



Report Identification Number: NY-19-037

Prepared by: New York City Regional Office

Issue Date: Oct 09, 2019

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		



Case Information

Report Type: Child Deceased
Age: 17 year(s)

Jurisdiction: New York
Gender: Female

Date of Death: 04/15/2019
Initial Date OCFS Notified: 04/22/2019

Presenting Information

According to the information provided in the OCFS-7065, the 17-year-old female child was in the hospital when she was pronounced dead on 4/15/19. The cause of death was listed as complications of a pre-existing medical condition.

Executive Summary

This 17-year-old female child died on 4/15/19. She was pronounced dead by an attending physician. In July 2019, NYCRO received information from the Office of Chief Medical Examiner (OCME) verifying the case as not referred to the OCME.

At the time of the child’s death, the family had an open investigation that began on 3/8/19. ACS investigative findings showed the child had pre-existing medical conditions, she was non-verbal and had other developmental disabilities. On 4/11/19, she was admitted to the hospital for a medical procedure to address her progressive illness. She remained hospitalized as her health deteriorated. She died on 4/15/19 due to complications of her pre-existing medical condition. The death was not referred to LE or ME as hospital personnel deemed there was no child abuse/maltreatment related to the death.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases. The information regarding the child’s death was reported to OCFS under Chapter 485 of the Laws of 2006. ACS incorporated the information into the open investigation for further exploration.

ACS visited the BM’s home and discussed the circumstances of the child’s death. ACS assisted the BM with obtaining financial assistance, bereavement, and other support services. The family members provided support to the BM. The BM received assistance from community based organizations. The child had five adult siblings, who were no longer in the BM’s care. The documentation did not include updated information about the BF. There were no surviving minor siblings or other children in the home, and therefore; no safety assessment and risk assessments were required at the time of case closure.

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:

N/A

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:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/15/2019

Time of Death: 07:15 PM

County where fatality incident occurred: New York

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? N/A

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 supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	17 Year(s)
Deceased Child's Household	Mother	No Role	Female	50 Year(s)



LDSS Response

On 4/18/19, ACS interviewed hospital staff who said the child's death was due to complications of a disease. During the interview, ACS learned that the BM visited the hospital when the child expired on 4/15/19. The BM was observably sad but able to cope with the loss of the child. The BM made plans to temporarily reside with relatives. The child's body had remained in the hospital pending burial arrangements. ACS and hospital personnel discussed plans to obtain the death certificate for the child, burial arrangement and financial assistance for the family.

ACS visited the BM's home and discussed bereavement, burial and financial support on 4/19/19. The BM provided documents that included details of burial expenses. The Investigation Progress Notes reflected the sleeping arrangements and home conditions were satisfactory.

ACS made follow up contact with hospital personnel on 4/22/19. According to the information provided by the hospital, the child was being prepared for a medical procedure when she experienced a heart attack. The medical records reflected the death was not due to child abuse/maltreatment. The BM had taken the child to scheduled medical appointments. There were no immediate concerns about the primary care for the child. ACS verified there was no LE investigation or ME involvement in the case.

Prior to closing the BM's case on 4/25/19, ACS provided the family with bereavement counseling locations and an offer for continuing support. ACS received updated medical records and school records for the child. ACS did not include the details in the Investigation Progress Notes.

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

Comments: There is no OCFS approved Child Fatality Review Team in NYC.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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Fatality Safety Assessment Activities

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" 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 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:

ACS provided referrals for community based 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? N/A

Explain:

There were no surviving children in the household.

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

Explain:

The BM received burial assistance and bereavement 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?** Yes
- Were there any siblings ever placed outside of the home prior to this child's death?** Yes
- Was the child acutely ill during the two weeks before death?** Yes

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/08/2019	Deceased Child, Female, 17 Years	Mother, Female, 50 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 17 Years	Mother, Female, 50 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Female, 17 Years	Mother, Female, 50 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

The 3/8/19 SCR report alleged the child had a developmental disability, was non-verbal, and required full time supervision and care. The SM abused alcohol to the point of impairment while being the sole caretaker for the child. As a result, the SM was not able to adequately care for the child.

The 4/1/19 SCR report alleged the child was hospitalized for illness and was cleared for discharge on 3/29/19. The BM refused to get the child, and did not make an appropriate plan of care for the child. The BM had a history of failing to plan for the child.

Report Determination: Indicated **Date of Determination:** 04/25/2019

Basis for Determination:

ACS substantiated the allegation of PD/AM of the child by the BM on the basis the BM used alcohol to the point of intoxication and was unable to pick up the child from the hospital on the date of discharge. The BM admitted that on the



scheduled date of discharge she was intoxicated. The BM said she was unable to pick up the child. She said she used alcohol and marijuana. The BM refused substance screening and services.

ACS unsubstantiated the allegations of IG and LS on the basis of no credible evidence. ACS noted the BM followed up on medical needs, housing, food, and supervision of the child in the home.

OCFS Review Results:

ACS observed the child and interviewed the BM and home attendant in the home on 3/9/19. The BM admitted to alcohol and marijuana misuse. She denied she became intoxicated, and refused substance use services. The home attendant did not have concerns about the care the BM provided the child. The child was alert and active during the home visit.

The child was hospitalized for medical care on 3/20/19. The BM informed ACS that she was intoxicated and unable to pick up the child on 4/1/19. The hospital released the child to the BM on 4/2/19. ACS completed ongoing safety and risk assessments.

