

**Report Identification Number: SV-13-042**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 6/11/2015**

**(Report was reissued on: 6/23/2015)**

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.

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

## 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

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

**Jurisdiction:** Westchester  
**Gender:** Male

**Date of Death:** 11/03/2013  
**Initial Date OCFS Notified:** 11/03/2013

## Presenting Information

On 11/03/2013, the SCR received two separate reports that alleged that at approximately 10:11AM on 11/03/2013, the one-month-old subject child (SC) was found not breathing in his home while co-sleeping with his mother (MO). Sometime earlier that morning, the MO had taken the SC into bed with her. When the MO found the SC not breathing, she called out, and his maternal grandmother (MGM) started CPR on the infant, while 911 was called. After emergency responders arrived, the SC was rushed to the hospital where he was pronounced dead. The cause of death is unknown at this time. He had no visible marks or bruises. The SC was a healthy newborn with no complications at birth. He had recently been seen by a physician for his one-month check-up. There is no explanation for the death of this otherwise healthy infant. There were three to four pillows at the top of the bed where the MO and the SC were sleeping.

## Executive Summary

The SCR report received on 11/03/2013 listed allegations of DOA/Fatality and Inadequate Guardianship against the MO on behalf of the SC. A Westchester County Department of Social Services (WCDSS) Emergency Services Caseworker (ESCW) responded to the reports and conducted a visit to the home. The ESCW met with the MO and all but one of the surviving siblings, discussed the details of the fatality and took pictures. The ESCW discussed a safety plan with the father (FA) and MGM and both agreed to supervise the MO with the children until further notice. Two Caseworkers (CWs) were assigned to continue the investigation and they coordinated with local law enforcement. A courtesy visit was requested by WCDSS and conducted by Georgia's CPS with the ninth sibling. WCDSS participated in a Child Fatality Review team meeting along with representatives from the Medical Examiner, the Child Advocacy Center, the District Attorney and local law enforcement. All family member's accounts of the fatality events were consistent. Multiple contacts with the family deemed the children to be safe.

On 01/02/2014, WCDSS determined the allegations against the MO to be unfounded and the case was closed, with no services required. WCDSS reported their investigation did not produce credible evidence to substantiate the allegations. No credible evidence was found during the course of the investigation to substantiate an allegation of abuse and WCDSS was unable to substantiate that the MO failed to exercise a minimum degree of care or guardianship to the SC and that it caused the death of the child. There were no aggravating factors or proof of intentional harm revealed during the course of the investigation. At the time that the case was closed, the cause of death remained unknown. The OCFS Spring Valley Regional Office was consulted during the investigation and at the closure of the case.

WCDSS held multiple fatality conferences as well as a determination conference. They thoroughly documented the details of these conferences and the CWs also consistently documented case conferences with their Supervisors. All of the necessary collateral contacts were made and documented. The safety assessments reflected the circumstances of the case appropriately. WCDSS completed a thorough investigation of the allegations and, based on the facts obtained, appropriately determined each allegation. OCFS is in agreement with the determination.

The cause and manner of death were listed by the Medical Examiner as undetermined.

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

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.

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: 11/03/2013

Time of Death: 10:51 AM

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

County where fatality incident occurred: WESTCHESTER

Was 911 or local emergency number called? Yes

Time of Call: 10:11 AM

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

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**Did child have supervision at time of incident leading to death?** Yes  
**How long before incident was the child last seen by caretaker?** 2 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

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	No Role	Male	36 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	61 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	39 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Male	16 Year(s)
Other Household 1	Sibling	No Role	Male	12 Year(s)

