



## Report Identification Number: RO-19-032

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

Issue Date: Jan 22, 2020

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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 year(s)

**Jurisdiction:** Monroe  
**Gender:** Male

**Date of Death:** 08/27/2019  
**Initial Date OCFS Notified:** 08/27/2019

## Presenting Information

On 8/27/19, Monroe County Department of Human Services (MCDHS) received a report from the SCR alleging on the same date, the mother discovered the 4-year-old child unresponsive in his bed. The mother put the child to bed the night prior at approximately 7PM. The mother called 911 on 8/27/19 at 7:27AM and the child was brought to the hospital where he was pronounced dead.

## Executive Summary

This fatality report concerns the death of the 4-year-old child. MCDHS received an SCR report regarding the child's death on 8/27/19. The child suffered from multiple medical conditions and passed away while sleeping in bed with his twin brother.

The subject child resided at home with the mother, maternal grandmother and surviving siblings, ages 4 and 14. Additionally, the mother was a certified foster parent and had a 16-year-old foster child and her infant daughter placed in the home with them. Upon learning of the death, the teenager and her daughter were moved to a different foster home. The father did not reside in the home and had infrequent contact with the subject child and his twin brother. MCDHS assessed the safety of the siblings immediately. A safety plan was not necessary as the siblings were observed to be safe in the home with their mother and grandmother.

During the investigation, it was learned the mother was staying at her partner's home on the night of the fatality as she did a couple nights a week. The mother left the 14-year-old sibling and 16-year-old foster child to care for the 4-year-old twins until the maternal grandmother returned home. The 14-year-old placed the twins in a bed together for the night at approximately 7:30PM. Due to the subject child's medical condition, it was recommended he sleep in his own bed. The providers working with the family received special accommodations in order to get him a hospital style bed. The grandmother checked on the twins when she returned home from running errands around 10PM. The grandmother noted the children were in bed together at that time. The mother returned to the home the next morning around 7:30AM. The mother found the subject child unresponsive at that time. Law enforcement reported the child was found in the corner of the bed positioned on his left side. The child's head was stuck between the mattress and headboard with his body located under the mattress. The subject child was paralyzed on his left side and it was suggested he became stuck and could not free himself due to paralysis. The family called 911 and the mother began CPR. First responders arrived and took over resuscitation efforts. The child was transported by EMS to the hospital where he was pronounced dead at 8:25AM. An autopsy was completed, but the results were pending at the time of this writing.

MCDHS completed a joint investigation with Rochester Police Department and no criminal charges were filed.

MCDHS contacted all necessary collaterals and determined there was credible evidence to substantiate the allegations of inadequate guardianship and lack of supervision. MCDHS determined the mother and grandmother were not appropriate in supplying the child with needed supervision considering his fragile medical state. The mother left the 4-year-old twins in the care of the 14-year-old sibling and the 16-year-old foster child. The mother and grandmother had unreasonable expectations for the children to care for a child with significant medical needs. Additionally, the 16yo was placed through a PINS petition and required a higher level of supervision. The allegation of DOA/fatality against the mother for the subject child was unfounded. Initially, the mother was agreeable to preventive services and began the process of participating with Family Trauma Intervention Program (FTIP) through the Society for the Protection and Care of



Children (SPCC). The mother determined she no longer wanted to work with preventive services and reported she would use the support of the providers already engaged with the family. Once all casework activities were completed adequately, the case was indicated and closed.

## 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:

MCDHS gathered sufficient information to determine the allegations and, after the family refused Preventive Services, the case was appropriately closed.

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 safety and risk assessments were fitting to the case circumstances. Services were offered, but declined. The family was utilizing community based services that they were referred to through their providers.

## 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: 08/27/2019

Time of Death: 08:25 AM

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

Unknown

County where fatality incident occurred:

Monroe

Was 911 or local emergency number called?

Yes

Time of Call:

07:27 AM

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? No - but needed

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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	Male	4 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	76 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Other Child - Foster child's child	Alleged Victim	Female	8 Month(s)
Deceased Child's Household	Other Child - Foster Child	Alleged Victim	Female	16 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Other Household 1	Father	No Role	Male	38 Year(s)
Other Household 2	Mother's Partner	No Role	Male	41 Year(s)

### LDSS Response

MCDHS received the report regarding death of the 4-year-old child who had multiple medical conditions. MCDHS initiated the investigation immediately and assessed the safety of the surviving siblings and other children residing in the home within 24 hours of receipt of the report. MCDHS reviewed SCR history, spoke to the source, LE and DA's office, and met with the family.



