

**Report Identification Number: RO-14-010**

**Prepared by: Rochester Regional Office**

**Issue Date: 1/20/2015**

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.

# NYS Office of Children and Family Services - Child Fatality Report

## Abbreviations

<p><b>Relationships</b>          BM = Biological Mother          OC = Other Child          MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother          BF = Biological Father          FM = Foster Mother          MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child          SF = Surviving Father          FF = Foster father          DCP = Day Care Provider</p>
<p><b>Contacts</b>          LE = Law Enforcement          EMS = Emergency Medical Services          DC = Day Care</p>	<p>CW = Caseworker          Dr = Doctor          CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner          ME = Medical Examier          FD = Fire Department</p>
<p><b>Allegations</b>          L/B/W = Lacerations/Bruises /Welts          B/S = Burns / Scalding          PD/AM = Parent's Drug Alcohol Misuse          M/FTTH= Malnutrition/Failure-to-Thrive          LS = Lack of Supervision          OTH/COI = Other</p>	<p>FX = Fractures          S/D/S = Swelling/Dislocation /Sprains          CD/A = Child's Drug/Alcohol Use          P/Nx = Poisoning/ Noxious Substance          IF/C/S = Inadequate Food/Clothing /Shelter          Ab = Abandonment</p>	<p>II = Internal Injuries          C/T/S = Choking/Twisting /Shaking          MN = Medical Neglect          XCP = Excessive Corporal Punishment          IG = Inadequate Guardianship          SO = Sex Offender</p>
<p><b>Miscellaneous</b>          LDSS = Local Department of Social Service</p>	<p>IND = Indicated          ACS = Administration for Children's Services</p>	<p>UNF = Unfounded          NYPD = New York City Police Department</p>

## Case Information

**Report Type:** Child Deceased  
**Age:** 1 year(s)

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

**Date of Death:** 04/29/2014  
**Initial Date OCFS Notified:** 04/29/2014

## Presenting Information

According to the Agency Reporting Form received from the Monroe County Department of Human Services (MCDHS) on May 1, 2014, the SC had a genetic disorder of Gaucher's Disease which inhibited his breathing, among many other things, and he was on an oxygen monitor. Suction was necessary to clear out mucus buildup. On 4/29/14 around 2:00am, the mother was in the shower and heard the oxygen monitor going off. The mother responded and the SC was blue in color. The mother called 911 and attempted to resuscitate the child. The mother was able to revive the SC. The SC was transported to the hospital and the SC's again stopped breathing but he was unable to be resuscitated. The SC died at the hospital at 3:57am.

The SC had been in and out of the hospital due to the disorder and complications with breathing, eating/swallowing, and decreased immune issues.

## Executive Summary

This fatality report concerns the death of a one-year-old SC that occurred on 4/29/14. The death certificate indicated the cause of death was cardiac arrest due to a consequence of respiratory arrest and Gaucher's Disease. The manner of death was natural. When the SC died, there was an open CPS investigation regarding the family with MCDHS.

The CPS report was received on 2/11/14 with concerns of IG against the parents regarding the SC and the twin brother. The report alleged that: the subject child and the brother were diagnosed with Gauchers; a neurological disease. As a result of the disease, they were prone to having reflux. The parents were instructed on the dangers of propping their bottles but continued to do so raising concern that the boys could choke. During the course of the investigation, the parents denied propping the bottles and MCDHS did not witness this occur. The SC and the brother were hospitalized several times due to their condition.

On 4/29/14, the father and the eight-month-old (8mo) sister were visiting the brother at the hospital and the mother was home with the other children. The mother put the SC to bed around 9:00pm and appropriately connected his oxygen. The mother could hear the monitor and frequently checked on him. At 2:00am, the mother took a 10 minute shower. The father returned home and looked in on the SC who was sleeping and his oxygen stats were good. The SC was lying appropriate and the oxygen unit was on correctly. The father left the home with the 8mo sister to buy diapers. The mother started to go downstairs when she heard the SC's oxygen alarm. The mother found the SC blue in color; the mother began CPR and called 911. The mother revived the SC before the EMS arrived. EMS transported the SC to the hospital where he was pronounced dead at 3:57am.

