home from church again, she made breakfast, then went upstairs to wake the SC. The SC was on her stomach with her head to her side and had no blankets on her. The SC didn't respond to the SM's voice. The SM touched the SC who was cold and stiff. The SM ran downstairs and brought the SC to the MA who was a pediatric nurse. The MGM called 911. The MA gave the SC CPR and also gave the SC oxygen that the MA had for her own medical use. EMS arrived and confirmed the SC was beyond rescue.

The SC was transported to the hospital by the funeral home and underwent an autopsy. The autopsy report listed the



manner of death as natural. It stated the SC, "...was found at autopsy to have focal acute Haemophilus influenza bronchiolitis. The mechanism of death may have been a febrile seizure, with suffocation." After the SC's death, the SM informed the LDSS that she had done research on the SC's cause of death and realized that the SC was not given her Hib vaccination which is typically given to children between 12-15 months of age. The SM denied she was told by the SC's doctor that the Hib booster was needed. The SM expressed concern that the lack of the immunization could have led to the SC's death. The LDSS contacted the SC's doctor's office and the SC's medical file didn't show that the Hib booster was offered to the SM, or refused by the SM. The LDSS contacted the medical examiner who did not know if the lack of the booster would have made a difference in the SC having bronchiolitis.

On 4/17/15, the LDSS completed their investigation and unsubstantiated the allegations of DOA/Fatality and IG against the SM, MA, MGM and MGGM. No concerns were identified regarding the SM's care of her children. OCFS is in agreement with the LDSS' determination. The LDSS appropriately assessed safety and risk to the SC's surviving siblings; and ongoing services were not required.

### 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:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**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
022141 - Deceased Child, Female, 1 Yrs	022144 - Grandparent, Female, 65 Year(s)	DOA / Fatality	Unsubstantiated
022141 - Deceased Child, Female, 1 Yrs	022143 - Aunt/Uncle, Female, 66 Year(s)	Inadequate Guardianship	Unsubstantiated
022141 - Deceased Child, Female, 1 Yrs	022143 - Aunt/Uncle, Female, 66 Year(s)	DOA / Fatality	Unsubstantiated
022141 - Deceased Child, Female, 1 Yrs	022142 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated
022141 - Deceased Child, Female, 1 Yrs	022142 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
022141 - Deceased Child, Female, 1 Yrs	022145 - Grandparent, Female, 75 Year(s)	Inadequate Guardianship	Unsubstantiated
022141 - Deceased Child, Female, 1 Yrs	022144 - Grandparent, Female, 65	Inadequate	Unsubstantiated



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Yrs	Year(s)	Guardianship	
022141 - Deceased Child, Female, 1 Yrs	022145 - Grandparent, Female, 75 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# NYS Office of Children and Family Services - Child Fatality Report

district?				
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 and 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	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to
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# NYS Office of Children and Family Services - Child Fatality Report

	Death	Refused	if Used	Offered	Unavailable		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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>

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 counseling services were offered.

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

Explain:

Bereavement counseling services were offered.

## 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**

There is no CPS investigative history within three years prior to the fatality.

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

There is no CPS history in New York State more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There is no known CPS history outside of New York State.

**Services Open at the Time of the Fatality**

**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.

**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