Through interviews conducted with family members and first responders, it was learned the day leading up to the death was a typical day. The mother went to spend the night with her partner and left the 14-year-old sibling and 16-year-old foster child to care for the 4-year-old twins and 8-month-old infant until the grandmother returned from running errands. The 14-year-old sibling reported the twins had a lot of energy and she put them in bed together around 7:30PM to watch television. She reported checking on them once prior to the grandmother returning home at 10PM. The grandmother checked on the twins around 10PM and reported they were together in the twin sibling's bed and were asleep. The mother said she returned home at 7:30 the following morning and found the subject child unresponsive in bed with his twin brother.

The father was interviewed and reported he did not have concerns for the mother's care of the children, and she was a good parent. The father was upset to learn the mother left the twins in the care of their 14-year-old sibling and 16-year-old foster child. The father believed the twins needed a higher level of supervision due to their medical conditions and did not believe the teenagers were capable in the event of a crisis. The parents of the other children listed on the report were contacted and provided no additional information.

Medical records reflected the deceased child was seen regularly due to his seizure disorder and muscular disorder. The home health aide often brought the child to appointments and the medication was being administered as prescribed. The mother and care provider administered all medications to the child.

MCDHS determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances. The parents were offered services through SPCC-FTIP and declined, but utilized the community support available to them.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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
052662 - Deceased Child, Male, 4 Yrs	052667 - Mother, Female, 41 Year(s)	DOA / Fatality	Unsubstantiated
052662 - Deceased Child, Male, 4 Yrs	052668 - Grandparent, Female, 76 Year(s)	Inadequate Guardianship	Substantiated
052662 - Deceased Child, Male, 4 Yrs	052667 - Mother, Female, 41 Year(s)	Inadequate Guardianship	Substantiated
052662 - Deceased Child, Male, 4 Yrs	052667 - Mother, Female, 41 Year(s)	Lack of Supervision	Substantiated



# Child Fatality Report

052665 - Other Child - Foster Child, Female, 16 Year(s)	052667 - Mother, Female, 41 Year(s)	Inadequate Guardianship	Substantiated
052665 - Other Child - Foster Child, Female, 16 Year(s)	052667 - Mother, Female, 41 Year(s)	Lack of Supervision	Substantiated
052666 - Other Child - Foster child's child, Female, 8 Month(s)	052667 - Mother, Female, 41 Year(s)	Inadequate Guardianship	Substantiated
052666 - Other Child - Foster child's child, Female, 8 Month(s)	052667 - Mother, Female, 41 Year(s)	Lack of Supervision	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>



<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
MCDHS offered the mother a multitude of services, including the family trauma intervention program through the Society for the Protection and Care of Children. The mother initially was open to the SPCC program, but later declined services. The mother stated she had a strong support system and would reach out to her providers for referrals.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
There was no removal of any of the surviving siblings. As a result of the fatality and corresponding investigation, the 16-year-old and her infant daughter that had been placed with the family were moved to a new foster 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"/>	<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 checked="" 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 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 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: SPCC

**Additional information, if necessary:**  
MCDHS offered a multitude of services to the family following the death. Additionally, MCDHS made a referral to the Society for the Protection and Care of Children. After the referral was made, the mother declined their services. The mother informed MCDHS that she would utilize services that her primary care physician referred her to.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**  
MCDHS provided the mother with a multitude of community-based resources as well as recommending SPCC for continued support. The mother declined SPCC services, but was open to community-based resources. Additionally, MCDHS reached out to the mothers of the surviving half siblings and offered community-based referrals for those children. It is unknown if any resources were utilized.

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

**Explain:**  
MCDHS provided referrals to the mother, father, and grandmother. MCDHS referred the mother to SPCC and the mother was open to the support, but later declined services. MCDHS provided the mother with referrals for community-based services, but it was unknown if she utilized any of the resources.



## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	No
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	No

### 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

Between 2006-2015, there were several cases against the father with regard to his 5 other children. Common allegations included IG, and LS. Additionally, there were several closed FAR cases.

A history check showed the 16-year-old foster child was involved in CPS investigations; however, were unrelated to the subject child.

### Known CPS History Outside of NYS

There is no known history outside of NYS.

### Foster Care Placement History

At the time of the fatality, a 16-year-old unrelated teenager and her infant daughter were residing in the home. The teenager was placed in the home after being removed from her mother. The neglect petition against her mother was withdrawn and the teenager was placed on a PINS petition. The teenager and her daughter were placed in the home on 8/12/19 and were moved to a new foster home immediately after the subject child's death.

### 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