



Report Identification Number: BU-21-016

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

Issue Date: Nov 01, 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: 4 day(s)

Jurisdiction: Niagara
Gender: Male

Date of Death: 05/11/2021
Initial Date OCFS Notified: 05/13/2021

Presenting Information

The death of the 4-day-old subject child was reported to OCFS by the Niagara County Department of Social Services (NCDSS) through the required 7065 Agency Reporting Form. On 5/11/21, the child passed away at the hospital due to a pulmonary hemorrhage and respiratory issues.

Executive Summary

On 5/13/21, NCDSS was notified that the male 4-day-old subject child passed away on 5/11/21. NCDSS had an open court-ordered preventive services case, which opened on 10/15/19, due to the death of the then 5-year-old sibling. A CPS investigation regarding the mother's positive toxicology at the time of the subject child's birth was opened on 5/8/21. The subject child stayed in the hospital until his passing. A 10-year-old sibling resided with her father and had visitation with the mother. The father of the subject child was incarcerated at the time of the child's birth and remained incarcerated at the time the investigation was closed. He did not provide information on the death of the subject child.

NCDSS investigated the circumstances surrounding the subject child's death and they learned that on 5/7/21, the mother gave birth to the subject child at 30 weeks gestation. The mother tested positive for marijuana and suboxone, which she was prescribed through her treatment program, at the time of birth. The subject child was placed on a ventilator and intubated. He was premature and in respiratory distress. On 5/11/21, the subject child went into cardiac arrest and was pronounced dead at 12:07PM.

At the mother's request, an autopsy was not performed. The death was presumed to be due to a pulmonary hemorrhage and respiratory issues as the result of the subject child's premature birth. Law enforcement did not investigate the death.

The investigation opened at the time of the fatality was unfounded and closed on 8/3/21. The mother was referred for alcohol treatment, mental health counseling and bereavement services. In 2019, NCDSS filed a Severe Abuse Petition against the mother after the then 5-year-old sibling passed away after ingesting an illicit substance while in the care of the mother and her friend. An Order of Supervision was granted, and the mother was ordered to comply with preventive services at that time. Due to the mother's continued substance abuse and failure to complete the conditions of her Order of Supervision, NCDSS filed a violation petition in Family Court following the birth and death of the subject child.

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:



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	4 Day(s)
Deceased Child's Household	Grandparent	No Role	Female	60 Year(s)
Deceased Child's Household	Mother	No Role	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Other Household 1	Father	No Role	Male	32 Year(s)
Other Household 2	Other Adult - Father of Sibling	No Role	Male	31 Year(s)

LDSS Response

NCDSS conducted a thorough investigation upon learning of the subject child’s death. They searched SCR history and spoke to law enforcement, hospital staff, social services personnel, and the father. Hospital records and law enforcement records were received and reviewed.

Medical records revealed the subject child was born on 5/7/21 at 30 weeks gestation and weighed .694 kg (1.5lbs) at the time of birth. The subject child was born with multiple medical conditions and in respiratory distress. The subject child was put on continuous positive airway pressure (CPAP) then intubated and ventilated. The child passed away on 5/11/21 due to a pulmonary hemorrhage and respiratory issues. Hospital staff was present when the child passed away.

NCDSS notified Family Court about the child’s passing and filed a Violation Petition due to the mother’s positive toxicology at the time of the subject child’s birth. The mother was engaged in a methadone maintenance program but also tested positive for marijuana at the time of the birth. The mother admitted to using illicit substances during her pregnancy. Due to the mother’s history of substance abuse and previous death of a child, a safety plan was made for the sibling to have supervised contact with the mother and remain residing with her father. At the time of this writing, there were conditions of the Order of Supervision related to the death of the other sibling that the mother had yet to complete. Family Court proceedings regarding the Violation Petition and Article 10 Neglect from the 2019 death remained ongoing.

Based on information gathered, NCDSS determined the child’s death was the result of natural causes and not due to abuse or maltreatment by a caretaker. The sibling engaged in bereavement counseling and community-based services.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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; therefore, the completion of safety assessment was not required.

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"/>



Child Fatality Report

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 family was receiving preventive services prior to the death of the subject child. Following the death, the family was receptive to grief and mental health counseling.

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:
There was no removal regarding the sibling.

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:
	There was not a fact finding	There was not a disposition
Respondent:	058449 Mother Female 32 Year(s)	
Comments:	NCDSS filed a petition as a result of the mother's substance abuse during her court-ordered supervision. The mother was found neglectful and ordered to continue her completion of court ordered mandates.	

