



**Report Identification Number: NY-20-087**

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

**Issue Date: Jan 29, 2021**

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 6 month(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** 09/20/2020  
**Initial Date OCFS Notified:** 09/23/2020

## Presenting Information

According to the OCFS-7065, the 6-month-old female infant was admitted to the hospital at the time of her birth, and she had pre-existing medical conditions. She remained hospitalized until she was pronounced dead by an attending physician.

## Executive Summary

This medically fragile 6-month-old female infant died on 9/20/20. According to the ACS case record, the infant's death was due to natural causes, and the case was not referred to the Medical Examiner for an autopsy.

At the time of the infant's death, the family had an open investigation that began on 8/22/20. The family also had an open preventive services case beginning 8/23/20. ACS opened the preventive services case to address the domestic partner violence incidents that occurred between the BM and BF in the presence of the SS. The SS was one of the twin children, who were born in March of 2020. The SS received medical care in the hospital and was released to the BM in July of 2020.

During the investigation of the 8/22/20 report, ACS verified that the infant and twin SS were born prematurely at approximately 25 weeks gestation. The infant remained hospitalized and was never released to the BM. The medical professionals diagnosed the infant with complications in her intestinal tract and medical conditions related to her prematurity. The infant received treatment in the pediatric intensive care unit. She experienced organ failure and her condition deteriorated. The BM was involved in plans for her care and hospital personnel informed the BM that the infant had a poor prognosis. The infant received treatment until she was pronounced dead.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Services Cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006.

The BM and SS resided in the MGM's home and the BF resided at a different location. The family received Court Ordered Supervision with ACS, under an Article Ten Neglect petition, and PPRS with a provider agency. The documentation showed ACS offered bereavement and burial assistance to the family. The BM participated in trauma based services, she made progress with monitoring the SS's medical appointments and developmental needs. ACS engaged the MGM, who declined services. During a home visit on 1/14/21, ACS observed the SS to determine her developmental needs, and noted the SS was laying on her back in an upright position on the bed and was able to maintain an independent sitting position, she seemed healthy, well nourished and did not have visible marks or bruises. The Family Progress Notes reflected the SS received Early Intervention screening and appropriate referral for services.

The BF no longer supported the BM and SS and he did not make himself available for preventive services. It appeared that he received services to address domestic violence through a separate court arrangement.

The case remained open for preventive services at the time this fatality report was written.

## 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

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:

N/A

### Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 09/20/2020

Time of Death: 08:30 PM

County where fatality incident occurred: New York

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? N/A

### Child's activity at time of incident:

- |   |                                  |   |
|---|----------------------------------|---|
| <input type="checkbox"/> Sleeping                       | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing                        | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input checked="" type="checkbox"/> Other: Hospitalized |                                  |   |

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

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	6 Month(s)
Deceased Child's Household	Father	No Role	Male	24 Year(s)
Deceased Child's Household	Mother	No Role	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Month(s)

### LDSS Response

ACS contacted the hospital, and interviewed personnel who said the medical personnel, palliative care team, and the BM discussed the infant's poor prognosis on 9/17/20. According to the medical records, the infant died on 9/20/20 and the final diagnosis was multiple organ failure, and the death was not referred to the Medical Examiner for an autopsy.

On 9/23/20, ACS attempted to visit the home. The documentation showed the BM opened the front door and showed ACS the SS, who was on the BM's left hip and holding onto BM's arm. The BM did not permit ACS to enter the home and she then closed the door.

On 9/24/20, ACS visited the home and observed the SS. According to the documentation, the SS was observably alert and calm, she moved all extremities, and her skin was intact.

On 9/28/20, ACS interviewed the hospital personnel and requested the infant's medical records, documentation of the diagnosis, surgeries that were performed, medication administered and a copy of the chart that reflected the infant's last date at the hospital.

ACS referred the BF for intimate partner violence counseling/batterer's accountability as the case was active in Family Court and the BF had an active criminal case effective 9/22/20.

On 10/1/20, ACS and the BM discussed burial assistance. The BM stated she did not need any assistance. ACS assessed the SS for marks and bruises.

On 10/8/20, ACS received and reviewed the medical records for the infant. According to the documentation, the infant's last day of hospitalization was 9/20/20, and time of death was 8:30 PM. ACS verified that the final diagnosis was multiple organ failure.

