



Report Identification Number: SV-16-022

Prepared by: Spring Valley Regional Office

Issue Date: 10/31/2016

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	

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
CPR-Cardio-pulmonary Resuscitation		

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-Others	

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	



Case Information

Report Type: Child Deceased
Age: 5 year(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 06/06/2016
Initial Date OCFS Notified: 06/06/2016

Presenting Information

OCFS received an OCFS-7065 form from Suffolk County Department of Social Services (SCDSS) in regard to the death of the 5-year-old male subject child. The form indicated the subject child was born with a Chromosome 5 Deletion which resulted in severe disabilities. He was also diagnosed with seizure disorder, visual impairments, dysphagia and significant hypotonia. He was significantly delayed in all areas of development, and required a feeding tube and wheelchair to get around. On 6/6/2016, the father woke up at 6:00 AM and found the subject child unresponsive in his crib. The father attempted CPR and contacted 911. Local law enforcement officials and EMS arrived at the home where it was determined the subject child passed away overnight. An investigator from the Medical Examiner's office pronounced the subject child dead at 8:45 AM. The death certificate indicated the subject child died of natural causes and an autopsy was not completed at the request of the father.

Executive Summary

Suffolk County Department of Social Services, (SCDSS), became aware of the family in April 2011 following an investigation regarding the mothers "bizarre and erratic" behaviors. A preventive case was opened during this investigation, and remained open at the time of the fatality. Medical records indicated that the subject child was born with Chromosome 5 Deletion which resulted in severe disabilities. He had many medical issues associated with his diagnosis, including seizure disorder, visual impairments, Dysphagia and significant Hypotonia. He was also severely delayed in all developmental areas, was confined to a wheelchair, and had a feeding tube.

The family service stage progress notes revealed that on 6/6/2016, the father woke up at approximately 6:00 AM, and found the subject child unresponsive in his crib. Although the subject child was 5-years-old, he continued to sleep in the crib upon recommendation from his therapists as it was deemed the safest alternative due to his medical conditions. The father called 911 and began to administer CPR. Emergency Medical Services personnel and local law enforcement officials responded to the scene and determined that it was likely the subject child passed overnight. The Medical Examiner's office pronounced the subject child deceased at 8:45AM, and the subject child was taken to the funeral home from the scene. The father declined an autopsy given the subject child's extensive medical concerns. The death certificate was obtained indicating that the subject child died of natural causes.

There were no surviving siblings or other minor children residing in the household or in the care of the mother. The half-sibling, in the custody of her maternal grandmother, was observed to be well and happy. Appropriate provisions were in place for the half-sibling and the half-sibling's needs were being met. Appropriate service referrals were offered to the mother, father, half-sibling and extended family by SCDSS including assistance with offsetting the costs of the funeral and bereavement services. On 8/1/2016, a Suffolk County Family Court Judge vacated the order of supervision and order of protection regarding the mother. The case was closed on 8/10/2016.

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 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:

The case was not an investigation.

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 decision to close the case was appropriate. There were no surviving siblings or other minor children residing in the home.

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: 06/06/2016

Time of Death: 08:45 AM

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

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other



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

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	5 Year(s)
Deceased Child's Household	Father	No Role	Male	53 Year(s)
Other Household 1	Mother	No Role	Female	50 Year(s)

LDSS Response

Suffolk County Department of Social Services, (SCDSS), opened a preventive service case in April 2011 following a SCR report made regarding the mothers “erratic and bizarre” behaviors outside of the hospital where the subject child was admitted. At the time of his death, the child resided with his father and the mother had supervised visitation.

There were no surviving siblings or other minor children residing in the home. SCDSS completed the safety assessment accordingly within the Family Assessment’s and Service Plans (FASP) Plan Amendment. The case notes were well documented and detailed, however at times there was a significant delay noted in the documentation as it pertained to the respective event date. Overall, 95% of the notes were entered contemporaneously with the events.

As per the Medical Examiner’s office, an autopsy was not performed on the subject child at the father’s request. This request was granted as the subject child suffered from extensive medical concerns. It was noted that the subject child was born with a Chromosome 5 Deletion which resulted in severe disabilities. He had many medical issues associated with his diagnosis, including seizure disorder, visual impairments, Dysphagia and significant Hypotonia. He was also severely delayed in all developmental areas, was confined to a wheelchair, and had a feeding tube. The death certificate listed the death as natural causes.

There was documentation of supervisory conferences noted in which the circumstances of the case were discussed and directives were provided. SCDSS made appropriate collateral contacts including the Medical Examiner’s Office, local law enforcement officials, medical professionals, relatives, and community resources. All appropriate persons listed on the case were interviewed and observed and contact was maintained. Appropriate service referrals were offered to the family. Through the five year period this case was open, there were five instances in which there was no action on the case for over a month. There was also no documented contact with the subject child from 8/25/15-11/21/15. An analysis of the casework contacts practice in this district indicates 96.6% compliance with casework contacts.

On 8/1/2016, a Suffolk County Family Court Judge vacated the protective order and the order of supervision regarding the mother. Appropriate service referrals were made for the mother, the father, the surviving half-sibling and extended family



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members. The case was appropriately closed on 8/10/2016. The surviving female half-sibling was determined to be in the care and custody of the maternal grandmother where her needs are being met, and the half-sibling was doing well.

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: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: Suffolk County does not hold OCFS approved Child Fatality Review Team meetings.

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

All appropriate collateral contacts were made. There was a notable gap found in the timeliness of entering some progress notes, ranging in just over 1 month to 1.5 years; however, 95% of the notes were entered contemporaneously.

