

**Report Identification Number: NY-15-033**

**Prepared by: New York City Regional Office**

**Issue Date: 6/8/2015**

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

<b>Relationships</b>		
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
<b>Contacts</b>		
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
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
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	MN-Medical Neglect	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-Others	
<b>Miscellaneous</b>		
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		

## Case Information

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

**Report Type:** Child Deceased

**Jurisdiction:** Nyc Regional  
Office

**Date of Death:** 12/04/2014

**Age:** 14 day(s)

**Gender:** Male

**Initial Date OCFS Notified:** 12/10/2014

## Presenting Information

According to the OCFS-7065 the child was born in Bellevue Hospital on 11/20/14 with a serious medical condition. The newborn remained hospitalized in Bellevue until the parents agreed to have him taken off life support on 12/4/14 at 2:20PM

## Executive Summary

On 12/10/14, ACS notified OCFS of the death of the child. The OCFS-7065 stated the child died of natural causes and had remained hospitalized from birth until he expired. There was no autopsy performed on the SC and no ACS documentation as to the final cause and manner of death because there was no ACS investigation into the death of the SC

The SC was 14 days old at the time of his death on 12/4/14. The SC was born in Bellevue Hospital with a serious medical condition and never left the hospital. The SC was on life support from birth until 12/4/14, when the parents gave permission to remove the SC from life support because there had not, and would not, be any change in his medical condition. The parents had limited medical options and decided to withdraw care. There were no suspicions of neglect or abuse by the parents and no report with the allegation of DOA/Fatality was registered with the SCR regarding the SC's death neither was the SC added to the mother's existing Family Court (FC) case.

The mother and two surviving siblings have been known to ACS and have received services since 9/12/13 but on 3/13/14, the surviving siblings were taken into protective custody and placed into foster care because of the mother's drug misuse.

On 7/30/14, FC granted a trial discharge and the children were returned to the BM because she had made a great deal of progress after she engaged the Odyssey House drug treatment program. The mother and surviving siblings were residing in a shelter apartment at the time of the death of the SC.

According to case documentation, the CP has worked extensively with this family and the mother has complied with all of the services for her and the surviving siblings. The children are enrolled in school and both continue to receive individual counseling and therapy. The mother continues to attend her drug treatment program and other services.

## 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?** N/A
  - **Safety assessment due at the time of determination?** N/A

### Determination:

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

- 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:**

Family receives many services.

**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:**

.

## 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:** 12/04/2014

**Time of Death:**

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

**County where fatality incident occurred:** MANHATTAN

**Was 911 or local emergency number called?** No

**Did EMS to 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:**

- |   |                                  |   |
|---|----------------------------------|---|
| <input 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 checked="" type="checkbox"/> Other: Hospitalized |                                  |   |

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

**Is the caretaker listed in the Household**

**Composition?** No

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

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

**Children ages 0-18:** 01

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

**Adults:** 01

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	14 Day(s)
Deceased Child's Household	Mother	No Role	Female	40 Year(s)
Deceased Child's Household	Sibling	No Role	Female	04 Year(s)
Deceased Child's Household	Sibling	No Role	Female	06 Year(s)

## LDSS Response

On 11/21/14, ACS received additional information that the BM went to Bellevue Hospital for a prenatal examination and it was learned the fetus was in distress. An emergency Cesarean operation was performed. On 11/20/14, the SC was born with hypoxia, which is medically defined as a reduction of the blood supply and in the case of an unborn infant there could be many reasons. Medical staff determined the SC was brain dead at birth but was placed on life support until the parents made the decision to remove him from life support on 12/4/14.

ACS did not respond to, or investigate the death of the SC. There was no report made to the SCR relative to this child. At the time of the death, the mother and surviving siblings had been involved in services and the CP from the Graham Windham Agency and other service providers were involved with the family. The surviving siblings were in foster care but on a trial discharge with the mother at the time of the birth of the SC. The surviving siblings were temporarily accepted into the respite care program at the New York Foundling crisis center for children while the BM was hospitalized for the birth of the SC.

On 12/10/14 the CP called and informed ACS of the death of the SC on 12/4/14; ACS prepared and sent the OCFS-7065 to OCFS.

Between 12/11/14 and 4/23/15, the CP has maintained monthly contact with the mother and surviving siblings for services and to assess the children. According to case documentation, the BM is doing very well in her drug treatment program, counseling, and the other services being provided to the family, including housing assistance and educational assistance for the surviving siblings.

## 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?**No

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

**Comments:** New York City does not have an OCFS approved CFRT.

## 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:**

A SCR investigation was not conducted for this fatality.

## 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 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 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"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

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

## 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 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 investigation?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> Surviving siblings were removed prior to the fatality. Currently on trial discharge with BM.				

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

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

Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Health care	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The BM and surviving siblings were engaged in services prior to the birth and death of the SC and continue to receive services.

**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 SC's two surviving siblings are in foster care but are on a trial discharge to the BM who has been doing well in her drug program. The surviving siblings received bereavement counseling due to the death of their father in 2013.

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

**Explain:**  
 The BM was receiving services prior to the SC's death. The BM currently receives drug treatment, mental health, medication management and individual counseling services. ACS documented the mother's counseling services would be expanded to incorporate the death of the SC.