## LDSS Response

The two CWs had multiple documented contacts with the family. The CWs discussed the family composition, including the locations of the siblings' fathers and the living arrangements for a sibling that resides in Georgia with an aunt. The MO consented for the CWs to contact the aunt. The CWs discussed the MGM's account of the incident which was the same as MO's report. MO also reported that the SC was born five weeks early but without complications, had been seen for scheduled appointments and was only being fed breast milk. All family members reported that the SC regularly slept in the bassinet and never slept in bed with the MO. The CWs took photos and observed appropriate sleeping arrangements for everyone in the home and adequate food provisions. The CWs provided the MO with safety brochures regarding home safety tips for children and safe sleep for your baby to reduce the risk of SIDS. The siblings were interviewed and all reported their accounts of the incident and stated that they felt safe and well taken care of in their home. All children stated that they had never seen any adults in the home drop, hurt or hit the SC or any of the other siblings. The CWs observed them to be appropriately dressed, well groomed and free of marks, injuries and/or bruises. A worker from Victims Assistance Services came to the home and engaged the MO in a discussion around her receiving bereavement services. The MO reported to CPS that she had a premature baby that had died in her home in 1994. Diligent efforts to obtain additional information were documented but not successful. The MO denied any substance abuse and was agreeable to a

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CASAC assessment to which she tested negative for all substances. The CWs reviewed the safety plan put in place during the ESCW's visit to the home.

The CWs documented several contacts with the Westchester County Medical Examiner's (ME's) Office and local Police Department. A letter was sent requesting a copy of the official autopsy report when it was completed. A meeting was held at the ME's office to discuss the fatality. Law enforcement was present as well and stated that when they arrived at the case address, SC was observed to be unresponsive, discolored and with blood on his face. SC was immediately transported to the local hospital where he was pronounced dead. On 12/02/2013, a Child Fatality Review Team meeting was held. Although the autopsy report had been completed since 11/04/2013, no additional information was provided regarding the cause of SC's death. All family members' statements were consistent with the information gathered by WCDSS. As of 01/02/2014, when CPS closed their investigation, the final autopsy and cause of death had not been provided to CPS.

On 01/02/2014, WCDSS determined the allegations against the MO to be unfounded and the case was closed, with no services required. The MO had agreed to follow up with Victims Assistance Services if she required support in the future. The OCFS Spring Valley Regional Office was consulted with regard to the progress of the investigation and making the determination at the closure of the case.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** Undetermined if injury or 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

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

**Comments:** Westchester County does have a CFRT and the case was reviewed.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
005501 - Deceased Child, Male, 1 Mons	005502 - Mother, Female, 39 Yrs	DOA / Fatality	Unsubstantiated
005501 - Deceased Child, Male, 1 Mons	005502 - Mother, Female, 39 Yrs	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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household?				
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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"/>

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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"/>				
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:**  
 WCDSS appropriately assessed the needs of the family and provided the necessary referrals for services.

## 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? Yes
- 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

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

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

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A 04/24/1997 report alleged Other against the mother on behalf of the siblings then ages 5, 1 and 4 months. The subject child had not yet been born. The report alleged that the mother was slightly developmentally delayed and there was concern for the quality of care she was providing to the children. On 05/16/1997 the case was indicated and opened for voluntary services.

A 06/01/2000 report alleged Educational Neglect against the mother on behalf of the sibling, then age 8. The subject child had not yet been born. The report alleged that the child had been absent for the majority of the school year and was failing. On 08/18/2000 the case was indicated and opened for voluntary services.

A 04/18/2001 report alleged Lack of Supervision and Inadequate Guardianship against the mother on behalf of the siblings, then ages 5, 4 and 2. The subject child had not yet been born. The report alleged that the mother left the children home without adult supervision and the police were called and the mother was arrested. On 06/20/2001 the case was indicated and opened for court ordered services.

A 09/18/2003 report alleged Lack of Supervision and Inadequate Guardianship against the mother on behalf of the siblings, then ages 11, 7, 6, 4 and 2. The subject child had not yet been born. The report alleged that the mother and MGM left the children unsupervised for hours at a time. On 10/22/2003 the case was unfounded and closed.

## Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

## 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 Preventive Services History.

### 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