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Preventive Services

Additional information, if necessary:

NCDSS was providing preventive services to the family prior to the death and services remained in place following the fatality. Community-based services related to grief and bereavement counseling were offered. The mother was engaged in substance abuse treatment at the time the investigation closed.

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 sibling was receiving preventive services prior to the death and continued receiving services following the death.

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

Explain:

The mother was receiving preventive services, substance abuse services, and community-based services related to grief and mental health counseling.

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?

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

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)
05/08/2021	Deceased Child, Male, 1 Days	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 1 Days	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

NCDSS received a report from the SCR alleging the mother gave birth to the subject child on 5/7/21. At the time of the subject child's birth, the mother tested positive for marijuana and suboxone. At the time the report was received, the subject child's toxicology reports were pending.

Report Determination: Unfounded

Date of Determination: 08/03/2021

Basis for Determination:

During the investigation, the subject child died as the result of a medical condition. The subject child's toxicology was not taken at the time of his birth. It could not be concluded that the child passed away as the result of the mother's substance abuse and it could not be determined that there was a negative impact on the subject child as a result of the mother's substance use during pregnancy.

OCFS Review Results:

NCDSS spoke with familial and collateral contacts to obtain information about the fatality, and determined there was no reasonable cause to suspect the death was a result of abuse or maltreatment. The sibling was assessed within 24 hours of NCDSS being made aware of the fatality.

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)
09/19/2019	Sibling, Female, 5 Years	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	No



Sibling, Female, 9 Years	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 5 Years	Grandparent, Female, 59 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 9 Years	Grandparent, Female, 59 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 5 Years	Other Adult - friend of the mother, Female, 41 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 9 Years	Other Adult - friend of the mother, Female, 41 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 5 Years	Mother, Female, 30 Years	DOA / Fatality	Substantiated
Sibling, Female, 5 Years	Other Adult - friend of the mother, Female, 41 Years	DOA / Fatality	Substantiated
Sibling, Female, 5 Years	Mother, Female, 30 Years	Poisoning / Noxious Substances	Substantiated
Sibling, Female, 5 Years	Other Adult - friend of the mother, Female, 41 Years	Poisoning / Noxious Substances	Substantiated
Sibling, Female, 5 Years	Grandparent, Female, 59 Years	DOA / Fatality	Unsubstantiated
Sibling, Female, 5 Years	Other Adult - friend of the mother, Female, 41 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Female, 9 Years	Other Adult - friend of the mother, Female, 41 Years	Parents Drug / Alcohol Misuse	Substantiated

Report Summary:

NCDSS received a report from the SCR on 9/19/2019 alleging the 5-year-old sibling went to sleep in the grandmother's bed around 9:00PM. The following morning, the father arrived home and found the sibling unresponsive, with a cold body and rigor mortis had set in.

Report Determination: Indicated

Date of Determination: 12/20/2019

Basis for Determination:

NCDSS determined the mother's friend gave the sibling medication, which she presumed to be cold and flu medication. The sibling died from acute methadone intoxication and it was learned there were opioids in the fever-reducing medication bottle. The medication was illegally sold to the mother. NCDSS found the mother and friend were abusing drugs while acting as caretakers for the siblings. NCDSS found the grandmother was aware of the mother and her friend's substance abuse and did not make a safety plan to keep the sibling safe.

OCFS Review Results:

NCDSS completed all case objectives within the required timeframes. NCDSS filed a Severe Abuse Petition against the mother and her friend regarding the siblings and opened a mandated services case, which remained open at the time of this writing.

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 investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

No known history outside of New York State.



Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 10/15/2019

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



Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

NCDSS contracted out to providers for additional service needs.

Preventive Services History

A mandated Preventive Services case was opened on 10/17/19 following the fatality of the 5-year-old sibling. A Severe Abuse Petition was filed in family court and the mother was granted supervised visitation with the sibling. The father of the 5 and 9-year-old siblings had the 9-year-old sibling in his care. The mother was engaged in parenting classes but was unsuccessfully discharged. The mother engaged in mental health treatment but discontinued counseling. The mother made an admission in Family Court and was found neglectful of the siblings. The mother was ordered to engage in parenting classes and a referral was provided at the most recent court appearance (4/26/21). The subject child passed away during the open Preventive Services case. Services remained open at the time of this writing to offer additional support to the mother.

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:
Unknown	Adjudicated Abused	Order of Supervision
Respondent:	058449 Mother Female 32 Year(s)	
Comments:	There was a finding of Severe Abuse against the mother due to the death of the then 5-year-old sibling. On 10/15/19, the father of the sibling was awarded custody of that child. The mother was granted supervised visitation.	

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