



Report Identification Number: RO-23-008

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

Issue Date: Sep 18, 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

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	DA-District Attorney	
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	SXTF-Sex Trafficking
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		



Case Information

Report Type: Child Deceased
Age: 11 year(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 04/26/2023
Initial Date OCFS Notified: 04/26/2023

Presenting Information

An SCR report alleged on 4/26/23, the 11-year-old subject child returned home from school at an unknown time. He told his mother he was not feeling well and went to his bedroom. At approximately 9:00 PM, the mother went to check on the child and found him unresponsive. The mother immediately called 911 for help. EMS responded and performed CPR on the child. EMS transported the child to the hospital. The hospital medical team performed CPR on the child, but attempts were unsuccessful. The child was declared deceased at approximately 9:40 PM. The child was otherwise healthy and the mother had no explanation for his death. It was unknown if the parent substitute was at the home at the time of the incident.

Executive Summary

On 4/26/23, the Monroe County Department of Human Services (MCDHS) received an SCR report regarding the death of the 11-year-old subject child which occurred on that date. At the time of the child’s death, he was in the custody of the Commissioner of MCDHS, and home with his mother on a trial discharge since 12/23/22. The subject child’s father had supervised visitation with the child and his location was unknown. The father had 2 other children that resided with their mothers and had no contact with the subject child. The 3-year-old sibling resided in the mother’s home. His father (parent substitute to the subject child) often stayed at the mother’s home. The 14-year-old sibling was in the custody of the Office of Children and Family Services (OCFS) and resided in a detention center since 10/18/22, due to juvenile delinquency charges. The 14-year-old sibling’s father was incarcerated on unrelated charges.

MCDHS had an open CPS services case since 1/13/17, due to concerns for the maternal great grandmother’s (MGGM) care of the 14-year-old sibling and subject child while the mother was incarcerated. The mother had a history of unstable housing, incarcerations, and untreated mental health concerns. On 1/18/17, the 14-year-old sibling and subject child were placed in the Article 1017 custody of the maternal aunt (MA). In 2019 court orders were issued regarding the 3-year-old sibling and he remained in the mother’s custody. The 14-year-old sibling and subject child were placed in foster care on 3/18/20.

MCDHS conducted a joint investigation into the subject child’s death with law enforcement. It was learned that on 4/26/23, the mother picked the child up early from school due to a fight with another student, and she dropped him off at home around 2:15 PM. The mother said the child played on his phone in his bedroom and watched TV while she went back and forth to the maternal grandmother’s (MGM) home. At 8:40 PM, the mother checked on the child, discovered he was unresponsive, and immediately called 911. EMS arrived, performed CPR on the child, and transported him to the hospital via ambulance. Life-saving measures were unsuccessful, and the child was pronounced deceased at approximately 9:40 PM.

Final autopsy results had not been received at the time this report was written. Law enforcement records showed the autopsy examination found no trauma to the child’s body other than a scratch on his face from the altercation at school. The records stated the child had cocaine, fentanyl, and alcohol in his system and the preliminary results were that the child died from a drug overdose. The criminal investigation remained open at the time of this writing and no charges had been filed.

During interviews, the mother and parent substitute admitted to smoking 3 “blunts” per day outside the home and denied keeping marijuana in the home. They denied other drug use; however, the mother reported the parent substitute was



affiliated with a gang and sold crack and marijuana. She denied seeing the child use drugs or knowing where he obtained the drugs or alcohol found in his system. There were no drugs, alcohol, or drug paraphernalia found in the home. The home was observed to be unkempt and dirty, with mice, and mouse droppings. A gun magazine and numerous bullets were found in the home.

Based on concerns for supervision, drug use, and criminal activity, MCDHS made a safety plan for the 3-year-old sibling to remain in his paternal grandmother’s (PGM) care, with the mother and parent substitute having supervised contact. On 5/1/23, the sibling was placed in foster care. He was discharged to his PGM’s custody on 6/9/23, and he was assessed safe in her care. The mother and parent substitute declined substance abuse and trauma services. The mother and 14-year-old sibling received mental health and grief counseling services. The CPS investigation and services case remained open at the time of this writing.

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) the 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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was written.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

The case remained open at the time this report was written.

Was the decision to close the case appropriate? N/A

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:



Casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/26/2023

Time of Death: 09:40 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:

Unknown

Did EMS respond to the scene?