MCDHS spoke with the family and appropriate collateral contacts to obtain information about the SC's death. MCDHS met regularly with the family in the home and made appropriate collateral contacts. MCDHS engaged the family with Preventive Services during the investigation but the family declined further services; including bereavement services.

MCDHS is to be commended on their investigation and their engagement with the family.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

## 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: 04/29/2014

Time of Death:

County where fatality incident occurred: MONROE

Was 911 or local emergency number called? Yes

Time of Call: 02:15 AM

Did EMS to 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:

- |  |                                  |   |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |   |

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

**How long before incident was the child last seen by caretaker?** 10 Minutes

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	1 Year(s)
Deceased Child's Household	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Mother	No Role	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Month(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

## LDSS Response

MCDHS found that there were consistent versions of events reported by the family and first responders. The mother reported that the SC had been tired recently and sleeping often. She stated that his oxygen levels had been dropping faster. The parents were following through with medical concerns for the SC. MCDHS offered bereavement services which the family refused.

MCDHS spoke with appropriate collateral contacts regarding the SC's death.

The hospital ED physician consulted with the Medical Examiner (ME) regarding an autopsy but the ME declined the case. The family then declined an autopsy.

## 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"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality instigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** No  
**Was there an open CPS case with this child at the time of death?** Yes  
**Was the child ever placed outside of the home prior to the death?** Yes  
**Were there any siblings ever placed outside of the home prior to this child's death?** Yes  
**Was the child acutely ill during the two weeks before death?** Yes

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/11/2014	2-Sibling, Male, 1 Years	4-Mother, Female, 26 Years	Inadequate Guardianship	Indicated	No
	2-Sibling, Male, 1 Years	5-Father, Male, 32 Years	Inadequate Guardianship	Indicated	
	1-Deceased Child, Male, 1 Years	4-Mother, Female, 26 Years	Inadequate Guardianship	Indicated	
	1-Deceased Child, Male, 1 Years	4-Mother, Female, 26 Years	Lack of Supervision	Indicated	



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1-Deceased Child, Male, 1 Years	5-Father, Male, 32 Years	Inadequate Guardianship	Indicated
1-Deceased Child, Male, 1 Years	5-Father, Male, 32 Years	Lack of Supervision	Indicated
3-Sibling, Female, 7 Years	4-Mother, Female, 26 Years	Educational Neglect	Indicated
3-Sibling, Female, 7 Years	5-Father, Male, 32 Years	Educational Neglect	Indicated

**Report Summary:**

The report alleged that the SC and his twin brother were diagnosed with Gauchers; a neurological disease which made them prone to having reflux. The parents were instructed on the dangers of propping bottles for boys but continued to do so raising concern that the boys could choke which MCDHS did not find evidence this occurred. MCDHS learned that the parents had not enrolled the seven-year-old (7yo) half-sister in school. There was also an incident where the SC was hospitalized due to ingesting an object that was given to him by a sibling when the parents were not supervising the children appropriately. The SC died during the investigation as a result of his medical condition.

**Determination:** Indicated

**Date of Determination:** 08/12/2014

**Basis for Determination:**

The allegation of IG and LS were substantiated regarding the SC since the parents failed to exercise a minimum degree of care when they were not supervising the children. As a result, the SC ingested an object and was hospitalized. The SC's baseline functioning level never fully returned.

MCDHS substantiated the allegations of Educational Neglect regarding the 7yo sister since she missed school from mid-December to March. She was significantly behind academically and will be required to attend summer school.

The family remained active with preventive day care.

**OCFS Review Results:**

MCDHS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, made all appropriate collateral contacts, gathered sufficient information to make a determination for all allegations of abuse and maltreatment, and appropriately determined each allegation. Service needs were adequately assessed and appropriate services were offered. MCDHS consulted with their legal department and a decision was made not to pursue legal action. MCDHS also discussed and provided information about safe sleep with the family. MCDHS is to be commended on their investigation and their engagement with the family.

