



Report Identification Number: SY-19-018

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

Issue Date: Sep 19, 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: 1 year(s)

Jurisdiction: Madison
Gender: Female

Date of Death: 04/08/2019
Initial Date OCFS Notified: 04/11/2019

Presenting Information

A 7065 Reporting Form was submitted which stated on 4/8/19, the child passed away at the nursing home where she was a resident. The child's death was expected.

Executive Summary

This fatality report concerns the death of a 1-year-old subject child (SC) that occurred on 4/8/19. The child had been involved in an open foster care case with Madison County Department of Social Services (MCDSS) since December 2018, and had been residing in a nursing facility since 4/4/19. An autopsy was not performed on the child since her death was an expected, attended death in a medical setting. The death certificate noted the immediate cause of death as respiratory failure due to lower respiratory tract disease, and intractable seizures as a significant condition that contributed to the death.

The case record noted the child suffered from a congenital disorder since birth and did not have a prolonged life expectancy. The child's mother (BM) was 16 years old, and her father (BF) was 17. Neither parent was capable of appropriately caring for the child due to her extensive medical needs. The child was in the care and custody of her maternal great grandparents (MGGM, MGGF) until her most recent hospitalization in March 2019. At that time, the child's parents agreed to voluntarily place the child into a nursing facility. On the date she was admitted, the child's condition worsened and she remained medically unstable until the date of her death.

MCDSS exhibited best casework practice throughout the life of the case, and worked diligently with the child's family to provide any needed or requested services as well as support when difficult decisions were made surrounding the child's medical care. Family members and numerous collateral sources were spoken with, including medical staff from hospitals and the nursing facility. The child had no surviving siblings. MCDSS offered the family bereavement referrals, and closed the child's foster care case shortly after her death.

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:**

Safety Assessments were not required as this was not a CPS 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 level of casework activity was commensurate with the case circumstances. SC's foster care case was closed proceeding her death.

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: 04/08/2019

Time of Death: 08:25 AM

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

County where fatality incident occurred: Albany

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

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	1 Year(s)
Other Household 1	Mother	No Role	Female	16 Year(s)
Other Household 2	Father	No Role	Male	17 Year(s)



Other Household 3	Grandparent	No Role	Female	34 Year(s)
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LDSS Response

On 4/8/19, MCDSS submitted a completed 7065 Reporting Form to OCFS regarding the death of SC, which occurred on that same date. At the time of the fatality, both BM and SC were in the custody of MCDSS; BM was in a residential treatment program, and SC had resided in a nursing facility since 4/4/19 due to her complex medical issues.

MCDSS had been involved with the family since February 2018, when a mandated preventive services case was opened concerning BM, BF, SC, and MGM; BM's biological father was unknown. The primary caretaker on the case was listed as MGM. This case was opened in response to BM's school filing a PINS petition, and an indicated CPS investigation from November 2017. That investigation found BM and BF were not providing the appropriate and necessary medical care for SC, who had serious medical issues and numerous special needs. There were further concerns BM and BF were not able to provide SC with stable housing, and BM was exhibiting behavioral and pending criminal issues in the community. MGM was awarded joint custody of SC, and assumed the responsibility of ensuring SC attended her medical appointments and recommendations were followed. It was ordered BM complete parenting classes, mental health and substance abuse evaluations, and follow through with an early intervention referral for SC.

On 5/16/18, BM was placed in the custody of MCDSS and admitted to a residential treatment program due to her ongoing mental health and behavioral concerns. In July 2018, SC was hospitalized for intractable seizures and concerns surrounding feeding. In August 2018, while still hospitalized, SC's condition significantly declined. A meeting was held at the hospital with SC's treatment team, BM, BF and their families to discuss SC's best interests moving forward. At this meeting, BM and SF signed a Do Not Intubate order, and agreed for SC to begin hospice care. As a result, SC was transferred from the hospital to a nursing facility, where her condition began to improve. In December 2018, the department determined MGM, BM, nor BF were suitable caretakers for SC; therefore, SC was placed in kinship foster care with her maternal great grandparents.

On 3/21/19, SC was hospitalized for seizures and a bowel obstruction. MGGM was out of town during this time and suffered a serious medical event. As a result, MGGF decided he and his wife could no longer provide the intensive care SC needed, and submitted a 10 Day Notice to find alternative placement for SC. Due to SC's serious medical needs, an appropriate alternate foster family could not be found; therefore, BM and BF agreed to the voluntary placement of SC into another nursing facility. On 4/4/19, SC was transferred from the hospital to a nursing home in Albany, NY. On this same date, SC presented in respiratory distress and needed to be placed on oxygen. Medical staff at the nursing home reported SC had a poor prognosis and she was evaluated for hospice services; however, before these services could be implemented, SC succumbed to her medical conditions and passed away on 4/8/19.

It was noted in the case record that SC's death was expected due to her terminal illness; therefore, the circumstances did not rise to the level of a report to the SCR. Appropriate bereavement services were offered to the family in response to SC's passing, and shortly thereafter, SC's foster care case was closed.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review



Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: This fatality was reviewed by the Madison County Child Fatality Review Team.

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 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 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 individuals were spoken with regarding SC's death. There were no logs required to be reviewed in this case.