The child was readmitted to the hospital where she remained until the time of death on 4/15/19.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/14/2018	Deceased Child, Female, 16 Years	Mother, Female, 49 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 16 Years	Mother, Female, 49 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

The 8/14/18 SCR report alleged the BM used alcohol to the point of intoxication while taking care of the SC who had developmental needs. The BM was intoxicated daily. The BF was a convicted sex offender. The BM left the SC alone with the BF.

Report Determination: Indicated

Date of Determination: 10/05/2018

Basis for Determination:

ACS substantiated the allegations of IG and PD/AM of the SC by the BM on the basis the BM placed the SC at risk for emotional or developmental harm. The BM said she used alcohol daily. The BM was intoxicated during the time she provided care of the SC. ACS observed the SC in the home. The BF visited the home although he was the perpetrator for an existing OP. The OP was in place on behalf of the SC.

OCFS Review Results:

ACS interviewed the BM and observed the SC in the home within 24 hours of receipt of the 8/14/18 report. The BM said she used drugs and alcohol during the time the SC was asleep. ACS noted the SC was vulnerable due to developmental needs, non-verbal status and significant level of reliance on the BM. The BF was the perpetrator in an existing OP (concerning the SC). ACS completed ongoing safety assessments and risk assessments. ACS identified services needs and provided substance misuse treatment, and case management services.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/10/2018	Deceased Child, Female, 16 Years	Mother, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	No



Deceased Child, Female, 16 Years	Mother, Female, 49 Years	Lack of Medical Care	Unsubstantiated
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Report Summary:

The 5/10/18 SCR report alleged the child had developmental disabilities and required assistance with everyday functioning. The BM did not provide proper care of the child. The child was visibly dirty and had medical conditions that were untreated. It was recommended that the BM seek medical treatment for the child. The BM did not follow through and the conditions increased in severity.

Report Determination: Unfounded **Date of Determination:** 06/22/2018

Basis for Determination:

ACS unsubstantiated the allegations of IG and LMC of the child by the BM on the basis of no credible evidence. ACS obtained information from medical personnel and verified the BM provided adequate care of the child and attended all medical appointments.

OCFS Review Results:

ACS visited the home, observed the child, and interviewed the home attendant and BM. The BM denied the allegations of the report. ACS findings showed the home attendant assisted with the child's hygiene needs. The home attendant did not have concerns about the care the child received. The child did not have marks/bruises. On 5/15/18, ACS opened a preventive services case for the family after the BM disclosed she misused marijuana. The BM tested positive for marijuana use. ACS reviewed medical records and verified on 5/15/18 the child had a medical examination. ACS safety assessments documents showed there was no safety factor that placed the child in immediate danger.

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)
03/30/2017	Deceased Child, Female, 15 Years	Mother, Female, 48 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 15 Years	Adult Sibling, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The 3/30/17 SCR report alleged an adult female sibling prostituted in the home. The adult sibling exposed the child to prostitution and the men who visited the home. The BM allowed the situation to continue.

Report Determination: Unfounded **Date of Determination:** 05/23/2017

Basis for Determination:

ACS unsubstantiated the allegation of IG of the child by the BM on the basis of no credible evidence. ACS noted that the BM did not leave the child alone with the adult sibling. The BM reportedly provided a minimum degree of care to the child.

ACS unsubstantiated the allegation of IG of the child by the adult sibling on the basis the adult sibling was not a person legally responsible for the child.

OCFS Review Results:

ACS observed and interviewed household members within 24 hours of receipt of the 3/30/17 report. ACS found there was a history of disputes between the BM and adult sibling. The sibling was not alone with the child. The family received home attendant and other support services. ACS was unable to verify whether prostitution occurred in the home. ACS completed the required safety assessment and risk assessments.

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



Between 4/23/99 and 5/29/14, the BM was a subject in nine SCR reports. The allegations of these reports were a combination of CD/A, EN, IG, IF/C/S, LMC, L/B/W, PD/AM, S/A, and Other of the BM's children.

The 4/23/99, 2/28/02, 5/15/02, 3/12/09, and 3/17/09 reports were indicated and the 8/17/12, 7/2/13, 4/28/14 and 5/17/14 reports were unfounded. The allegations of IG, PD/AM, IF/C/S, CD/A, EN, SA, LMC, L/B/W were substantiated. The family received services to address domestic violence, children's health and developmental needs, parental mental health and drug misuse, and hazardous home conditions.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Preventive Services History

Between 5/26/99 and 1/18/19, the family received preventive services during different periods of time. The services included ACS court ordered supervision under an Article Ten Neglect petition filed on behalf of the child and SS in Family Court on 5/1/02. The family received case management and casework counseling, and the BM received drug treatment that addressed marijuana and alcohol misuse. The child received services in school and hospital. The BM was not compliant with the service plan as she continued to misuse marijuana and other substances. The documentation did not include updated information about the BF.

In May 2018, the BM informed ACS that she was overwhelmed with providing care of the child. ACS provided Family Preservation Program for the family. The child continued to receive home attendant, respite, medical and therapeutic services. The BM participated in special needs parenting classes. The preventive services ended as the BM increased her ability to manage the child's developmental and health needs, there were no safety factors that placed the child in immediate danger, and risk elements were reduced. ACS and the provider agency completed the required number of casework contacts to meet the program requirements. ACS closed the preventive case on 1/18/19.

Foster Care Placement History

ACS removed the child and SS from the home on 4/2/09. ACS filed an Article Ten Neglect petition in Family Court on behalf of the child and SS on 4/6/09. The allegations included IF/C/S, IG, and PD/AM of the subject children. The judge remanded the child and SS to ACS. The child was discharged from foster care and returned to the SM on 4/30/09. An adult SS remained in foster care until she was discharged to the BM.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No