Between November of 2020 and 1/19/21, ACS and the provider agency maintained adequate contact with the BM and SS through telephone, in-home and virtual visits. According to the Family Services Progress Notes, there were challenges with engaging BM during the initial stage of the program; however, the BM attended the sessions and actively participated since November of 2020. The BM was willing to share her experiences during the sessions that addressed parenting. The progress notes showed the SS was healthy and well nourished, she did not have marks/bruise, and there was no indication of abuse or maltreatment. The SS last had an evaluation on 9/11/20 and her next visit was scheduled for 3/12/21. ACS discussed safe sleep practices with the BM and provided guidance to address identified hazardous physical housing conditions.



ACS continued attempts to obtain services referrals for the BF. ACS interviewed a community-based organization and was informed that an intake coordinator connected with BF by phone. However, on 1/6/21, the BF informed ACS that he was not willing to engage in services due to his paternity concerns.

The case remained open for Court Ordered Supervision at the time this fatality report was written.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

### Multidisciplinary Investigation/Review

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

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

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



# Child Fatality Report

<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	-------------------------------------	--------------------------	--------------------------

<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	-------------------------------------	--------------------------	--------------------------	--------------------------

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
The family was already receiving services.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
There was no removal regarding the surviving child.

### 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The SS received Early Intervention screening and case management services.

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

Explain:

The family received PPRS and Court Ordered Services. The BF received casework counseling, monitoring and supervision through the court.

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment?

No

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

**Infant was born:**

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

### 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)
08/22/2020	Sibling, Female, 6 Months	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 6 Months	Father, Male, 24 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The 8/22/20 report alleged the BM, BF and SS were in another adult's home when the BM and BF had a physical altercation. The BM and BF exposed the SS to pepper spray. The SS did not sustain physical injuries. The BM and BF were arrested. The BM made suicidal statements.

**Report Determination:** Indicated **Date of Determination:** 10/17/2020

**Basis for Determination:**

ACS substantiated the allegation of IG of the SS by the BM and BF on the basis of credible evidence. In the Investigation Conclusion Narrative document, ACS explained that the BM sustained an injury during the domestic violence incident that occurred on 8/22/20.

**OCFS Review Results:**

The ACS investigative findings showed the BM and BF were involved in intimate partner violence in the presence of the twin SS on 8/22/20. The BM received mental health evaluation in the hospital on 8/22/20 and was discharged with recommendations for out-patient treatment. ACS conducted an emergency child protective removal of the SS, attempted to identify resource relatives, and initiated Family Court intervention. The judge released the SS to the BM with ACS supervision. The SS received well-child examination on 9/9/20, and the results reflected she was healthy.

There were no allegations involving the infant. The BM informed ACS of the infant's death on 9/22/20.

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

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

The BF was a subject in a report that was registered on 12/29/16. The allegations of the report were IG and SA of a child, for whom the BF was a person legally responsible. ACS investigated the report and substantiated the allegations on the basis of credible evidence.



### Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

### 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: 08/23/2020

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: 08/23/2020

### 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 checked="" type="checkbox"/>	<input 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
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### 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:**  
The family received PPRS with a provider agency.

### Preventive Services History

ACS opened a preventive services case for the family on 8/23/20, and addressed the domestic violence incidents that occurred in the household. The documentation reflected the infant was in the hospital, the BM and SS resided in the MGM's home, and the BF resided at a different location. There was an order of protection on behalf of the BM and SS against the BF.

ACS monitored the family's health, financial and housing needs. The BM received trauma-focused domestic violence counseling, and health and wellness monitoring for the infant and SS. The MGM did not accept services although the BM and SS resided in her home. The documentation showed the BM was not always compliant with Court Ordered Services, and the BF did not make himself available for services.

### Foster Care Placement History

The family received foster care services beginning 8/23/20. The foster care services were provided because the BM and BF were arrested and in temporary police custody, and there was no family resource to provide care for the twin SS. ACS conducted a protective removal of the SS, placed her in the temporary care of a foster care provider agency, and filed an Article Ten Neglect petition in Family Court on behalf of the SS on 8/24/20. LE released the BM from police custody. The judge released the SS to the BM with ACS Court Ordered Supervision on 8/25/20.

### 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**

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
08/25/2020	There was not a fact finding	Order of Supervision
<b>Respondent:</b>	056129 Father Male 24 Year(s)	
<b>Comments:</b>	The judge released the sibling to the BM with Court Ordered Supervision under ACS.	

**Have any Orders of Protection been issued? Yes**

**From:** Unknown

**To:** Unknown

**Explain:**

There was a full stay away order of protection on behalf of the BM and SS against the BF.

**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