



Report Identification Number: SY-16-006

Prepared by: Syracuse Regional Office

Issue Date: 8/9/2016

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



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

Jurisdiction: Onondaga
Gender: Male

Date of Death: 02/22/2016
Initial Date OCFS Notified: 02/22/2016

Presenting Information

On 2/22/16 it was reported that at approximately 10:00PM on 2/22/16, police and emergency medical technicians were called to the home of the BM for an unresponsive five-year-old severely disabled child (SC) with grave physical abnormalities and preexisting (unknown) medical conditions. The BM put the SC down for a nap at 8:00PM (last known time to be alive and responsive) and later found the SC unresponsive. The BM moved the SC from his bed to the couch in the living room to perform CPR but to no avail. The specifics regarding the cause of death is unknown. The SC was pronounced dead on 2/22/16 at approximately 10:11PM.

Miscellaneous Information: The SC's physical abnormalities included lacking a foot, constricted/contorted arm and multiple facial disfigurements. The SC showed several medical ports on his torso for unknown prior medical treatments and/or administrations of medicines.

Executive Summary

The report involved the death of a five-year-old male medically complex child. The SC was pronounced dead on 2/22/16 at 10:11PM. A report was registered with the SCR on 2/22/2016 with allegations of IG and DOA/Fatality against the BM regarding the SC after the SC was found unresponsive in his bed. The household consisted of the BM and the SC. There are no surviving children. The SC was born with extensive medical issues including cerebral palsy with associated developmental delay, seizure disorder, and lower extremity deformities. As a result of poor brain and nervous system development, the SC was neurologically devastated and dependent on the BM for his care.

The Final Forensic Autopsy Report listed the Cause of Death as Complications of cerebral palsy. The Manner of death is Natural. The Toxicology Report had a positive finding for Levetiracetam at 2.4 mcg/mL.

OCDESS obtained pertinent medical records, the autopsy, law enforcement records, and contacted several collateral contacts. LDSS added the allegation of Lack of Medical Care against the BM regarding the SC and the allegations of IG and Lack of Medical Care were substantiated against the BM regarding the SC. The allegation of DOA/Fatality against the BM regarding the SC was unsubstantiated due to lack of credible evidence to support the allegation. The investigation was closed on 7/29/16.

Syracuse Police Department responded to the death of the SC; however they did not open an investigation.

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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

There are no surviving children. All casework activity was commensurate with case circumstances.

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:

There are no surviving children. No service needs. All casework activity was commensurate with case circumstances.

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: 02/22/2016

Time of Death: 10:11 PM

Time of fatal incident, if different than time of death: 10:00 PM

County where fatality incident occurred: ONONDAGA

Was 911 or local emergency number called? Yes

Time of Call: 10:00 PM

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

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

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

How long before incident was the child last seen by caretaker? 2 Hours

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



At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:
Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Other Household 1	Father	No Role	Male	25 Year(s)

LDSS Response

The LDSS investigation revealed that the five-year-old SC resided with the BM. The BF was in jail and did not have involvement with the SC.

The BM reported to LDSS that the SC had “glassy eyes” the day prior (2/21/16) and she was concerned that he wasn’t feeling well. The BM monitored the SC throughout the day and slept with the SC that night. The BM reported that the SC appeared extremely exhausted on 2/22/16; however it was often typical for the SC to be tired and sleep a lot during the day.

It was determined that on 2/22/16 at about 2:30PM, the BM fed the SC through his gastric feeding tube (G-tube) and gave him his medications. At about 5:00PM the SC fell asleep while placed on his back and propped on a pillow in his twin bed. The BM reported that the SC was regularly propped in his bed because he would aspirate as a result of his ongoing medical concerns. At about 8:00PM the BM checked on the SC and found him to be sleeping; however she reported that she did not enter the bedroom and confirm the SC was breathing. The BM went to her bedroom and fell asleep until about 10:00PM when she went to the SC’s bedroom to give him his nightly medications. When the BM turned on the lights to the SC’s bedroom she saw the SC leaning over the pillow to the left, as if he had rolled off, and unresponsive. The BM picked the SC up and carried him to the living room where she called 911 at 10:00PM and began CPR until the police and emergency medical personnel (EMS) arrived. The SC had obvious signs of rigor mortis and was pronounced dead at the home at 10:11PM.