Yes

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

Yes

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

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	11 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Other Household 1	Sibling	No Role	Male	14 Year(s)
Other Household 2	Father	No Role	Male	30 Year(s)
Other Household 3	Other Adult - 14yo Sibling's Father	No Role	Male	32 Year(s)
Other Household 4	Mother's Partner	No Role	Male	25 Year(s)

LDSS Response

MCDHS contacted the source of the report and reviewed SCR history. They spoke to law enforcement, the medical examiner, hospital staff, school staff, and the 3-year-old sibling's PGM. Hospital and law enforcement records were



reviewed. The mother, subject child's father, 14-year-old sibling, and parent substitute were interviewed. Home visits were conducted at the mother's and 3-year-old sibling's PGM's homes.

During an interview on 4/27/23, the mother reported she picked the subject child up early from school due to the child having a fight with another student, and they arrived home at 2:15 PM. The mother said the child did not appear injured from the altercation, other than a scratch on his face. She said the child played on his phone in his bedroom and watched TV. She said she remained in the home and checked on the child at 4:30 PM, 5:00 PM, and 6:00 PM, then found him unresponsive at 8:30 PM. She said the child did not respond when she shook him, so she called 911. The mother and parent substitute admitted to regular marijuana use but denied there were any drugs in the home.

On 4/28/23, law enforcement said the mother admitted to not being forthcoming during the previous interview, as she was court-ordered not to leave the child unsupervised. She admitted to dropping the child off at home around 2:15 PM and going back and forth to the MGM's home. She said the child appeared fine when she spoke to him at 5:00 PM and he appeared to be sleeping when she checked on him at 7:30 PM. The mother said she went to the corner store at 8:15 PM, then returned home and found the child unresponsive around 8:40 PM. The mother denied the parent substitute was in the home at all that evening. She reported the parent substitute sold marijuana and crack but denied knowledge of there being any drugs in the home.

On 5/1/23, the mother reported the parent substitute was affiliated with a gang and admitted she and the subject child frequented the MGGM's home, where 3 family members used crack. She said she often allowed the child to go to the corner store unsupervised and left him unsupervised in the home at times.

The subject child's father reported he did not have frequent contact with the child. He denied knowledge of the child or parent substitute using drugs, but believed the mother used drugs.

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
064648 - Deceased Child, Male, 11 Yrs	064649 - Mother, Female, 30 Year(s)	DOA / Fatality	Pending
064648 - Deceased Child, Male, 11 Yrs	064649 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Pending

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

Additional information:

Several progress notes were entered more than 30 days past their event dates.

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

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to
--	-----	----	-----	-----------



Child Fatality Report

				Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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"/>

Explain:
 The RAP had not yet been completed at the time this report was written. A neglect petition was filed and the 3-year-old sibling was placed in foster care following the fatality. The required services were offered and provided to the family.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 The 3-year-old sibling was placed in foster care following the subject child's death and the 14-year-old sibling remained in OCFS custody.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
05/04/2023	There was not a fact finding	There was not a disposition
Respondent:	064649 Mother Female 30 Year(s)	
Comments:	The mother consented to the 3-year-old sibling being placed in foster care on 5/1/23. An Article 10 Neglect Petition was filed on 5/4/23, and was pending in family court at the time of this writing. The sibling was discharged from foster care to the custody of his PGM on 6/9/23.	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

The 3-year-old sibling was placed in foster care and the 14-year-old sibling received mental health counseling.

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

Explain:

The mother and parent substitute were referred for mental health counseling and substance abuse services. The father was referred for mental health services.

History Prior to the Fatality

Child Information

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

Yes

Was the child acutely ill during the two weeks before death?

No



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/08/2022	Sibling, Male, 13 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 13 Years	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 13 Years	Mother's Partner, Male, 24 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 29 Years	Lack of Supervision	Substantiated	

Report Summary:

An SCR report alleged the now 14-year-old sibling had mental health and behavioral issues. On 3/7/22, the sibling was on the phone and the parent substitute did not want him on the phone. The parent substitute hit and choked the sibling, and slammed him on the stairs multiple times. The mother was present and did not intervene. It was unknown if the sibling sustained any visible injuries. The now 3-year-old sibling had an unknown role.

