



**Report Identification Number: SV-20-054**

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

**Issue Date: Jun 28, 2021**

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:** 2 month(s)

**Jurisdiction:** Westchester  
**Gender:** Female

**Date of Death:** 12/27/2020  
**Initial Date OCFS Notified:** 12/28/2020

## Presenting Information

A completed agency reporting form was submitted on 12/28/20, which stated that on 12/27/20, the two-month-old subject child died due to complications of severe medical conditions caused by prematurity. The child's death took place during an open mandated services case.

## Executive Summary

This fatality report concerns the death of a two-month-old female subject child that occurred on 12/27/20. The child died during an ongoing mandated preventive services case that was initiated by Westchester County Department of Social Services (WCDSS) on 12/8/20. An SCR report was made on 10/20/20 after the mother gave birth to the child prematurely due to using cocaine, opiates, and phencyclidine throughout her pregnancy; the child was born with a positive toxicology. A completed agency reporting form regarding the fatality was sent to OCFS on 12/28/20. The record did not reflect if an autopsy was completed; however, a hospital physician noted the child's cause of death was a complication of necrotizing enterocolitis due to extreme prematurity.

At the time of the child's death, she was in the care of her mother and had one sibling, age ten, who was in the custody of her maternal grandmother. The child's biological father was unknown; however, a potential father was identified. The mother had one other child who died of natural causes in 2015 at the age of one. Information gathered revealed the subject child was born at 23 weeks gestation, after the mother suffered a placental abruption due to ongoing illicit drug use throughout her pregnancy. The child was intubated following her birth and diagnosed with numerous serious medical conditions with a poor overall prognosis. After several weeks, the child's condition deteriorated, and she never left the hospital. The child was pronounced deceased on 12/27/20 at 3:18 AM.

When WCDSS learned of the child's death, they assessed the safety of the surviving sibling and noted no concerns. It was determined that although the mother's substance abuse caused the preterm labor, it did not cause the disease that ultimately led to the child's death. WCDSS gathered sufficient information surrounding the incident, provided the family with referrals for grief counseling, and closed the services case.

## 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 N/A as well as any others identified in the course of the investigation?



- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

This was not an SCR reported fatality, and there were no other children in the mother's care.

Was the decision to close the case appropriate? Yes

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

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

**Explain:**

The case record reflected supervisory consultations throughout the case. The level of casework activity was commensurate with the 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: 12/27/2020

Time of Death: 03:18 AM

Date of fatal incident, if different than date of death:

10/20/2020

Time of fatal incident, if different than time of death:

Unknown

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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: Hospitalized.

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: N/A

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	Female	2 Month(s)
Deceased Child's Household	Mother	No Role	Female	33 Year(s)

### LDSS Response

On 12/28/20, WCDSS submitted a completed 7065 agency reporting form to OCFS regarding the death of SC, which occurred on 12/27/20. Prior to the services case, WCDSS had conducted a CPS investigation and found BM continued to use drugs while SC remained hospitalized after her birth. BM was indicated for IG and PD/AM. A neglect petition was filed in family court and a removal was sought; however, the request was held in abeyance as SC did not yet have a hospital discharge date. Ultimately, SC never left the hospital from the time of her birth to the time of her death. Upon learning of the fatality, WCDSS promptly began gathering information surrounding such and assessed the safety of the SS.

SC had been hospitalized since 10/20/20 and diagnosed with numerous medical conditions due to her prematurity, including bleeding in the brain, an opening in her heart and meningitis. WCDSS spoke with several doctors at the hospital who advised if SC were to survive, she would have severe developmental and physical disabilities for the remainder of her life. WCDSS was also informed BM signed a do not resuscitate order should SC's condition worsen.

On 12/28/20, WCDSS received a call from BM who stated SC had died. WCDSS then spoke with a physician who cared for SC during her hospitalization who explained SC's death was due to complications of necrotizing enterocolitis, which is a valve disease caused by premature birth. The doctor further noted SC had a severe case of this condition, and although BM's drug use was the cause of the premature birth, it did not cause the disease itself. The doctor clarified any child born prematurely, regardless of why, is at risk of this diagnosis. On this same date, WCDSS met with BM and provided her information for funeral cost assistance as well as grief and bereavement counseling.

