



**Report Identification Number: SV-21-032**

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

**Issue Date: Jan 28, 2022**

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 6 month(s)

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

**Date of Death:** 08/18/2021  
**Initial Date OCFS Notified:** 08/19/2021

## Presenting Information

Westchester County Department of Social Services (WCDSS) received a report from the SCR alleging that on 8/18/21, while in the sole care of the maternal aunt, the 6-month-old subject child passed away. The aunt fed the subject child around 2:00PM and he began choking and vomiting. The aunt attempted to call family members and walked to the local health center with the subject child. The subject child was transported to the emergency room and declared dead at 5:03PM.

## Executive Summary

This report concerns the death of the 6-month-old male subject child that occurred on 8/18/21. At the time of the subject child's death, he and the mother resided with the aunt, uncle, and their children, ages 1 and 4 years old. The father resided out of the country. The mother and subject child arrived in the United States two months prior to his death.

The investigation revealed the mother left the subject child in the care of the aunt while she went to work. The aunt fed the subject child and placed him in his playpen while she went into another room to tend to her children. The aunt reported, minutes after she checked on the subject child, she heard him cry. The aunt sat with the subject child and fed him a bottle, but he began to vomit, and discharge was coming out of his nose. The aunt observed the subject child turning blue and began resuscitation efforts. The aunt called her husband and requested he call 911, as her primary language was not English, and she was concerned about the language barrier if she were to call. The aunt was worried as first responders had not yet arrived and the subject child became limp. The aunt had a neighbor stay with her children while she ran down the street to the health center. On the way to the health center, the aunt met the mother, and both ran the rest of the way to the health center with the subject child. The child was immediately transferred to a different hospital where he was pronounced deceased.

An autopsy was performed, and the final report was pending at the time this report was written. The law enforcement investigation remained open pending the final autopsy report.

WCDSS spoke with family members and collateral sources, which included law enforcement, medical staff, and the medical examiner. WCDSS determined there was no credible evidence to support the allegations of DOA/Fatality, Inadequate Guardianship, Internal Injuries, or Lack of Medical Care against the aunt regarding the subject child. WCDSS referred the family to services related to the fatality and closed their investigation once case objectives were met.

## 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:**

WCDSS gathered information to determine the allegations. WCDSS assessed the safety of the other children in the home throughout the investigation.

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:**

Casework activity was commensurate with 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: 08/18/2021

Time of Death: 05:03 PM

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

County where fatality incident occurred: Westchester

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

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



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

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

**At time of incident supervisor was:**

- Distracted
- Absent
- Asleep
- Other: **holding the infant**

**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	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	28 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	6 Month(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Mother's Partner	No Role	Male	25 Year(s)
Deceased Child's Household	Other Child - cousin	No Role	Female	3 Year(s)
Deceased Child's Household	Other Child - cousin	No Role	Male	1 Year(s)

### LDSS Response

On 8/19/21, WCDSS received the SCR fatality report regarding the subject child. Upon receipt of the fatality report, WCDSS initiated their investigation within 24 hours and coordinated efforts with their MDT. The safety of the other children in the home was assessed, and they were determined to be safe with the aunt and uncle.

WCDSS interviewed the aunt who reported she was home with her children and the subject child. She placed the subject child in his playpen while she cared for her children. She heard the subject child cry, so she sat with him and fed him a bottle. The subject child began to vomit and had a milky discharge coming out of his nose. He began to turn blue, so the aunt called her husband and told him to call 911. The aunt reported she did not call 911 because English was not her first language and she worried she would not be understood. The aunt reported first responders did not arrive immediately and she began running to the health center down the street while carrying the subject child. The mother met the aunt outside and both women ran to the health center. The aunt reported she returned home after the mother and subject child arrived at the health center. The mother called the aunt to inform her she and the subject child were being transported to another hospital. Once at the hospital, the mother again called the aunt to notify her that the subject child had passed away.

The mother was interviewed and corroborated the information learned from the aunt. The mother and subject child relocated to the United States two months before his death. The mother shared medical records reflecting the subject child's vaccination status, and he was up to date on immunizations. The subject child had a scheduled appointment to get his 6-month vaccinations on 9/3/21.