Report Determination: Indicated

Date of Determination: 04/28/2022

Basis for Determination:

The investigation revealed the now 14-year-old sibling AWOL'd from a residential facility on 3/6/22 and went to the mother's home. The sibling became disrespectful and the parent substitute took his phone. The sibling started cursing and tried to leave, so the mother called law enforcement. The parent substitute held the sibling back from leaving until law enforcement arrived. The sibling had no marks or bruises. Allegations of IG and LS were added regarding the now 3-year-old sibling. The mother left the now 3-year-old sibling unsupervised in the home while the parent substitute was sleeping. When service providers entered the home, the sibling was holding a loaded BB gun.

OCFS Review Results:

MCDHS reviewed SCR history, spoke to the source, and provided notice of the report to the mother, parent substitute and oldest sibling's father. Attempts were made to locate the subject child's father. Safety of the children was assessed timely; however, the 7-Day Safety Assessment was completed late on 4/1/22. MCDHS interviewed the mother, parent substitute and subject child. The oldest sibling initially refused an interview. MCDHS was later informed the sibling was willing to speak about the incident; however, additional attempts to interview him were not documented. Collateral contacts were made with the sibling's detention center staff, the services case manager, and school staff.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

Safety of the children was assessed timely; however, the 7-Day Safety Assessment was completed late on 4/1/22.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

MCDHS will document and approve all Safety Assessments within the required timeframes.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/13/2021	Deceased Child, Male, 9 Years	Day Care Provider, Female, 59 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - Other Child , Female, 3 Years	Day Care Provider, Female, 59 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Male, 1 Years	Day Care Provider, Female, 59 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 9 Years	Day Care Provider, Female, 39 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Female, 3 Years	Day Care Provider, Female, 39 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Male, 1 Years	Day Care Provider, Female, 39 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Female, 3 Years	Day Care Provider, Female, 59 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - Other Child , Male, 1 Years	Day Care Provider, Female, 59 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - Other Child , Female, 3 Years	Day Care Provider, Female, 39 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - Other Child , Male, 1 Years	Day Care Provider, Female, 39 Years	Excessive Corporal Punishment	Unsubstantiated	
	Other Child - Other Child , Male, 1 Years	Day Care Provider, Female, 39 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - Other Child , Male, 1 Years	Day Care Provider, Female, 59 Years	Excessive Corporal Punishment	Unsubstantiated	

Report Summary:

An SCR report alleged the daycare providers were not properly caring for the children in their care. One of the providers hit a 1-year-old child multiple times as a form of punishment for not sleeping and it was unknown if he was injured. The providers were not properly feeding the child causing him to be hungry. The providers left multiple children dirty with fecal matter accessible to them. A child was eating feces and the providers did not intervene. Another child was covered in fecal matter for an extended period of time and the feces was dried and caked to the child's skin. On 8/12/12, the providers degraded and insulted the subject child and he ran away from the daycare.

Report Determination: Unfounded**Date of Determination:** 09/15/2021**Basis for Determination:**

The daycare providers reported the subject child ran away from the daycare and they followed him in the car, then called 911 when he refused to return to the daycare. The subject child said another child hit him and he left because he wanted to go to his MGM's house. The daycare providers said they always changed the babies' diapers. They denied using physical discipline and said they provided enough food to eat. Some of the children reported the babies were pulled by the arm and yelled at or hit if they did not sleep. MCDHS documented the children's statements were inconsistent. Daycare licensing noted no concerns.

OCFS Review Results:

MCDHS reviewed SCR history and provided notice of the report to the parents of the children and daycare providers. They conducted a visit to the daycare and interviewed the daycare providers. The subject child, other daycare children, and their parents were interviewed. Daycare licensing was contacted and assisted in the investigation.

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/19/2021	Sibling, Male, 1 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 1 Years	Mother, Female, 28 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

An SCR report alleged within the previous 2 weeks, while in the mother's care, the now 3-year-old sibling sustained a mark to his left lateral chest area. The mark was oblong and dark brown in color. It was unknown how or from whom the sibling sustained the injury.

Report Determination: Unfounded**Date of Determination:** 11/17/2021**Basis for Determination:**

The mother and now 3-year-old sibling were residing in a homeless shelter upon receipt of the report. The sibling had a healed u-shaped dark mark on his left chest area. The sibling was unable to interviewed due to his age. The mother denied causing the injury and said the sibling was visiting with his PGM when the injury occurred and returned home with the mark. The sibling's PGM denied the sibling sustained the injury in her care. Neither adult gave a plausible explanation for the injury and it was unable to be determined how the injury occurred. Pediatrician records showed the sibling was seen on 8/4/21 and there were no concerns.

