



Report Identification Number: RO-19-037

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

Issue Date: Mar 05, 2020

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

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

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

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

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

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

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

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



Abbreviations

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: 7 year(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 10/18/2019
Initial Date OCFS Notified: 10/21/2019

Presenting Information

On 10/15/19, the subject child woke at approximately 1:30 AM and told his mother he could not breathe. The parents treated the subject child and the treatment did not work. The parents called 911 at 1:53 AM and EMS arrived and transported the subject child to the hospital. The subject child had suffered a severe anoxic brain injury secondary to cardiac arrest precipitated by respiratory arrest during an acute asthma exacerbation. The subject child was removed from the ventilator at 2:02 PM on 10/18/19.

Executive Summary

On 10/20/19, Monroe County Department of Human Services (MCDHS) notified OCFS of the subject child's passing on 10/18/19 through the required 7065 Agency Reporting Form. MCDHS first learned of the subject child via an SCR report received on 10/15/19 that alleged inadequate guardianship and lack of medical care against the parents for the subject child. The subject child had a severe asthma attack which the parents attempted to treat with an inhaler and a nebulizer treatment. The treatment did not work, and the parents called 911. EMS arrived and intubated the subject child in order to assist him with his breathing and then transported him to the hospital. The subject child was placed on a ventilator and further testing was ordered. The subject child was pronounced brain dead on 10/17/19 at 3:01 PM and was removed from the ventilator on 10/18/19 at 2:02 PM. The subject child died due to complications related to a severe asthma attack and there were no additional allegations.

MCDHS assessed the safety of the 5-year-old and 10-year-old surviving siblings and there were no concerns for their safety. MCDHS made appropriate referrals for bereavement services and funeral assistance. The surviving siblings were engaged in counseling services at the time of this writing.

MCDHS interviewed family members, first responders, law enforcement, school staff, and multiple medical professionals. MCDHS obtained medical records pertaining to the subject child's death.

There was no autopsy performed as the subject child died due to a severe anoxic brain injury secondary to cardiac arrest precipitated by respiratory arrest during an acute asthma exacerbation. MCDHS spoke with the treating physician at the hospital and he stated there were no signs of gross negligence and the subject child suffered a severe asthma attack. There was no reasonable cause to suspect the parents actions or inactions on the day of the incident contributed to the death of the subject child.

MCDHS met all NYS regulations and requirements pertaining to casework contacts, safety assessments, and the provision of services in the investigation dated 10/15/19 that was open at the time of the subject child's death. This case has been addressed in the history section of this fatality report.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

This was not an SCR reported fatality; however, MCDHS documented a 24-hour safety assessment in the case progress notes. MCDHS completed a seven day safety assessment as required by regulation in the case that was open at the time of the subject child's death. MCDHS continued to provide the family with services and surviving siblings were engaged in trauma services at the time of this writing.

- 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:

This was not an SCR reported fatality; however, MCDHS documented a 24-hour safety assessment in the case progress notes. MCDHS completed a seven day safety assessment as required by regulation in the case that was open at the time of the subject child's death.

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: 10/18/2019 **Time of Death:** 02:02 PM

Date of fatal incident, if different than date of death: 10/15/2019

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: 01:53 AM

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant



Playing

Eating

Unknown

Other: awake

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

At time of incident supervisor was: Not impaired.

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	No Role	Male	7 Year(s)
Deceased Child's Household	Father	No Role	Male	37 Year(s)
Deceased Child's Household	Mother	No Role	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)

LDSS Response

MCDHS initiated their investigation and coordinated efforts with law enforcement upon receipt of the initial report which was received on 10/15/19. The report alleged inadequate guardianship and lack of medical care. On 10/18/19, MCDHS was notified of the death of the subject child where he was hospitalized and passed away due to complications related to a severe asthma attack on 10/15/19. There were no additional allegations reported as a result of the death. There were two surviving siblings (ages 10 & 5) living in the home at the time of the incident and their safety was assessed and there were no noted concerns. MCDHS had spoke to the source of the report and completed a CPS history check during the initial investigation dated 10/15/19 and continued to offer services and support to the family. MCDHS continued to gather information from medical professionals and provided the information to OCFS on 10/20/19, through the required 7065 agency reporting form as per regulation.

On 10/15/19, MCDHS had interviewed the mother and the father at the hospital. The parents described the events leading up to the events of the subject child being hospitalized on 10/15/19. The mother said the subject child woke at 1:30 AM and told her he was having trouble breathing. The mother said she had the subject child use the inhaler for his asthma and then administered a nebulizer treatment. The parents both reported the treatment was not working and they called 911. The parents called 911 at 1:53 AM. The parents said EMS arrived at the home and had to intubate the subject child to help him breath and then transported the subject child to the hospital.