The preliminary forensic autopsy summary documented that the SC showed no traumatic injuries and it was likely the SC sustained a seizure related to his underlying brain/developmental abnormalities. The medical examiner determined that the cause of death was ‘Complications of cerebral palsy’ and the manner of death was ‘Natural’. LDSS responded appropriately to the death by interviewing parties involved, obtaining and reviewing medical and law enforcement records, gathering information from first responders, making collateral contacts, and offering appropriate services, including Child Advocacy Center counseling services.

LDSS made collateral contact with the SC’s primary physician/pediatrician who provided an impact statement documenting ongoing concerns of the BM’s care of the SC. The SC was last seen by the physician on 2/16/16. The physician was consulted regarding the Autopsy toxicology report and stated that the positive finding for Levetiracetam at



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2.4 mcg/mL is below what should be expected if the SC was administered medication as prescribed. The physician also noted that after consulting with the pharmacy, it was determined that the BM did not fill prescriptions for necessary medication for the SC, concluding that the SC was not getting medications as prescribed. As a result, LDSS added the allegation of Lack of Medical Care against the BM regarding the SC. On 7/29/16 LDSS substantiated the allegations of IG and Lack of Medical Care against the BM regarding the SC. The allegation of DOA/Fatality against the BM regarding the SC was unsubstantiated due to lack of credible evidence to support the allegation and based on the official cause and manner of death.

The LDSS gathered appropriate information to determine the allegations in the report and counseling services were offered to the BM. All casework activity was commensurate with case circumstances. There are no surviving children and no service needs.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: All casework activity was commensurate with case circumstances.

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

Comments: SCR report regarding the SC's death was received 2/22/16. The fatality was reviewed by the Onondaga CFRT.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
029961 - Deceased Child, Male, 5 Yrs	029962 - Mother, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
029961 - Deceased Child, Male, 5 Yrs	029962 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
029961 - Deceased Child, Male, 5 Yrs	029962 - Mother, Female, 20 Year(s)	Lack of Medical Care	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine



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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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:

There were no surviving children. The BF was not a caretaker and was incarcerated out of state at the time of the SC death. LDSS made numerous attempts with prison personnel to coordinate telephone contact with the BF. Notification was mailed to BF.

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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral



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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 Funeral assistance was provided to the BM. Bereavement counseling was offered to the mother through the CAC.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:
 There are no surviving children.

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

Explain:
 Funeral assistance was provided to the BM. LDSS referred the BM to the CAC for bereavement counseling and support.

History Prior to the Fatality

Child Information

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



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Was there an open CPS case with this child at the time of death? No
 Was the child ever placed outside of the home prior to the death? No
 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? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/09/2014	10191 - Deceased Child, Male, 3 Years	10192 - Mother, Female, 18 Years	Lack of Medical Care	Indicated	Yes
	10191 - Deceased Child, Male, 3 Years	10192 - Mother, Female, 18 Years	Inadequate Guardianship	Indicated	

Report Summary:

On 5/9/14, OCDSS received an SCR report alleging IG and Lack of Medical Care against the BM regarding the then 3-year-old SC. The report alleged that the BM missed numerous necessary medical appointments for the severely disabled SC. The allegations were substantiated and the investigation was closed on 6/24/14 and opened for Preventive Services. A neglect petition was filed 6/19/14 and an OOP was issued to ensure the BM provided necessary care to the SC.

Determination: Indicated**Date of Determination:** 06/24/2014**Basis for Determination:**

Credible evidence was found to substantiate the allegations against the BM. Collateral contacts were made.

OCFS Review Results:

Sufficient information was found to make appropriate safety and risk decisions. The decision to substantiate the report was appropriate.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-day safety assessment was not completed in a timely manner (Due on 5/16/14; completed on 5/23/14).

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

A county improvement plan will be sent to OCDSS to address the issue of untimely 7-day safety assessments (SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)).