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



Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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: Residential Treatment Program

Additional information, if necessary:

Appropriate services were offered to BM and other family members in response to SC's passing. BM continued to receive services at her residential placement to address her grief, substance use, mental health and behavioral concerns.

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:

BM remained in the custody of MCDSS at a residential placement at the time of SC's death, and services were to be provided to her at that placement.

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

Explain:

Grief and bereavement services were offered to the family in response to the fatality.

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? N/A
- 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)
04/26/2018	Deceased Child, Female, 6 Months	Mother, Female, 15 Years	Inadequate Guardianship	Substantiated	No

Report Summary:

This report was received with concerns BM became physically violent with her 15 yo cousin while SC was present. BM was listed as a subject in this report.

Report Determination: Indicated

Date of Determination: 09/18/2018

Basis for Determination:

MCDSS completed interviews with family members and collateral sources. All allegations were fully addressed, and it was discovered SC was not placed in harm despite an altercation with family members occurring. This investigation was indicated and the case remained open for CPS mandated services.

OCFS Review Results:

This investigation met all statutory requirements.

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)
04/10/2018	Mother, Female, 15 Years	Other Adult - MGM, Female, 34 Years	Inadequate Guardianship	Substantiated	No
	Other Child - MA1, Female, 13 Years	Other Adult - MGM, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Other Child - MA2, Female, 11 Years	Other Adult - MGM, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 5 Months	Other Adult - MGM, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Other Child - MU1, Male, 7 Years	Other Adult - MGM, Female, 34 Years	Inadequate Guardianship	Substantiated	
	Other Child - Cousin, Male, 16 Years	Other Adult - MGM, Female, 34 Years	Inadequate Guardianship	Substantiated	

Report Summary:

This report was received with concerns MGM and BM were involved in a physical altercation where objects were thrown in the presence of other children in the home. The report alleged as a result of the altercation, the then 7 yo MU sustained lacerations to his body.

Report Determination: Indicated

Date of Determination: 09/18/2018

Basis for Determination:

MCDSS completed interviews with family members and collateral sources. All allegations were fully addressed. During this investigation, BM was placed into a residential treatment program, and MGM was found to have not been appropriately following through with SC's medical needs; SC was hospitalized as a result and remained hospitalized in a nursing facility at the close of this investigation. The case was indicated and opened for CPS mandated services.

OCFS Review Results:

This investigation met all statutory requirements.

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/10/2018	Mother, Female, 15 Years	Other Adult - MGM, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 2 Months	Other Adult - MGM, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

This report was received with concerns MGM kicked BM and SC out of the home, and BM did not have an alternative plan for her child. BM and SC were listed as maltreated children in this report.

Report Determination: Unfounded

Date of Determination: 03/05/2018

Basis for Determination:

MCDSS completed interviews with family members and collateral sources. All allegations were fully addressed. MCDSS filed a Neglect Petition against BM regarding SC and MGM was granted physical custody of SC. BM's school filed a PINS petition against BM. The allegations against MGM were unfounded. A separate services case was opened involving BM, BF, and SC.

OCFS Review Results:

This investigation met all statutory requirements.

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)
11/24/2017	Deceased Child, Female, 1 Months	Mother, Female, 15 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Months	Mother, Female, 15 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Female, 1 Months	Other Adult - PGM, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Months	Father, Male, 16 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Months	Mother, Female, 15 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 1 Months	Other Adult - PGM, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 1 Months	Father, Male, 16 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

This report was received with concerns BM, BF and PGM smoked marijuana and used prescription drugs while caring for SC. The report alleged PGM was an alcoholic and on many occasions, drove intoxicated with SC in the car.

Report Determination: Indicated

Date of Determination: 01/22/2018

Basis for Determination:

MCDSS completed interview and home visits with all family members, and observed SC on several occasions. All allegations were denied; however, during this investigation it was discovered BM had missed two of SC's medical appointments. MCDSS assisted BM with scheduling and attending needed appointments. Collaterals were contacted and appropriate services were offered to the family prior to case closure.

**OCFS Review Results:**

This investigation met all statutory requirements.

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

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

There was no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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"/>

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care:

Date of placement with most recent caregiver?

04/04/2019

How did the child(ren) enter placement?

Voluntary Placement

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation



	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<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"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
The foster care case involving SC was appropriately closed shortly after her death. A criminal history check and



certification/approval for placement were not required for this case; however, N/A was not an option for selection as part of this review.

Foster Care Placement History

On 5/16/18, BM was placed in the custody of MCDSS and admitted to a residential treatment program due to her ongoing mental health and behavioral concerns. SC was in the care of her MGM, but not following through with all of SC's medical needs. In July 2018, SC was hospitalized for intractable seizures and concerns surrounding feeding, and SC was placed in MCDSS' custody. In August 2018, while still hospitalized, SC's condition significantly declined. A meeting was held at the hospital with SC's treatment team, BM, BF and their families to discuss SC's best interests moving forward. As a result, SC was transferred from the hospital to a nursing facility, where her condition began to improve. In December 2018, SC and was placed in the care and custody of her maternal great grandparents (kinship foster care) and discharged from the facility. Due to unforeseen circumstances in March 2019, the grandparents could no longer provide the necessary care for SC and requested MCDSS find another placement for the child. Because of SC's serious medical needs, an appropriate alternate foster family could not be found; therefore, SC was again placed in a nursing home on 4/4/19 where she remained until the date of her death.

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