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

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

There was no CPS history in NYS.

**Known CPS History Outside of NYS**

The family had CPS history in Indiana and California. In Indiana, the 3-year-old (3yo) half-sister was born and spent four months in the hospital. In 3/11, there were concerns that the mother was not bonding with the 3yo half-sister so she was removed and placed in protective custody.

In California on 11/25/12, the 3yo half-sister was found with multiple bruises on her body and a large bruise on her forehead. The parents' explanation was that she fell from her crib. However, medical professionals found that the half-

sister presented with major trauma, head injury, subdural bilateral frontal hematoma, retinal hemorrhages, liver injuries, multiple contusions in multiple stages of healing and abnormal weight loss. The 3yo half-sister was hospitalized from 11/25/12 to 1/24/13. According to medical providers, the 3yo half-sister's prematurity did not explain the injuries she suffered and the trauma was not consistent with the parent's version of events. Law enforcement took all of the children into custody and they were placed in foster care. The mother and the father were charged with felony custodian assault on a child resulting in great bodily harm, felony inflicting injury upon a child and a misdemeanor willful cruelty to a child. The criminal charges were withdrawn for insufficient evidence on 4/13/13. On 6/26/13, the Family Court Judge found all allegations true. The allegation of Physical Abuse was substantiated for the 3yo half-sister. Further allegations of General Neglect/Siblings at Risk for 7yo half-sister, six-year-old (6yo) half-sister, the SC and the brother were substantiated. The parents completed a parenting and general neglect class and counseling for physical abuse as a perpetrator.

On 8/6/13, a continued contested dispositional hearing was held, the children were adjudicated dependent children of the court and the children were placed with the mother and the father with Family Maintenance services. The parents were to complete 52 week physical abuse as a perpetrator program. The father was ordered to abstain from the use of alcohol and submit to random unannounced alcohol tests.

On 8/27/13, a report was opened for General Neglect when the 8mo sister was born at 33 weeks gestation. The report was unfounded.

## Services Open at the Time of the Fatality

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

### Preventive Services History

On 2/26/14, MCDHS opened a family preservation preventive services case for the family due to parent service needs. There were concerns about the family's supports to meet the children's medical needs, the supervision the parents provided to the children, the school aged children were not enrolled in school, transportation issues and living in a crowded home environment. The SC and his brother were medically fragile with a syndrome that could be fatal and the 3yo half-sister had a chronic medical condition. The 3yo half-sister had received a developmental evaluation, the SC and the brother were engaged with Early Intervention Services, and the parents were registering for nursing services for the children. The case was closed by the contracted provider on 4/10/14 and MCDHS closed their case on 4/29/14. The case was closed as the family making progress on their goals. The Preventive Services SW recommended on-going preventive services and counseling for the parents but further services were declined by the parents. There were appropriate visits and contact between the CPS and preventive Caseworkers.

### Required Action(s)

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

Yes  No

## Foster Care Placement History

In Indiana in 3/11, the 3yo half-sister was removed and placed into protective custody. A fact finding hearing was held on 8/29/11 and the 3yo half-sister was found to be in need of services. On 10/11/11, a dispositional hearing was held and the mother's plan was to attend visitation, complete a parenting skills assessment and follow the recommendations, and attend medical skills training. On 5/18/12, the 3yo half-sister was returned to the mother since the mother participated in services and visitation. The petition was dismissed.

In California on 11/25/12, the children were removed from the parents. On 12/15/13, the court awarded joint legal custody of the 7yo and 6yo half-sisters to the mother and the father. The mother was awarded sole physical custody of those children and jurisdiction was terminated. The mother was awarded sole legal and sole physical custody of the 3yo half-sister and jurisdiction was terminated. Jurisdiction was also terminated for the SC and the brother.

## Legal History Within Three Years Prior to the Fatality

**Was there legal activity as a result of 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