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"/>



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Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input 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"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

Appropriate service referrals were provided to the family by SCDSS. The mother and father appeared to have been utilizing support within their community, and at the time of case closure, were not utilizing any supports arranged by the caseworker.



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 siblings or other children residing in the household. Bereavement services were offered to the surviving half-sibling and declined.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

Appropriate service referrals were offered to the family however it appeared as though the family was receiving services via community resources.

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
Was the child ever placed outside of the home prior to the death?	Yes
Were there any siblings ever placed outside of the home prior to this child's death?	Yes
Was the child acutely ill during the two weeks before death?	Yes

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/03/2014	10455 - Deceased Child, Male, 4 Years	10457 - Father, Male, 52 Years	Lack of Supervision	Unfounded	No
	10455 - Deceased Child, Male, 4 Years	10457 - Father, Male, 52 Years	Inadequate Guardianship	Unfounded	

Report Summary:

This report was called in to the SCR listing allegations of Inadequate Guardianship and Lack of Supervision regarding the father on behalf of the then 4-year-old male subject child. This report alleged the subject child was developmentally disabled, non-verbal and not mobile and as a result, completely reliant on adults to care for his basic needs and required constant supervision. The report alleged the father left the subject child in the care of an unrelated home member that was also non-verbal and had an unknown mental illness. It was also alleged the father had many people in and out of the home at all hours of the day and night. A 11/20/14 case was merged with this intake.

Determination: Unfounded

Date of Determination: 12/02/2014

Basis for Determination:

The basis for determination was that there was no person residing in the home that fit the description called in to the



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SCR. The subject child was observed to have been well cared and no marks and/or bruises were observed. Visits to the home found the father to be an appropriate caretaker and no evidence was found to suggest the father left the subject child in the care of anyone other than the mother, with supervision by the maternal uncle. The father was the primary caretaker for the subject child. It appeared as though the unrelated male household member was added in error. No drugs were reported in the home and the father appeared coherent and sober during each visit to the home.

OCFS Review Results:

OCFS is in agreement with the determination of the 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)
05/14/2014	10451 - Deceased Child, Male, 3 Years	10453 - Father, Male, 51 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	10451 - Deceased Child, Male, 3 Years	10453 - Father, Male, 51 Years	Inadequate Guardianship	Unfounded	

Report Summary:

This report was called in to the SCR with allegations of Inadequate Guardianship and Parents Drug/Alcohol Misuse regarding the father on behalf of the then 3-year-old male subject child. The report alleged the father was actively using heroine intravenously while caring for the subject child. There were concerns the father's drug use impaired his ability to adequately care for the subject child. It was also noted the father obtained the narcotic, Suboxone illegally.

Determination: Unfounded

Date of Determination: 06/17/2014

Basis for Determination:

The basis for determination was the family was being actively monitored via a service case. The father admitted to previously utilizing intravenous drugs, however had been clean for 4 years. SCDSS caseworker observed no fresh track marks on the fathers arms. He was also observed to be alert and coherent and no drug paraphernalia was observed in the home while the father was caring for the subject child during unannounced home visits. The father did not appear to be on any illegal drugs or prescription medications. It did not appear as though the father placed the subject child's physical, mental and/or emotional condition in impairment or risk of impairment while caring for the subject child

OCFS Review Results:

OCFS is in agreement with the findings of the investigation.

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

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

There were three cases between 5/16/2004 and 9/29/2005, which had indicated allegations of Inadequate Guardianship, Parent's Drug/Alcohol Misuse regarding the mother on behalf of the then 3-year-old surviving female sibling. It was noted that the mother suffered from mental health and substance abuse issues. The maternal grandparents were issued a temporary order of custody in 5/04 of the sibling that was finalized on 11/30/2004. An order of protection was issued regarding the mother on behalf of the sibling at this time as well barring the mother from having unsupervised contact with the sibling. On 4/8/2011, a case was called in regarding the mother on behalf of the then 7-month-old subject child alleging Lack of Medical Care and Inadequate Guardianship. The allegations were substantiated and the case remained open for court ordered services following a 4/18/11 petition on the subject child's behalf. The mother was not allowed unsupervised contact. On 4/17/2012, a subsequent case listed indicated allegations of Inadequate Food, Clothing, Shelter, Inadequate



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Guardianship, Lack of Supervision, Parent's Drug/Alcohol Misuse and Other regarding the mother and father on behalf of the subject child.

Known CPS History Outside of NYS

There is no known CPS 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: 04/18/2011

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

	Yes	No	N/A	Unable to Determine
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"/>

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:

A case manager and nurse from an organization offering services to families with medically fragile children were involved with the now deceased child and family. Additionally, the mother was receiving treatment for her drug dependency at a treatment facility.

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.

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 15-year-old surviving female half-sibling was placed with the maternal grandmother in 5/04 as the mother suffered from mental health and substance abuse issues. An order of protection was issued whereby the mother was only to have supervised contact with the half-sibling. On 4/30/2012, the subject child was removed from the care of the parents following concerns in regard to drug use and the mother's untreated mental health issue. The father completed court ordered services for substance abuse and the subject child was returned to his care on 5/8/2012. The mother was non-compliant with her court ordered services for mental health and substance abuse. An order of protection was put in place which barred unsupervised contact between the mother and the subject child. This order remained in effect, and was vacated in family court upon the subject child's passing.

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

Have any Orders of Protection been issued? Yes

From: 04/30/2012 **To:** 08/01/2016

Explain:
A stay away order was put in place regarding the mother on behalf of the subject child. This order permitted supervised visits only and under the condition the mother complete impatient drug treatment and receive services pertaining to her mental health concerns. On 8/1/2016, the order was vacated following the subject child's passing.

Additional Local District Comments

No local district comments noted.



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