



**Report Identification Number: SV-16-037**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 1/12/2017**

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

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

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

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

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

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

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

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



## Abbreviations

### Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

### Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

### Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

### Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



## Case Information

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

**Jurisdiction:** Rockland  
**Gender:** Male

**Date of Death:** 09/08/2016  
**Initial Date OCFS Notified:** 09/08/2016

## Presenting Information

On 9/8/2016, a case was called in to the New York Statewide Central Register of Child Abuse and Maltreatment listing allegations of DOA/Fatality and Inadequate Guardianship regarding the mother and father on behalf of the 1-month-old male subject child. This report stated the subject child presented with cardiac arrest and had no pre-existing medical conditions and was unable to be revived by EMS. The mother and father were said to provide no explanation for the death of the otherwise healthy subject child.

## Executive Summary

The investigation revealed that during the day of 9/7/2016, the subject child was acting fine and everything appeared normal. The mother fed the subject child and placed him on his back in his crib around 9:30 PM. At approximately 2:30 AM the following morning, 9/8/2016, the father woke up from his twin sized bed to the sounds of the subject child crying. The father picked up the subject child from his crib and handed the subject child to the mother, who was in her own twin sized bed. The mother nursed the subject child for approximately five minutes before the subject child fell asleep. The mother laid the subject child on his back next to her in the bed. At approximately 6:50 AM, on 9/8/2016, the mother woke up and observed the subject child on his back next to her, unresponsive, with a small amount of blood coming from his nose. The mother alerted the father the subject child was not breathing. At 7:08 AM, the father called an ambulance. The father then brought the subject child outside to wait for the ambulance and began CPR. The first responders arrived on the scene at 7:10 AM and continued resuscitative efforts on the subject child for approximately 15 minutes before they transported the subject child to the local hospital where he was pronounced dead by hospital staff at 8:01 AM.

Due to religious objection, an autopsy of the subject child was not completed. As per the Medical Examiner's findings from x-rays and other external testing, there were no outward signs of abuse, neglect or maltreatment, and nothing presented as concerning. The Medical Examiner stated that without a complete autopsy, there would be no way to ascertain the cause of death. The final autopsy results listed both the cause and manner of death of the subject child as "Undetermined." Local law enforcement officials did not pursue any criminal charges against the mother or the father and their case was closed citing it was an "unfortunate accident."

There were three surviving female siblings residing in the home. The safety of these siblings was assessed and contact with the siblings was maintained. There were no concerns regarding their safety or wellbeing throughout the investigation.

All of the allegations listed on the report were unsubstantiated regarding the mother and father on behalf of the subject child. The cause and manner of death were unknown and no evidence could be shown to indicate the mother received any safe sleep education in regard to sleeping with the subject child. Appropriate service referrals were offered to the mother and father for the family, however declined. At the time of case closure, the mother and father were working with their religious leader regarding bereavement counseling services and also utilized a telephone hotline. The mother and father declined services for the surviving siblings indicating they seemed happy and fine,



however agreed to monitor the siblings and utilize external resources for them if necessary. The CPS investigation was closed on 10/21/2016.

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:

The decision to close the case was appropriate.

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 decision to close the case was appropriate.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/08/2016

Time of Death: 08:01 AM

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

County where fatality incident occurred:

ROCKLAND



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

Was 911 or local emergency number called? Yes  
 Time of Call: 07:08 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

Did child have supervision at time of incident leading to death? Yes  
 How long before incident was the child last seen by caretaker? 4 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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

**LDSS Response**

Rockland County Department of Social Services, (RCDSS), conducted an investigation into the allegations listed on the report. RCDSS made appropriate collateral contacts including the local law enforcement officials, hospital staff, the Medical Examiner, medical professionals' relatives, and community resources. All subjects were interviewed and observed, and the allegations were discussed. Appropriate service referrals were offered, which the family declined.

There were three surviving female siblings residing in the home. RCDSS completed all safety assessments and the risk assessment profile (RAP) accordingly. All assessments were timely and accurate. The case notes were well documented, detailed and contemporaneous.

As per the medical records for the subject child, he arrived at the local hospital by ambulance at 7:40 AM. The subject child was intubated upon arrival and Asystolic Epinephrine was administered however the subject child remained asytlolic



without spontaneous respirations. No cardiac motion was observed on the bedside ultrasounds and the child was pronounced dead at 8:01 AM by an emergency room physician, following continuous failed resuscitative efforts by the family, Hatzolah EMS and hospital personnel. No indication of any trauma or other injury indicative of abuse or neglect was noted.

Local law enforcement officials explained that this appeared to have been an unfortunate accident, and no criminal charges were filed. An external examination was completed on the subject child by the Medical Examiner and nothing suspicious was observed. Due to religious objection, an autopsy was not completed, and the cause and manner of death were listed as "Undetermined."

There was documentation of supervisory conferences noted in which the circumstances of the case were discussed and directives were provided.

The CPS investigation was closed on 10/21/2016 and the allegations on the report were determined to have been unsubstantiated regarding the mother and father on behalf of the subject child for Inadequate Guardianship and DOA/Fatality. Appropriate service referrals were offered to the family for preventive and bereavement services, however were declined by the family as the mother and father were receiving bereavement services from their religious leader, as well as a telephone hotline service.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**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

**Comments:** The fatality investigation was conducted by an MDT team.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** Rockland County does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
031881 - Deceased Child, Male, 2 Mons	031883 - Father, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
031881 - Deceased Child, Male, 2 Mons	031882 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
031881 - Deceased Child, Male, 2 Mons	031883 - Father, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated



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

031881 - Deceased Child, Male, 2 Mons	031882 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
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### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

#### Additional information:

All appropriate collateral contacts were made. The progress notes were timely.

### 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"/>



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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Explain as necessary:

No removal of the surviving siblings was necessary during the course of the investigation. All safety assessments were timely and appropriate.

## 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	Offered,	Offered,	Needed	Needed	N/A	CDR
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# NYS Office of Children and Family Services - Child Fatality Report

	After Death	but Refused	Unknown if Used	but not Offered	but Unavailable		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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other, specify:** Preventive Services

**Additional information, if necessary:**

Bereavement services and preventive services were offered , but were declined as the mother and father were receiving services in their community and via a telephone hotline service.

**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?** No

**Explain:**

Preventive services to include bereavement services for the family were offered to and declined by the family. The mother and father were receiving bereavement services through their religious leader, and also via a telephone hotline service. Although cooperative with the investigation, the mother and father believed the surviving siblings were not in need of services at the time of the investigation, however agreed to seek help for the surviving siblings should they feel necessary.

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

**Explain:**

Preventive services to include bereavement services for the family were offered to and declined by the family. The mother and father were receiving bereavement services through their religious leader, and also via a telephone hotline



service. Although cooperative with the investigation, the mother and father believed the surviving siblings were not in need of services at the time of the investigation, however agreed to seek help for the surviving siblings should they feel necessary.

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

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 in NYS within three years prior to the fatality.

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

There is no known history on file for the family.

Known CPS History Outside of NYS

There is no known history on file for the family outside of New York State.



## 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.

## 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

## Additional Local District Comments

No additional local district comments noted.

## 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