



**Report Identification Number: RO-22-035**

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

**Issue Date: Apr 19, 2023**

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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:** 10/24/2022  
**Initial Date OCFS Notified:** 10/24/2022

## Presenting Information

Monroe County Department of Human Services (MCDHS) received an SCR report on 10/24/2022, which alleged the 4-year-old child (SC) was found unresponsive by the mother (SM). The mother called 911 at 2:20 AM and initiated CPR until EMS arrived. The child was transported to the hospital where he was pronounced dead at 3:18 AM. The mother and father (SF) have no explanation for the child's death. The roles of the 13, 11, and 5-year-old surviving siblings (SSs) were unknown.

## Executive Summary

This report concerns the death of a 4-year-old child which occurred while in the care of his mother and father. Within the first 24 hours of the investigation, MCDHS contacted the source of the report, notified the medical examiner and district attorney's offices of the death, documented a CPS history check, interviewed medical collaterals, and assessed the safety of the SSs.

Interviews of the mother, father, and surviving siblings were conducted in conjunction with law enforcement. The mother stated the child was diagnosed with aqua ductal stenosis, hydrocephalus intractable, epilepsy, diabetes, and developmental delays. The child was also non-ambulatory and non-verbal. On the night of the fatal incident, the child was asleep on the couch being fed by g-tube. The mother was upstairs with the 5-year-old sibling when she was alerted by the 13-year-old sibling that the child's lips appeared pale. The mother stated she went to check on the child and found him to be bluish in color. The mother screamed for the father, called 911, and began to perform CPR as instructed. EMS arrived and continued to perform CPR until they transported the child to the hospital where he was pronounced dead. Due to the deplorable condition of the home, MCDHS made a safety plan with the family for the surviving siblings to stay with a family member. The safety plan was lifted when the mother and father had addressed the condition of the home a few days later and the surviving siblings were assessed as safe in their care throughout the investigation.

MCDHS maintained contact with law enforcement throughout the investigation. According to law enforcement, the preliminary autopsy results showed no signs of abuse or trauma in the child. Law enforcement stated the medical examiner believed the child's death was due to his medical diagnoses, though requested further information from the child's medical providers. A cause of death was not available at the time the investigation closed. Law enforcement stated their investigation would remain open until the final autopsy results were available.

The allegations against the mother and father regarding the child's death were unsubstantiated. It was believed the child died from complications of his medical condition. The allegations pertaining to the condition of the home were substantiated. The concerns for the home were addressed by the parents during the investigation and the temporary safety plan was lifted. There were no concerns for the health or safety of the siblings in the care of the mother and father at the time the investigation closed. The family was referred to services and were meeting with providers at the time the investigation was 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:

LDSS conducted an investigation which met regulatory requirements and a determination of the allegations was made in congruence with the evidence gathered.

- 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:

There was detailed documentation in the case record of supervisory consult throughout the investigation.

### 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: 10/24/2022 Time of Death: 03:18 AM

Time of fatal incident, if different than time of death: 02:20 AM

County where fatality incident occurred: Monroe

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes



At time of incident leading to death, had child used and/or ingested alcohol or drugs?

No

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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	Father	Alleged Perpetrator	Male	34 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	13 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	12 Year(s)

### LDSS Response

MCDHS received the SCR report and coordinated their response with LE. LE informed MCDHS the condition of the home was deplorable. There was observed to be no clear pathways in several rooms and a strong foul odor. Clothing, soiled animal potty training pads, and other detritus strewn throughout the floors of the home. The home had several animals including 6 dogs, 4 cats, 5 birds, 6 snakes, and several ferrets, lizards, guinea pigs, and a rabbit. The home also had bug activity.

Interviews of the SM and the SF were conducted in conjunction with LE. The SM informed MCDHS the SC was diagnosed with aqua ductal stenosis, hydrocephalus intractable, epilepsy, diabetes, and developmental delays. The SC was non-ambulatory and non-verbal. The SM stated the SC was asleep on the couch being fed through his g-tube. The SM stated the 13-year-old SS was sleeping on a mattress in the living room adjacent to the couch and she was upstairs in the bathroom with the 5-year-old SS. The SM stated shortly after 2:00 AM, the 13-year-old SS yelled for her to come downstairs because the SC's lips appeared pale. The SM stated she ran downstairs and noticed the SC's lips to be pale and his skin to appear bluish in color. The SM stated she screamed for the SF, then called 911, and performed CPR as instructed. The SF stated he was asleep in the bedroom and was awoken by the SM screaming for his help. EMS arrived, continued CPR, then transported both she and the SC to the hospital where he was pronounced dead. A safety plan was made to have the SSs stay outside of the home while the SM and the SF addressed the deplorable condition of the home. The safety plan was lifted 3 days later when the home was assessed to exceed minimal standards by MCDHS.

