



Report Identification Number: NY-21-021

Prepared by: New York City Regional Office

Issue Date: Aug 26, 2021

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

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

Jurisdiction: Kings
Gender: Female

Date of Death: 02/24/2021
Initial Date OCFS Notified: 02/24/2021

Presenting Information

The initial SCR report alleged on 2/24/21, the mother picked up the one-month-old female subject child from her crib and the child felt like "dead weight." The child had blood in her nose. The mother took the child to the hospital where she was pronounced dead. The child was an otherwise healthy child that died while in the care of her mother.

A subsequent report was registered on the same day, which alleged at approximately 8:45 PM, the parents were sleeping in the same bed with the SC. The parents awoke to find the SC unresponsive.

Executive Summary

This fatality report concerns the death of a one-month-old female child that occurred on 2/24/21. A report was made to the SCR on that same date with allegations of DOA/Fatality and Inadequate Guardianship of the child by her parents. The Administration for Children's Services (ACS) received the report and investigated the child's death. An autopsy was completed; however, the final report remained pending at the time OCFS issued this report. There were no surviving siblings or other children in the home.

The investigation revealed sometime between 7:45PM and 8:00PM, the parents placed the child in a car seat, on the bed, where the child fell asleep. When the child awoke and cried, the father took her from the car seat and laid her on his chest for comfort, as they shared the adult bed. The mother awoke about an hour later and observed the father's arm on the child's face, which she immediately removed. The child was unresponsive, and parents called 911 for emergency medical assistance. The father initiated CPR as instructed by the operator. EMS responded to the home at the shelter and transported the child to the hospital. She was pronounced dead at 9:22 PM on 2/24/21. The father disclosed that he had used marijuana prior to interacting with the child. He stated he was homeless and at times he stayed in a men's shelter; however, he would often sneak into the family shelter where the mother and child resided. He denied clinical health concerns.

The hospital staff reported they found no visible signs of trauma and the child's body was well hydrated. Law enforcement reported they found no criminality and made no arrest. The ME's preliminary finding was the death was accidental and that a final decision was pending. According to the pediatrician, the child was last examined on 2/16/21 with no reported medical conditions.

The shelter staff reported the SM had entered the shelter on 12/22/21 but had not adhered to the co-sleeping policy or shelter procedures. However, she maintained a clean room.

ACS opened an FSS for services; the service agency was identified on 2/21/21 and a joint visit was scheduled for 3/1/21. However, the FSS was closed on 3/23/21 for non-participation as the parents declined all services following the death of the child.

On 4/1/21, ACS substantiated the allegations of DOA/ Fatality and IG of the SC by the parents. ACS cited the results of their investigation which reflect the child died after being placed in an unsafe sleep environment. The father disclosed he was under the influence of marijuana and had not slept the night before caring for the child. ACS documented the mother was aware of the father's sleep deprivation and failed to protect the child from imminent danger.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? 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:

Sufficient information was gathered to make the determination.

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:

The level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion, 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: 02/24/2021 Time of Death: 09:29 PM

Time of fatal incident, if different than time of death: 08:44 PM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: 08:44 PM

Did EMS 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

Did child have supervision at time of incident leading to death? Yes**At time of incident was supervisor impaired?**

- Drug Impaired
- Alcohol Impaired
- Impaired by illness
- Impaired by disability

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	28 Year(s)

LDSS Response

ACS team initiated the investigation within the required timeframe by contacting the first responders, including hospital staff, LE, EMS, and LE to obtain information.

The hospital staff reported EMS arrived at the ER with the SC who was in cardiac arrest and unresponsive. The SC was pronounced dead at 9:29 PM on 2/24/21.

LE reported there were no inconsistencies in the parents' accounts regarding the incident. LE found no evidence of criminality. According to LE, the parents reported that approximately 7:44 PM, the SC had fallen asleep in a car seat on the bed. She woke up crying and the BF took her out the car seat and placed her on his chest. The BM had also fallen asleep and woke up to find the SC laying in between them. The SM observed the BF's arm on the SC's face and immediately moved his arm. The SC was unresponsive, and the parents called 911. LE received the 911 call at 8:44 PM. EMS responded to the home and transported the SC to the hospital.

The ME reported the SC had been well-nourished and there were no signs of trauma. The preliminary finding was the SC's death appeared accidental; however, the final report was pending.

ACS interviewed the parents separately and the SF explained that he was exhausted and had not slept in days prior to his arrival at the SM's room. He disclosed that he was homeless and at times the SM would sneak him into her room at the shelter. The SF said on the night of the incident the SC was crying, and as he would usually do to comfort the SC, he placed her on his chest. He said the mother would normally move the SC to the crib after the SC fell asleep; however, the



SM must have been tired because she also fell asleep. The SF disclosed he had smoked marijuana prior to his arrival to the home. The parents reported they initiated CPR prior to EMS' arrival to the home.

The SM stated she fed the SC while the SC sat in the car seat. The SM said she intended to move the SC to the crib, but she fell asleep. The mother said when she awoke she observed the SF's arm over the SC's face and as she removed his arm, she observed "foam and blood" excreting the SC's mouth and nostrils.

ACS reviewed the child's medical information which reflected the SC had been taken for routine and episodic visits. The last visit was on 2/16/21. There were no concerns noted regarding the development of the SC.

The ACS Specialist interviewed the shelter staff and they reported they had conversations with the SM regarding items in the crib including the car seat, and they also discussed "Safe sleep" with her. However, they had no concerns for the SM's clinical health or the care she provided the SC.

ACS documented the SM completed a clinical evaluation on 2/19/21; the SF declined an evaluation and services. Since the fatality, both parents declined all services. The shelter staff relocated the SM.

On 4/1/21, ACS substantiated DOA/Fatality and IG of the SC by the parents citing the parent's actions placed the SC in imminent danger resulting in her demise.

Official Manner and Cause of Death

Official Manner: Accident

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

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
057953 - Deceased Child, Female, 1 Mons	057954 - Mother, Female, 28 Year(s)	DOA / Fatality	Substantiated
057953 - Deceased Child, Female, 1 Mons	057954 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
057953 - Deceased Child, Female, 1 Mons	057955 - Father, Male, 28 Year(s)	DOA / Fatality	Substantiated
057953 - Deceased Child, Female, 1 Mons	057955 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities



Child Fatality Report

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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? N/A

Explain:

There were no other children.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The parents declined all services.

History Prior to the Fatality

Child Information

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

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? 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)
01/06/2021	Deceased Child, Female, 9 Days	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 9 Days	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Female, 9 Days	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	

Report Summary:

On 1/6/21, the SCR registered a report with concerns about the parents ability to adequately care for the then newborn subject child based on their behavior at the time of the child's birth. The parents allegedly engaged in verbal abuse of each other and the hospital staff, which resulted in them being banned from the hospital. The mother agreed to some services, but the father declined.

Report Determination: Indicated

Date of Determination: 03/03/2021

Basis for Determination:

ACS substantiated the allegations by the parents citing some credible evidence. ACS documented the mother did not comply with the rules of the shelter as she allowed the father to sneak into the shelter, despite being told several times that he was unauthorized. The father admitted he smoked marijuana and cigarettes prior to caring for the child. ACS documented the mother allowed the child to be placed in imminent danger in spite of safe sleep training she received.

OCFS Review Results:

The investigation met the regulatory requirements.

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 01/12/2021

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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