OCFS Review Results:

MCDHS reviewed SCR history, contacted the source, and provided notice of the report to the parents. Safety of the sibling was assessed timely; however, the 7-Day Safety Assessment was completed and approved late on 7/30/21. Home visits were conducted and the mother, now 3-year-old sibling's father, and sibling's PGM were interviewed. Collateral contacts were made with medical staff and the preventive services caseworker.

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

Timely/Adequate Seven Day Assessment

Summary:

Safety of the sibling was assessed timely; however, the 7-Day Safety Assessment was completed and approved late on 7/30/21.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

MCDHS will document and approve all Safety Assessments within the required timeframes.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/01/2021	Deceased Child, Male, 9 Years	Foster Parent, Female, 57 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - Foster Child , Male, 11 Years	Foster Parent, Female, 57 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Foster Child , Female, 14 Years	Foster Parent, Female, 57 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged on an ongoing basis, the subject child and then 11-year-old foster child engaged in physical altercations. They punched each other in the face, shoved each other, and bit each other. The foster mother was aware but



failed to intervene to protect the children. The children continued to have physical altercations as a result. A subsequent report received on 6/4/21, alleged the then 14-year-old foster child was in the care of the foster mother when she absconded from the home and committed a crime. The foster mother did not provide enough monitoring for the child.

Report Determination: Unfounded

Date of Determination: 07/27/2021

Basis for Determination:

The subject child reported he and the 11-year-old foster child had 2 physical alterations. He denied being injured and said the foster mother separated them. The foster mother reported the subject child and 11-year-old foster child did not get along and she had to separate them. The 11-year-old foster child was moved to another foster home due to behavioral concerns. The subject child received crisis mental health services due to having suicidal ideation. The 14-year-old foster child was in the foster home less than 24 hours a month prior to the report and she stole the foster mother's car and AWOL'd. The foster mother contacted MCDHS and reported the incident to law enforcement.

OCFS Review Results:

MCDHS spoke to the source, reviewed SCR history, and provided the parents and foster mother with notice of the report. Safety Assessments were completed timely and accurately. Home visits were conducted, and the foster mother, subject child, and other foster children were interviewed. Collateral contacts were made with the case manager and the children's service providers. Door alarms and extra in-home support were provided to the foster mother to meet the children's high level of needs.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/11/2021	Deceased Child, Male, 9 Years	Foster Parent, Female, 61 Years	Excessive Corporal Punishment	Unsubstantiated	Yes
	Deceased Child, Male, 9 Years	Foster Parent, Female, 61 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged on 3/11/21 the foster mother was angry, out of control, and hit the subject child with excessive force. The foster mother struck the child several times in the face. The child was classified learning disabled and should not be treated in that manner. It was unknown if the child sustained bruises or injuries.

Report Determination: Unfounded

Date of Determination: 05/06/2021

Basis for Determination:

The foster mother denied hitting the subject child. She said she yelled at the child for breaking the rules and going down the street to play with friends without permission. The child reported the foster mother hit him in the forehead but denied having marks or injuries. The foster mother was provided with additional training regarding discipline and the child was moved to another foster home.

OCFS Review Results:

MCDHS reviewed SCR history, spoke to the source, and provided notice of the report to the parents and foster mother. The safety of the subject child and foster mother's children was assessed timely; however, the 7-Day Safety Assessment was documented and approved late on 3/29/21. A home visit was conducted at the foster home. The foster mother, foster mother's children, and the subject child were interviewed. Collateral contacts were made with the case manager, school staff, and the subject child's mother.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The safety of the subject child and foster mother's children was assessed timely; however, the 7-Day Safety Assessment



was documented and approved late on 3/29/21.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

MCDHS will document and approve all Safety Assessments within the required timeframes

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

11/28/19 SCR report was IND for the allegations of IG and PD/AM against the MA regarding the now 14-year-old sibling and subject child. The children were removed from the MA's custody and placed in foster care.

11/28/18 SCR report was IND for the allegations of IG and LS and the allegation of XCP was Unsub against the MA regarding the subject child.

11/7/16 SCR report was IND for the allegations of IG and LS against the mother and MGGM regarding the now 14-year-old sibling and the allegations of IG and LS were Unsub against the mother and MGGP regarding the subject child. A neglect petition was filed and the children were placed in the custody of the MA and the case opened for CPS services.