## History Prior to the Fatality

## Child Information

**Did the child have a history of alleged child abuse/maltreatment?** Yes  
**Was there an open CPS case with this child at the time of death?** No

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

**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:**

- |  |   |
|--|---|
| <input type="checkbox"/> Had medical complications / infections<br><input type="checkbox"/> Misused over-the-counter or prescription drugs<br><input type="checkbox"/> Experienced domestic violence<br><input type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use<br><input type="checkbox"/> Smoked tobacco<br><input checked="" type="checkbox"/> Used illicit drugs |
|--|---|

**Infant was born:**

- |   |   |
|---|---|
| <input type="checkbox"/> Drug exposed<br><input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)	Status/Outcome	Compliance Issue(s)
08/26/2013	3061 - Sibling, Female, 5 Years	3058 - Mother, Female, 40 Years	Inadequate Guardianship	Indicated	No
	3061 - Sibling, Female, 5 Years	3058 - Mother, Female, 40 Years	Lack of Medical Care	Indicated	
	3061 - Sibling, Female, 5 Years	3058 - Mother, Female, 40 Years	Parents Drug / Alcohol Misuse	Unfounded	
	3062 - Sibling, Female, 3 Years	3058 - Mother, Female, 40 Years	Inadequate Guardianship	Indicated	
	3062 - Sibling, Female, 3 Years	3058 - Mother, Female, 40 Years	Lack of Medical Care	Indicated	
	3062 - Sibling, Female, 3 Years	3058 - Mother, Female, 40 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

On 8/26/13, the SCR registered a report that alleged IG and PD/AM and IG of the then three and five year old children by the mother. ACS' investigation revealed there was no credible evidence to substantiate the PD/AM allegation; however, ACS did substantiate the IG allegation and added and substantiated the allegation MN because the BF had not taken the children for routine medical care since 2011.

<b>Determination:</b> Indicated	<b>Date of Determination:</b> 10/13/2013
---------------------------------	--

**Basis for Determination:**

On 8/26/13, the SCR registered a report that alleged IG and PD/AM and IG of the then three and five year old children by the mother. ACS' investigation revealed there was no credible evidence to substantiate the PD/AM allegation; however, ACS did substantiate the IG allegation and added and substantiated the allegation MN because the BF had not taken the children for routine medical care since 2011.

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

**OCFS Review Results:**  
OCFS is in agreement with the decisions made during this investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/21/2014	3059 - Deceased Child, Male, 14 Days	3064 - Mother, Female, 40 Years	Inadequate Guardianship	Unfounded	No

**Report Summary:**  
The SCR registered a report on 11/21/14 that alleged IG of the SC by the BM. The report alleged the BM gave birth to a child and the child was at risk because of the BM's drug history. The report also stated the mother's other children were in foster care.

ACS documented the mother had been doing very well in her drug treatment program and the surviving siblings, with supervision, were residing with the BM on a trial discharge. There were no safety concerns for any of the children.

**Determination:** Unfounded **Date of Determination:** 01/08/2015

**Basis for Determination:**  
On 1/8/15, ACS unfounded the report and documented the SC had been born with severe medical conditions and expired on 12/4/14 and the and the allegation of IG was unfounded.

**OCFS Review Results:**  
The decision for this case was appropriate.

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

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

The BM has three CPS cases more than three years old that involved a now adult male child (22 years of age) who does not reside with the mother or surviving siblings. There were three reports registered by the SCR that involved the now adult child. The BM had no other children at the time of these CPS investigations.

On 3/22/01, the SCR registered a report with allegations of IG by the BM and PD/AM and IG by the BF of the now adult child. ACS' investigation revealed there was credible evidence to substantiate the allegations of the report against the parents. On 4/25/01, ACS substantiated the allegations and indicated the report which was closed without services.

On 2/27/03, the SCR registered a report that alleged EdN of the child by the BM and PD/AM and EdN of the now adult child by the BF. ACS determined the BM failed to get the child to school after the BF would awake the child before leaving for work.

On 4/28/03, ACS substantiated the EdN allegation of the child by the BM and unsubstantiated the allegations against the BF citing there was no credible evidence to substantiate against the BF.

The third SCR report was registered with the SCR on 4/1/05 and alleged EdN, I/G/F/S and IG of the now adult child by the BM and EdN, and IG by the BF. The allegations of the report were substantiated against the BM and unfounded against the BF. The mother's whereabouts became unknown and the now adult child left the BM's home. The MGM filed for custody of the now adult child

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

## Known CPS History Outside of NYS

No history outside of NY State.

## Services Open at the Time of the Fatality

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

**Date the Child Protective Services case was opened: 08/26/2013**

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

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

## Casework Contacts

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

## Services Provided

	Yes	No	N/A	Unable to Determine
<b>Were services provided to siblings/other children in the household as necessary to achieve safety, permanency, and well-being?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

## Required Action(s)

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

Yes  No

## Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

## Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Casework Contacts

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

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

## Required Action(s)

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

Yes  No

## Foster Care Placement History

The two surviving siblings entered foster care on 3/13/14 due to the BM's drug misuse. The siblings were placed into foster care under the auspices of Graham-Windham after the mother left the children at the mother/child drug treatment program to obtain drugs. The mother returned after the children were taken into placement and she is still enrolled in the Odyssey House drug rehabilitation center.

## 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:
03/13/2014	Adjudicated Neglected	Care/Custody to Local Social Services District
<b>Respondent:</b>	017375 Mother Female 40 Year(s)	
<b>Comments:</b>	The two surviving siblings were taken into protective custody on 3/13/14 but since 7/30/14 have been on a trial discharge to the BM.	

## 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