Medical records revealed the subject child presented to the emergency room in cardiac arrest at 4:34PM. There were no signs of external trauma. Life saving measures were taken but the subject child was pronounced deceased at 5:03PM. After evaluation, the clinical impression was documented as "cardiac arrest."



The children residing in the home were assessed to be safe in the care of the aunt and uncle. The 4-year-old did not have information regarding the subject child's death and showed a lack of understanding related to it. Medical records were received for both children and there were no concerns revealed.

WCDCS supplied the family with community-based mental health and bereavement counseling referrals. Once case objectives were met, the investigation was unfounded and closed.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**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:** Westchester County Department of Social Services adhered to previously approved protocols for joint investigations by coordinating with law enforcement and notifying the DA's office of the death.

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059252 - Deceased Child, Male, 6 Mons	059254 - Aunt/Uncle, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
059252 - Deceased Child, Male, 6 Mons	059254 - Aunt/Uncle, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
059252 - Deceased Child, Male, 6 Mons	059254 - Aunt/Uncle, Female, 32 Year(s)	Internal Injuries	Unsubstantiated
059252 - Deceased Child, Male, 6 Mons	059254 - Aunt/Uncle, Female, 32 Year(s)	Lack of Medical Care	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"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<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:**

WCDSS spoke with relevant collateral sources. Though the father was named, he resided out of the country. WCDSS exhausted efforts to locate and interview him to no avail.

### 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"/>

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:**

Risk was assessed and the family was offered services related to bereavement and mental health counseling.

**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:**

There was no removal of the other children in the home.

**Legal Activity Related to the Fatality**

Was there legal activity as a result of the fatality investigation? There was no legal activity.

**Services Provided to the Family in Response to the Fatality**

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input 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"/>



<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Other, specify:** Victim Assistance Services (VAS)

**Additional information, if necessary:**

WCDSS referred the family to bereavement counseling, mental health services, Early Intervention, and services to assist the family in transporting the subject child's body to the family's country of origin.

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

**Explain:**

WCDSS provided referrals for community-based mental health and grief counseling.

### History Prior to the Fatality

#### Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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

#### 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)
12/30/2020	Other Child - cousin , Female, 3 Years	Aunt/Uncle, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - cousin , Female, 3 Years	Aunt/Uncle, Female, 31 Years	Sexual Abuse	Unsubstantiated	



# Child Fatality Report

Other Child - cousin , Female, 3 Years	Aunt/Uncle, Male, 27 Years	Inadequate Guardianship	Unsubstantiated
Other Child - cousin , Female, 3 Years	Aunt/Uncle, Male, 27 Years	Sexual Abuse	Unsubstantiated
Other Child - cousin , Female, 3 Years	Aunt/Uncle, Male, 24 Years	Inadequate Guardianship	Unsubstantiated
Other Child - cousin , Female, 3 Years	Aunt/Uncle, Male, 24 Years	Sexual Abuse	Unsubstantiated
Other Child - cousin , Female, 3 Years	Aunt/Uncle, Female, 28 Years	Inadequate Guardianship	Unsubstantiated
Other Child - cousin , Female, 3 Years	Aunt/Uncle, Female, 28 Years	Sexual Abuse	Unsubstantiated

**Report Summary:**

WCDSS received a report from the SCR alleging on 12/30/20, the 3-year-old cousin had approximately five HPV warts on her vulva and anal region. The aunt and uncle did not have this infection and there was no explanation for how the cousin contracted the disease.

**Report Determination:** Unfounded**Date of Determination:** 02/26/2021**Basis for Determination:**

WCDSS determined there was no credible evidence to support the allegations against the aunt and uncle as well as the cousin's aunt and uncle who also resided in the home. Medical records revealed the aunt had an outbreak of HPV during child birth and it was likely how the cousin contracted the disease.

**OCFS Review Results:**

WCDSS completed case objectives within the required timeframes. Safety for the cousin and other children in the home was assessed throughout the investigation. The family was referred to community-based services and the investigation was unfounded and closed once case objectives were met.

**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 investigative history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There was no known history outside New York State.

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

**Recommended Action(s)**



Are there any recommended actions for local or state administrative or policy changes?  Yes  No

Are there any recommended prevention activities resulting from the review?  Yes  No