MCDHS spoke to the attending physician at the hospital prior to interviewing the parents on 10/15/19. The doctor said he saw no gross negligence and the subject child's condition was consistent with medical complications due to asthma. It was noted in the subject child's medical record that he suffered from asthma and had been treated in the past at the hospital for asthma related symptoms.

MCDHS obtained information from EMS which stated the subject child was in the kitchen with his parents and receiving a nebulizer treatment upon their arrival. The subject child was intubated at the scene and was still conscious. The subject child's condition continued to decline during transport to the hospital and EMS continued to administer life saving measures.



MCDHS interviewed the surviving siblings separately at school on 10/16/19. The children’s statements were consistent with the parents. Both children said they woke to the subject child crying and banging on things with his hand because he could not breath. The 10-year-old surviving sibling said he heard his father tell his mother to call 911. The 5-year-old surviving sibling said the subject child had his nebulizer mask on and the police came and took him away on a stretcher.

MCDHS obtained medical records from the hospitals and pediatrician’s office. MCDHS spoke to hospital staff who noted there were no physical signs of maltreatment to the subject child and the parents responded appropriately on the day of the incident. MCDHS offered appropriate service referrals to the family to meet their needs.

MCDHS appropriately questioned the parents about drug/alcohol misuse as this was reported to be an issue in the past. The parents denied any current misuse of alcohol or drugs. There was no evidence of the misuse of alcohol or drugs in the home. MCDHS made referrals to a trauma program for the surviving siblings and they were receiving trauma services at the time of this writing.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

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"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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"/>

Explain as necessary:
The surviving siblings remained in their parents care at the time of this writing.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



Child Fatality Report

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/15/2019	Deceased Child, Male, 7 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 7 Years	Mother, Female, 33 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 7 Years	Father, Male, 37 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 7 Years	Father, Male, 37 Years	Lack of Medical Care	Substantiated	

Report Summary:

Report alleged that on 10/15/19 at 1:00 AM, the subject child told his mother he could not breathe. The mother used an inhaler on the subject child and then a nebulizer treatment and the treatment did not work. The report alleged the parents waited an hour before calling 911. EMS arrived and transported the subject child to the emergency room. The subject child was in critical condition and placed on a ventilator.

Report Determination: Indicated

Date of Determination: 03/01/2020



Basis for Determination:

MCDHS obtained evidence that there were multiple missed appointments going back to 11/30/15 when the subject child's asthma was first noted. Due to the ongoing complications with asthma thought the previous year, increased need for medication, and multiple missed appointments (including the week prior to the child's death), there was enough credible evidence to substantiate the allegations of inadequate guardianship and lack of medical care against the parents.

OCFS Review Results:

MCDHS learned the subject child had asthma and had an asthma attack on 10/15/19. The parents appropriately used the inhaler and then treated the subject child with a nebulizer treatment. The treatment did not work and they called 911. EMS arrived and the subject child was still responsive. EMS intubated the subject child at the scene to assist him with his breathing. The subject child died three days later from natural causes precipitated by respiratory arrest during an acute asthma exacerbation. MCDHS had gathered this information prior to the child's passing on 10/18/19.

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)
05/23/2018	Sibling, Female, 3 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 3 Years	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 3 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 3 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Male, 5 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 5 Years	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Male, 5 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 5 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

The report alleged the parents argue and the father hits the mother in the presence of the subject child and the surviving siblings. The 7-year-old surviving sibling had hit the father in the past to protect the mother. The subject child hides in the bathroom during the altercations.

Report Determination: Indicated

Date of Determination: 07/17/2018

Basis for Determination:

MCDHS during the course of the investigation learned the parents had misused drugs in the past and appropriately addressed these allegations. The allegations for IG and PD/AM were substantiated against the parents. The mother had



been in treatment since 2014 and took suboxone and the treatment provider confirmed she had been compliant. The father took suboxone and was compliant with the program but continued to test positive for marijuana. The father had assaulted a family member and the mother in the presence of the children and the children were afraid. MCDHS contacted collaterals and made referrals for community based services and the parents accepted. The case was IND and closed.

OCFS Review Results:

MCDHS gathered sufficient information to make a determination in this case.

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

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

Between August of 2011 and April of 2015, there were three closed investigations against the parents with similar allegations of inadequate guardianship, parent drug /alcohol misuse and insufficient food, clothing and shelter. Two were unfounded and one was tracked Family Assessment Response. There was a case against the father for IG in August of 2014 and he was listed as an uncle. That case was unfounded and closed.

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

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