



**Report Identification Number: SV-18-064**

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

**Issue Date: Apr 02, 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

<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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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	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	
<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	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:** 2 day(s)

**Jurisdiction:** Dutchess  
**Gender:** Female

**Date of Death:** 11/07/2018  
**Initial Date OCFS Notified:** 11/13/2018

## Presenting Information

The death of the two-day-old female SC was reported to OCFS by the Dutchess County Department of Community and Family Services (DCDCFS) through the required Agency Reporting Form 7065. On 11/7/18, the SC passed away while hospitalized at Vassar Brother's Medical Center.

## Executive Summary

On 11/7/18, DCDCFS was notified by the mother that the SC passed away on that date at Vassar Brother's Medical Center. DCDCFS had an open CPS investigation at the time, which was received on 10/19/18, alleging concerns for the mother's mental health and non-compliance with her medication. There were also concerns the power was shutoff resulting in no heat in the home and that sibling's mattress was not safe. DCDCFS had an open CPS Services case since 8/2/17, which had recently transferred to Preventive Services after the 1yo sibling was discharged from Foster Care.

The SC was born prematurely at 25 weeks gestation on 11/5/18. The SC weighed only 1 lb. 8 oz and was diagnosed with extreme immaturity of newborn, extremely low birth weight, hypotension, respiratory distress syndrome, neonatal hypoglycemia, neonatal jaundice and thrombocytopenia (low blood platelet count). Despite medical intervention, the SC was unable to survive. On 11/7/18 at 12:20 pm, the mother was holding the SC when she passed away.

The death certificate listed the manner of death as natural and the cause of death as hypotension due to or as a consequence of extreme prematurity. The mother requested an autopsy be performed and the ME's findings were consistent with the hospital physician's diagnoses. Due to the circumstances surrounding the SC's death, a law enforcement investigation was not conducted.

DCDCFS thoroughly investigated the circumstances surrounding the SC's death and unfounded and closed the CPS investigation. There were no safety concerns observed in the home, the mother was engaged in mental health treatment and parenting skills classes, and she was meeting the needs of the sibling. There were court ordered services in place and the Preventive Services case remained open at the time of this writing. The mother was referred for bereavement counseling, mobile crisis services and she was provided with burial assistance. The father had no other children and declined bereavement services.

## 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:**

The death of the SC was not reported to the SCR.

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:**  
DCDCFS thoroughly investigated the cause and circumstances surrounding the SC's death and the case remained open for Preventive Services.

### 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: 11/07/2018

Time of Death: 12:20 PM

County where fatality incident occurred: Dutchess

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	2 Day(s)
Deceased Child's Household	Mother	No Role	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Other Household 1	Father	No Role	Male	32 Year(s)
Other Household 2	Other Adult - Sibling's Father	No Role	Male	37 Year(s)

### LDSS Response

Within 24 hours of being notified that the SC passed away, DCDCFS notified the Spring Valley Regional Office and submitted the required Agency Reporting Form 7065. DCDCFS spoke to the mother, who was hospitalized since giving birth to the SC on 11/5/18. DCDCFS assessed the sibling was safe in the care of the maternal aunt at that time.

DCDCFS obtained the SC's medical records and it was learned on 11/5/18, the mother arrived at the hospital in pre-mature labor and an emergency C-section was performed. The SC was diagnosed with multiple medical conditions due to her premature birth and only survived two days. On 11/7/18, the mother was holding the SC when her heart stopped and she was unable to be revived.

The mother had a history of mental health concerns and a developmental disability that had previously impacted her ability to parent the sibling. There was a previous finding of neglect and the sibling was in Foster Care from 7/26/17 until 7/20/18, when he was returned to the mother's custody on a trial discharge. When the trial discharge ended, the case was transferred to Preventive Services and court ordered services were in place through May 2019.

Upon discharge from the hospital, the mother was grieving the death of the SC and her mental health was unstable. DCDCFS referred the mother to mobile crisis services and she was admitted to Alliance House for mental health respite services. While at Alliance House, the mother's friends stayed at her home and cared for the sibling and the sibling was assessed safe in their care. Once stabilized the mother returned home, remained engaged with her service providers and was able to meet the sibling's needs.

DCDCFS spoke to the SC's father, who said the SC was his only child. He did not reside with the mother, but was supporting her and assisting her with caring for the sibling. He declined bereavement services as he was already engaged in mental health counseling. The sibling's father was spoken to and stated he did not have regular contact with the sibling or the mother and that he had medical and mental health issues that prevented him from being a custodial resource for the sibling.

DCDCFS contacted all necessary collaterals and determined the SC passed away from a medical condition and not due to abuse or neglect of a caretaker. The sibling was deemed safe in the mother's care and the Preventive Services case remained open.

### 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



# Child Fatality Report

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

Comments: Dutchess County does not have an OCFS approved Child Fatality Review Team.

### 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 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"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
The sibling's safety was adequately assessed.