Interviews of the SSs occurred at the CAC with LE present. The 13-year-old SS confirmed having been in the room with the SC when she noticed his lips appeared pale in color. The 13-year-old SS stated she alerted the SM to the SC's condition and the SM performed CPR and called 911. The 12 and 5-year-old SSs had limited knowledge of the fatal incident. Concerns for school attendance were identified during the investigation of the fatal incident. School attendance for the 13 and 12-year-old SSs improved during the investigation.



MCDHS had continuous contact with LE during the investigation. LE stated the autopsy showed no signs of abuse or trauma present in the SC. LE stated the ME had requested further information from the SC’s medical records to complete the autopsy, though believed the SC may have passed away due to his multiple medical conditions. The final autopsy report was not available at the time the investigation was closed.

MCDHS obtained the medical records for the SC. The SC received all medical treatment at the hospital at which he died. Hospital records confirmed the SC’s medical diagnoses and that he had surgical procedures to treat them. The records identified no concerns for the care of the SC by the SM.

The allegations of DOA/Fatality and IG against the SM and the SF regarding the SC were unsubstantiated. The allegations of IG against the SM and the SF regarding the SSs were unsubstantiated. The allegations of IF/C/S against the SM and the SF regarding the SC and SSs was substantiated due to the condition of the home at intake. The safety plan that was put in place was lifted when the condition of the home was addressed by the parents. Services were offered and accepted by the family to support their needs following the death of the SC.

### 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

**Comments:** Monroe County has an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
062828 - Deceased Child, Male, 4 Yrs	062830 - Father, Male, 34 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
062828 - Deceased Child, Male, 4 Yrs	062830 - Father, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
062828 - Deceased Child, Male, 4 Yrs	062830 - Father, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
062828 - Deceased Child, Male, 4 Yrs	062829 - Mother, Female, 32 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
062828 - Deceased Child, Male, 4 Yrs	062829 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
062828 - Deceased Child, Male, 4 Yrs	062829 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
062831 - Sibling, Female, 13 Year(s)	062830 - Father, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
062831 - Sibling, Female, 13	062829 - Mother, Female, 32	Inadequate Food / Clothing /	Substantiated



# Child Fatality Report

Year(s) 062831 - Sibling, Female, 13	Year(s) 062829 - Mother, Female, 32	Shelter Inadequate Guardianship	Unsubstantiated
Year(s) 062831 - Sibling, Female, 13	Year(s) 062830 - Father, Male, 34	Inadequate Food / Clothing / Shelter	Substantiated
Year(s) 062832 - Sibling, Male, 12	Year(s) 062829 - Mother, Female, 32	Inadequate Guardianship	Unsubstantiated
Year(s) 062832 - Sibling, Male, 12	Year(s) 062829 - Mother, Female, 32	Inadequate Food / Clothing / Shelter	Substantiated
Year(s) 062832 - Sibling, Male, 12	Year(s) 062830 - Father, Male, 34	Inadequate Guardianship	Unsubstantiated
Year(s) 062832 - Sibling, Male, 12	Year(s) 062830 - Father, Male, 34	Inadequate Food / Clothing / Shelter	Substantiated
Year(s) 062833 - Sibling, Female, 5	Year(s) 062830 - Father, Male, 34	Inadequate Food / Clothing / Shelter	Substantiated
Year(s) 062833 - Sibling, Female, 5	Year(s) 062829 - Mother, Female, 32	Inadequate Food / Clothing / Shelter	Substantiated
Year(s) 062833 - Sibling, Female, 5	Year(s) 062829 - Mother, Female, 32	Inadequate Guardianship	Unsubstantiated
Year(s) 062833 - Sibling, Female, 5	Year(s) 062830 - Father, Male, 34	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities





# Child Fatality Report

	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 children in the household that were removed as a result of information uncovered during the fatality investigation?	<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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

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:

Services were offered on behalf of the SSs and accepted by the family.

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

Explain:

Services were offered in relation to the death of the SC and accepted by the family.

### History Prior to the Fatality

### Child Information



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

The SM and SF had CPS history dating back to 2018 in relation to educational neglect of the 13 and 12-year-old SSs and concerns for the medical needs of the SC. A neglect petition was filed in 2018 and the family participated in court ordered services.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### Preventive Services History

Preventive services were provided from 4/24/2019-12/29/2021 to provide support to the family to meet the educational and medical needs of the children and to maintains stable housing. The case was closed due to the family meeting the needs of the children.

### 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 has reviewed this report and is not in agreement to the area regarding all appropriate collaterals contacted. Monroe County ME will not comment on autopsy's until they are completed and a report issued which is well over 6 months from when the death occurred.

### 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