



Report Identification Number: RO-22-006

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

Issue Date: Aug 05, 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

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 year(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 03/12/2022
Initial Date OCFS Notified: 03/12/2022

Presenting Information

Two SCR reports received by Monroe County Department of Human Services (MCDHS) on 3/12/2022 alleged that the 22-month-old subject child was found unresponsive by the mother around 12:00 PM. The mother had placed the child into his portable crib for a nap around 9:30 AM. Upon finding the child unresponsive, the father immediately contacted 911 and the dispatcher verbally directed the father to perform CPR. EMS responded to the home and continued life-saving efforts before transporting the child to the hospital. The child was pronounced deceased at the hospital at 12:52 PM. The child was otherwise healthy and the parents had no explanation for the child's death. There were no concerns noted for the 2-year-old surviving sibling who also resided in the home.

Executive Summary

This report regards the death of the 22-month-old subject child that occurred on 3/12/2022. At the time of the death, the subject child resided with his mother, father, and 2-year-old surviving sibling. MCDHS identified 12-year-old and 16-year-old half-siblings who resided with their respective mothers. The half-siblings had sparse contact with the subject father and subject child, and did not visit the home where the fatality occurred.

The investigation revealed the subject child and surviving sibling had been put down for naps by the subject mother around 9:00 AM on 3/12/2022, with the subject child in a portable crib and the surviving sibling on the couch. Around 12:00 PM, the subject mother began preparing lunch for the children and noticed she did not hear the subject child stirring from his nap. The subject mother went to check on the subject child and found him not breathing and unresponsive. The subject father immediately contacted 911 and began CPR at the direction of the 911 dispatcher. EMS arrived at the home shortly thereafter, took over life saving efforts, and transported the subject child to the hospital where he was pronounced deceased at 12:52 PM.

Through contact with hospital staff, it was learned the subject child was diagnosed with a mild respiratory condition, digestive issues, and fine-motor delay. The clinical impression of the attending physician was cardiac arrest.

MCDHS received a copy of the preliminary autopsy report from the medical examiner which listed the official cause and manner of death as pending. The autopsy report remained pending as of the close of the CPS investigation.

MCDHS spoke with and received records from law enforcement. It was learned the police responded to the home and to the hospital the day of the fatality and gathered information regarding the subject child's death. The information learned from law enforcement is consistent with information provided to MCDHS by the subject mother and subject father. Records from law enforcement noted the death of the subject child appeared to be medically related and there were no concerns for criminality related to the death. At the closing of the CPS investigation, the police investigation remained open pending the final autopsy report.

The allegations of DOA / Fatality and Inadequate Guardianship were unfounded against the subject mother and subject father. The determination noted no concerns for abuse or neglect related to the death and there was no evidence found to support that the subject parents were responsible for the death of the subject child.

The surviving sibling was seen and assessed to be safe in the care of the subject parents throughout the investigation. Collateral contacts were made regarding the surviving sibling with no concerns reported for her care.



The safety and risk assessments were completed timely and accurately, as were the 24-hour and 30-day fatality reports. Supervisory documentation is documented throughout the case record.

MCDHS provided bereavement services which were declined by the family as they wished to seek those services privately. The investigation was closed on 6/14/2022.

MCDHS missed opportunities to gather information from collaterals. The record did not reflect contact with the subject child's pediatrician or with emergency department staff related to the child's recent medical diagnoses.

PIP Requirement

MCDHS will submit a PIP to the Rochester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) MCDHS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, MCDHS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The record reflects information gathered from LE which notes the subject child's death appeared to be medically related and reflects the subject child had been seen at the emergency department and diagnosed with a mild respiratory condition about 1 month prior to his death; however, MCDHS did not document contact with the child's pediatrician or gather records related to his prior hospital visit.



Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	MCDHS was aware the subject child was seen at the emergency room and diagnosed with a respiratory condition 1 month prior to the fatality; however, the record does not reflect contact with the pediatrician or hospital staff regarding that diagnosis.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	MCDHS will make diligent efforts to contact collaterals to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 03/12/2022

Time of Death: 12:52 PM

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:

12:14 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 2 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Asleep

- Absent
- 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
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Deceased Child's Household	Deceased Child	Alleged Victim	Male	22 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	47 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

LDSS Response

MCDHS initiated an investigation immediately upon receipt of the report on 3/12/2022, and spoke with the subject parents, hospital staff, law enforcement, family collaterals, and service providers. MCDHS made a visit to the hospital where the subject child and parents were at the time of the death, and made a further visit to the home of the maternal grandmother to see and assess for the safety of the surviving sibling.

The mother and father were interviewed separately regarding the events surrounding the death of the subject child. The parents reported the subject child and surviving sibling normally wake early in the morning, between 4:00 AM and 5:00 AM and go back down for a nap between about 9:00 AM and 12:00 PM. The mother reported to both MCDHS and LE that the subject child followed his normal sleeping schedule on the day of the fatality and was placed down for his nap in a portable crib in the living room of the home. The mother discovered the subject child unresponsive sometime after 12:00 PM, and the parents immediately contacted 911. The father was directed by the 911 operator to perform CPR until the arrival of first responders. Photographs were taken of the portable crib and show a thin mattress with a fitted sheet, a pillow, a blanket, 2 plush toys, a sippy cup, and a toy car. The mothers reported the subject child normally sleeps on his back or side; however, the record does not reflect the position the child was in when he was found unresponsive.

Both parents reported the subject child had been to the emergency department within 1 month prior to his death due to difficulty breathing. The subject child was diagnosed with a mild respiratory condition and prescribed nebulizer treatments. The parents stated the subject child did not exhibit any difficulty breathing the morning of 3/12/2022, and thus, did not require a nebulizer treatment at that time. The parents denied anyone in the home being ill or exhibiting signs of illness in the days leading up to the subject child's death.

The record reflects the surviving sibling had been placed down for a nap on the living room couch at the same time as the subject child. Per the subject mother, the surviving sibling was stirring just prior to the subject child being found unresponsive; however, the record did not specify if the surviving sibling was in the room at the time of the fatality.

The parents were questioned about alcohol and drug use, both in general and surrounding the time of the fatality, and the record reflects no concerns for alcohol or drug use related to or contributing to the death of the subject child.

MCDHS spoke with a service provider for the subject child who regularly visited the family's home. The provider disclosed no concerns for the care of the subject child by the subject parents. The provider stated they had been at the home for a visit 2 days prior to the fatality and denied the subject child was ill or exhibiting signs of illness at that time.

MCDHS spoke with the maternal grandmother who babysat the subject child and surviving sibling 5 days per week. The grandmother reported having no concerns for the subject parents' ability to care for the subject child and surviving sibling. The grandmother was aware of the subject child's medical diagnosis and stated the subject mother had acted appropriately by bringing the subject child to the emergency department when the child first exhibited trouble breathing in the month of February. The grandmother stated she had seen the subject child the evening before his death, and he did not appear to be ill or have any issues breathing.

MCDHS identified the subject father had 12yo and 16yo children that resided with their mothers and had limited contact



with the subject father. MCDHS contacted the 12yo surviving sibling and her mother who reported no specific knowledge of the fatality. MCDHS attempted contact with the 16yo surviving sibling on multiple occasions to no avail.

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

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
060750 - Deceased Child, Male, 22 Month(s)	059982 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
060750 - Deceased Child, Male, 22 Month(s)	059982 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
060750 - Deceased Child, Male, 22 Month(s)	059983 - Father, Male, 47 Year(s)	DOA / Fatality	Unsubstantiated
060750 - Deceased Child, Male, 22 Month(s)	059983 - Father, Male, 47 Year(s)	Inadequate Guardianship	Unsubstantiated

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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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"/>



Child Fatality Report

Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information:

MCDHS did gather pediatric records for the surviving sibling; however, the record does not reflect records were gathered regarding the subject child.

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"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

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"/>

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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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 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 of NYS.

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

Monroe County Department of Human Services have reviewed the report and we are in agreement.

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