### Fatality Risk Assessment / Risk Assessment Profile



# Child Fatality Report

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 Risk was adequately assessed and an extension of the Order of Supervision was filed in Family Court. The orders were extended and the mother remained engaged in Preventive Services.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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

**Explain:**

Mobile crisis supported the mother immediately following the SC's death and the mother was admitted to Alliance House for mental health services. DCDCFS provided burial assistance and referred the mother for bereavement counseling. The father declined services.

### History Prior to the Fatality

#### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? Yes

#### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

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

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/19/2018	Sibling, Male, 1 Years	Mother, Female, 34 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 1 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother was diagnosed with a mental health disorder, was non-compliant with her medication and unable to adequately care for the 1yo sibling. The sibling's mattress was wrapped in a garbage bag due to having feces on it and there was no electricity in the home and no alternative heat source.

**Report Determination:** Unfounded**Date of Determination:** 12/18/2018**Basis for Determination:**

When DCDCFS arrived at the home, the power was turned back on, the garbage bag had been removed from the mattress and there were no safety concerns observed. The mother said she placed the bag on the mattress that morning after cleaning it. The mother was engaged in mental health treatment, but was not on prescribed medication due to being pregnant. The sibling's trial discharge from Foster Care had just ended and the mother was properly caring for him and his nutritional and medical needs were being met. The SC was born prematurely during the investigation and passed away. The case remained open for Preventive Services and an extension of the Order of Supervision was granted.

**OCFS Review Results:**

DCDCFS thoroughly investigated the allegations and the death of the SC. They contacted all necessary collaterals, including the mother's multiple service providers. They coordinated their efforts with the Preventive Services caseworker to ensure all service needs were being met and that the sibling was safe in the mother's care.

**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)
07/06/2017	Sibling, Male, 1 Days	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Male, 1 Days	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

An SCR report alleged the mother had a history of mental health issues and was not in the recommended treatment. She gave birth to the sibling and was mentally unfit to care for the child. Three subsequent reports were received with concerns the mother was not adequately feeding the sibling and he had lost a significant amount of weight.

**Report Determination:** Indicated**Date of Determination:** 09/14/2017**Basis for Determination:**

The mother was engaged with multiple service providers due to mental health issues and a developmental delay and was living in supportive housing. She did not understand the sibling's developmental needs, she was not feeding him properly and was letting him cry. The sibling had significant weight loss and loss of muscle mass. The sibling was removed on 7/26/17 and placed in Foster Care, where he gained weight and thrived. An Article 10 Neglect Petition was filed and granted and the mother received supervised visitation. The case was indicated and opened for ongoing services.

**OCFS Review Results:**

DCDCFS appropriately merged the investigations. They contacted the necessary collaterals and diligently followed up on concerns for the mother's care of the sibling. They appropriately placed the sibling in Foster Care and sought court



ordered services. The sibling's alleged father did not sign the acknowledgment of paternity, although attempts were made to locate him.

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 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: 08/02/2017

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: 08/02/2017

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine



# Child Fatality Report

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If not, how many days was it overdue?</b> The FASP was completed 7 days late.				
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"/>

### 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:**  
Therapeutic Foster Care Services and Preventive Services were provided by Abbott House.

### Preventive Services History

The Preventive Services case opened on 10/22/18, after the sibling's trial discharge from Foster Care ended. In November 2018, SC was born prematurely and passed away and the mother made an appropriate plan for the sibling to temporarily stay with the maternal aunt and friends. The mother remained engaged in parenting skills and mental health treatment, although had missed several mental health appointments and was not taking her medication as prescribed after SC's birth. A petition was filed and on 1/30/19, the Order of Supervision was extended for six months. The Preventive Services case remained open at the time of this writing.

### Foster Care Placement History



The sibling was placed in Foster Care on 7/26/17, due to the mother not feeding him the required amount and he lost a significant amount of weight. The mother engaged in mental health counseling, took medication as prescribed and visited the sibling regularly. The sibling was returned to the mother's care on a trial discharge on 7/20/18. The sibling continued to gain weight and meet developmental milestones in the mother's care. The mother engaged in parenting skills classes and continued to maintain mental health stability. DCDCFS referred the mother for Preventive Services when the trial discharge ended on 10/22/2018.

### 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:
07/31/2017	Adjudicated Neglected	Foster Care Placement to Continue
<b>Respondent:</b>	049512 Mother Female 34 Year(s)	
<b>Comments:</b>	DCDCFS placed the sibling in Foster Care and filed an Article 10 Neglect Petition against the mother. There was a finding of Neglect and the sibling's Foster Care placement continued until 10/20/18.	

#### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
10/31/2018	Other, Specify	Order of Supervision
<b>Respondent:</b>	049512 Mother Female 34 Year(s)	
<b>Comments:</b>	DCDCFS filed for an extension of the Order of Supervision and on 1/30/19, the orders were extended for 6 months.	

### 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