On 1/14/21, WCDSS met with MGM and the SS virtually due to COVID-19 restrictions. There were no concerns noted, and MGM reported BM would continue to have supervised visitation with SS as agreed upon by MGM.

WCDSS withdrew the neglect petition that was pending against BM regarding SC, as she had no other children in her care or custody. WCDSS offered the family services in response to the death of SC. Additionally, WCDSS encouraged BM to continue substance abuse and mental health treatment independently prior ending services. The case was closed on 2/18/21.

### 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

**Comments:** This fatality was reviewed by the Westchester Child Fatality Review Team.



### 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 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"/>

**Additional information:**

WCDSS interviewed the family and collateral sources. Progress notes and other documentation were completed and entered within the required timeframes.

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
This was not an SCR reported fatality; however, WCDSS assessed the safety of the surviving sibling throughout the services case.

### Fatality Risk Assessment / Risk Assessment Profile



	Yes	No	N/A	Unable to 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

**Explain:**  
 WCDSS offered the family appropriate services in response to the death of the child. Continued substance abuse treatment and mental health services were offered to the mother; however, it was unknown if she remained engaged at the time of case closure.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed 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:**  
 This was not an SCR reported fatality, and there were no safety concerns regarding the surviving sibling.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 Services were offered to family members in response to the death of the child. There were no other children in the mother's care at the time the services case closed. Additional services were offered to the mother; however, it was unknown if she chose to engage after WCDSS' involvement ended. The record did not reflect if family planning services were discussed with the mother.

**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:**  
 WCDSS provided the surviving sibling with information surrounding grief and bereavement counseling.

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

**Explain:**  
 WCDSS provided the mother and maternal grandmother information surrounding grief and bereavement services.

## 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? Yes
- Was the child acutely ill during the two weeks before death? Yes

### Infants Under One Year Old

**During pregnancy, mother:**



- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

### 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)
10/20/2020	Deceased Child, Female, 1 Days	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Days	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

This SCR report was received which alleged the mother gave birth at 23 weeks gestation, and tested positive for opiates, cocaine, and angel dust at the time of delivery. The mother's drug use was a contributing factor to the preterm labor.

**Report Determination:** Indicated

**Date of Determination:** 12/18/2020

**Basis for Determination:**

WCDSS interviewed family members and collateral sources, including hospital staff and treatment providers. A plan of safe care was implemented and monitored. SC tested positive for cocaine at the time of her birth. The investigation found BM continued to use drugs when she was released from the hospital, and a higher level of care was recommended by her substance abuse counselor. WCDSS filed a neglect petition and mandated services were ordered; however, SC died during the open services case.

**OCFS Review Results:**

This investigation met all statutory requirements.

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

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

In 2013, the mother was named as a subject in two indicated CPS investigations with common allegations of IG and PD/AM regarding the now 10-year-old sibling and the sibling that died in 2015.

#### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### 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:** 12/08/2020

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

### 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"/>

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



### Preventive Services History

A court ordered preventive services case was opened on 4/9/13 after the mother prematurely gave birth to the now deceased sibling and tested positive for illicit drugs at the time of delivery. The sibling was born with a positive toxicology for cocaine as well as diagnosed with numerous physical and developmental issues. As a result, he was placed in a skilled nursing facility for long term care. There were further concerns of domestic violence between the mother and the biological father of the siblings, and the siblings were removed from the care of their parents. The now 10-year-old sibling was placed with the maternal grandmother while the other sibling remained in the nursing facility until his death on 11/27/14. The sibling's death was not due to abuse or maltreatment. A neglect petition was filed in family court and ultimately the maternal grandmother was awarded full custody of the now 10-year-old sibling; the mother was allowed supervised visitation only. The services case was closed on 8/5/15.

### 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:
12/04/2020	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	057235 Mother Female 33 Year(s)	
<b>Comments:</b>	A neglect petition was filed due to the mother's continued drug abuse; however, after the subject child's death, the petition was withdrawn as the mother had no other children in her 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