From 2013-2016 5 SCR reports were UNF for allegations of IG, LMC, PD/AM, LS, and SA against the mother and maternal grandparents regarding the now 14-year-old sibling and subject child.

6/7/13 SCR report was IND for the allegation of IG against the mother and father regarding the subject child and against the MGM regarding the now 14-year-old sibling.

1/23/13 SCR report with allegations of IG and IF/C/S against the mother regarding the now 14-year-old sibling and subject child was tracked FAR.

6/1/09 SCR report was IND for the allegation of IG against the mother regarding the now 14-year-old sibling.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Services Open at the Time of the Fatality

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

Date the Child Protective Services case was opened: 01/06/2017

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

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



Child Fatality Report

Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

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

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The Reassessment FASP was due 2/4/23 and was completed late on 2/28/23 and approved by a supervisor on 3/1/23.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Preventive Services History



A Preventive Services Case opened from 1/12/09-11/17/09 regarding the MGM and mother. The mother was on probation and receiving services. The now 14-year-old sibling was added to the case and received services when he was born. There were concerns for the condition of the home and substance misuse by the adults in the home. The case closed after the mother's probation expired.

A Preventive Services Case opened from 2/4/10-6/24/14 due to concerns the mother dropped out of high school, left the now 14-year-old sibling in the care of family members for extended periods, and the mother was charged with shoplifting with the sibling present. The subject child was added to the services case and received services when he was born in 2012. The mother displayed limited parenting skills and struggled with meeting the children's needs. The case closed with goals not achieved due to the mother's lack of follow through with recommended services.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 03/18/2020

Date of placement with most recent caregiver? 12/23/2022

How did the child(ren) enter placement? Emergency removal without Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The subject child was home with the mother on a trial discharge at the time of his death.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Issue:	Failure to Complete a Plan Amendment
Summary:	A plan amendment was not completed as required within 30 days of the subject child's death and placement of the 3-year-old sibling in foster care.
Legal Reference:	18 NYCRR 428.7
Action:	MCDHS will complete a plan amendment any time a significant change occurs in the status of the case, which includes when services end for a family member due to death. As required, this will be done within 30 days of the change if an initial FASP has already been completed, unless the change occurs within 60 days of the next FASP. In that instance, the change can be documented at that time.



Foster Care Placement History

A CPS services case opened on 1/13/17. The mother was incarcerated and the now 14-year-old sibling and subject child resided with the MGGM. There were concerns for the condition of the MGGM's home, lack of medical and mental health care, and supervision. A neglect petition was filed and the children were placed in the 1017 custody of the MA on 1/18/17. An adjournment in contemplation of dismissal was issued on 3/28/17 with the mother having supervised visitation. The mother was referred for mental health, DV, and substance abuse services. She minimally engaged in services and did not maintain stable housing. In 2019 there was a finding of neglect and court orders were issued for the 3-year-old sibling. The mother retained custody and had support from the parent substitute and sibling's PGM. On 3/18/20, the two oldest children were placed in foster care due to concerns for lack of medical and mental health care, and noncompliance with court orders. The oldest sibling was placed in detention due to JD charges on 5/24/22. The subject child went home to the mother on a trial discharge on 12/23/22. He had a skill builder and clinician that met with him regularly. In January 2023, he reported hearing voices and began displaying dangerous behaviors. MCDHS advised the mother to enroll the child in mental health counseling and he had not been enrolled prior to his death.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
07/13/2021	There was not a fact finding	Suspended Judgment
Respondent:	064649 Mother Female 30 Year(s)	
Comments:	A Termination of Parental Rights Petition was filed against the mother on 7/13/21 regarding the 14-year-old sibling and subject child. On 12/20/22, a suspended judgement was issued and there was a finding of permanent neglect. The children remained in foster care.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
01/14/2021	There was not a fact finding	Order of Supervision
Respondent:	064649 Mother Female 30 Year(s)	
Comments:	A violation petition was filed against the mother on 01/14/21 regarding the 3-year-old sibling. On 12/20/22 the mother made an admission to violating the orders and the Order of Supervision was extended for a year.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
03/19/2020	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	064649 Mother Female 30 Year(s)	
Comments:	The subject child and 14-year-old sibling were removed from the mother's and MA's custody on 3/18/20 and placed in foster care. An Article 10 Neglect Petition was filed on 3/19/20. There was a	



finding of Neglect on 6/11/20, with the children remaining in foster care.

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