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/28/2013	10194 - Deceased Child, Male, 2 Years	10195 - Mother, Female, 18 Years	Inadequate Guardianship	Unfounded	Yes
	10194 - Deceased Child, Male, 2 Years	10195 - Mother, Female, 18 Years	Malnutrition / Failure to Thrive	Unfounded	



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10194 - Deceased Child, Male, 2 Years	10196 - Grandparent, Female, 39 Years	Inadequate Guardianship	Unfounded
10194 - Deceased Child, Male, 2 Years	10196 - Grandparent, Female, 39 Years	Malnutrition / Failure to Thrive	Unfounded

Report Summary:

On 10/28/13, OCDSS received an SCR report alleging IG, Malnutrition/Failure to Thrive against the BM and MGM regarding the then 2-year-old SC. The report alleged that the SC was hospitalized for Failure to Thrive.

Determination: Unfounded**Date of Determination:** 01/06/2014**Basis for Determination:**

No credible evidence was found to substantiate the allegations. The SC was born with multiple disabilities and the failure to thrive was determined to be the result of a medical issue. The SC had a G-tube inserted to provide nourishment and his condition improved. The allegations were unsubstantiated and the investigation was closed on 1/6/14. No services were required as the BM was working with community services. Collateral contacts were made. No safety factors were present.

OCFS Review Results:

Sufficient information was found to make appropriate safety and risk decisions. The decision to unsubstantiate and close the report was appropriate.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-day safety assessment was not completed in a timely manner (Due on 11/4/13; completed on 12/20/13). The progress notes documented that safety was assessment within 7 days.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

A county improvement plan will be sent to OCDSS to address the issue of untimely 7-day safety assessments (SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)).

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

OCDSS had 2 SCR reports between 2011-2013 involving the BM and SC. The reports include allegations of IG and Lack of Medical against the BM and MGM regarding the SC. One report was appropriately screened as eligible for Family Assessment Response (FAR) and the other was substantiated for IG and Lack of Medical.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS

Services Open at the Time of the Fatality**Required Action(s)**



Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

OCDSS provided preventive services for the BM and the then 3-year-old SC from 6/19/14-12/17/15. OCDSS filed a Neglect petition 6/19/14 regarding concerns with lack of medical care to the SC. An Order of Protection (OOP) was issued on 6/19/14 to ensure that the BM provided the SC necessary medical care and services were opened. On 12/1/14, services were court ordered for a duration of one year. The BM was cooperative and improved in attending and coordinating medical appointments for the SC. The case was closed when the OOP and court ordered services expired. At the time of closing, the BM was being monitored by Probation services. The review found compliance by OCDSS with all applicable statutory and regulatory requirements.

OCDSS provided Preventive/Probation services from 11/1/12-6/27/13 to the then 17-year-old BM. Family Court ordered Probation for JD supervision of the BM to prevent a higher level of supervision or out of home placement. The case was closed when the order of supervision expired and services were no longer necessary.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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:
06/19/2014	Adjudicated Neglected	Suspended Judgment
Respondent:	029962 Mother Female 20 Year(s)	
Comments:	On 5/9/14, OCDSS received an SCR report alleging IG and Lack of Medical Care against the BM regarding the then 3-year-old SC. The report alleged that the BM missed numerous necessary medical appointments for the severely disabled SC. The allegations were substantiated and the investigation was closed on 6/24/14 and opened for Preventive Services. A neglect petition was filed 6/19/14 and a 6-month Order of Protection (OOP) was issued to ensure the BM keep all medical appointments and provide necessary care to the SC. On 12/1/14, court ordered preventive services were ordered for a	



duration of 1 year (expiring 12/1/15).

Have any Orders of Protection been issued? Yes

From: 06/19/2014

To: 12/19/2014

Explain:

On 5/9/14, OCDSS received an SCR report alleging IG and Lack of Medical Care against the BM regarding the then 3-year-old SC. The report alleged that the BM missed numerous necessary medical appointments for the severely disabled SC. The allegations were substantiated and the investigation was closed on 6/24/14 and opened for Preventive Services. A neglect petition was filed 6/19/14 and a 6-month OOP was issued to ensure the BM keep all medical appointments and provide necessary care to the SC.

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