



**Report Identification Number: SV-21-009**

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

**Issue Date: Aug 27, 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

<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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 year(s)

**Jurisdiction:** Rockland  
**Gender:** Female

**Date of Death:** 02/28/2021  
**Initial Date OCFS Notified:** 03/01/2021

## Presenting Information

OCFS was notified by the Rockland County Department of Social Services (RCDSS) via the 7065 Agency Reporting Form that the 1-year-old child passed away in the hospital on 2/28/21. The child was born with medical conditions and a genetic disorder and had been hospitalized in a long term medical care facility at the time of her death.

## Executive Summary

On 3/1/21, RCDSS received notification from the hospital social worker that the 1-year-old child passed away in the hospital on 2/28/21 at 6:43PM. RCDSS had an open services case since 3/22/19, involving the mother and child. At the time of the child's death the mother was under an Order of Supervision through family court. RCDSS filed a neglect petition against the mother due to her untreated mental health issues. The father of the child resided outside of the country and was unknown.

The child was born on 11/11/19 with the genetic disorder trisomy 18. The disorder was diagnosed while the child was in utero with a poor chance of survival. As a result of the genetic disorder, the child had congenital heart disease, congestive heart failure, a cerebral malformation, feeding problems and respiratory insufficiency. The child had been hospitalized since the time of her birth and prior to her death had been placed at a long term care facility.

On 2/28/21, staff at the long term care facility noticed blood in the child's G-tube and bleeding in her diaper. First responders were contacted and the child was transported to the emergency department. The child was placed in the Pediatric Intensive Care Unit for management of an electrolyte imbalance. While at the hospital, the child's heart stopped and medical staff attempted CPR and administered medications to revive the child; however, they were unsuccessful and the child was declared deceased. It was determined the infant passed away from cardiac arrest and hyperkalemia. The mother had approved an autopsy; however, it was unclear if one was completed. Law enforcement was not contacted.

RCDSS spoke to the hospital staff and determined the child's death was not the result of abuse or maltreatment by the mother; therefore, a report was not made to the State Central Register. They attempted phone contact with the mother to offer services following the fatality; however, the phone call was not returned. There were no surviving siblings or children in the home and RCDSS closed the services case.

## 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

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:**  
It was determined the child's death was not the result of maltreatment by the mother, therefore it was not reported to the SCR. The mother had no other children and there was no further need for ongoing 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: 02/28/2021

Time of Death: 06:43 PM

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

County where fatality incident occurred: Rockland

Was 911 or local emergency number called? No

Did EMS respond to the scene? Yes

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 was supervisor impaired? Not impaired.

At time of incident supervisor was:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Absent  |
| <input type="checkbox"/> Asleep     | <input checked="" type="checkbox"/> Other: Child was supervised by medical staff |

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

### Household Composition at time of Fatality



Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	1 Year(s)
Other Household 1	Mother	No Role	Female	23 Year(s)

### LDSS Response

Within 24 hours of learning about the child's death, RCDSS notified OCFS through the required 7065 Agency Reporting Form. RCDSS spoke to hospital staff and reviewed the child's medical records. It was learned that the child was diagnosed with the genetic disorder trisomy 18 while in utero on 6/14/19. After her birth the child was admitted to the Neonatal Intensive Care Unit in respiratory distress. Medical staff reported it was common for children diagnosed with trisomy 18 to go into cardiac arrest and that children diagnosed with this disorder did not typically live past the age of one.

Through the review of the open services case and historical CPS investigation it was learned that the child had been hospitalized the entirety of her life. The mother was unable to care for the child due to her untreated mental illness and RCDSS placed the child into foster care. RCDSS documented efforts to locate familial placements and were in contact with the grandmother and maternal aunt. RCDSS maintained legal custody of the child and documented efforts to involve the mother and maternal family members in decision making regarding the child's medical needs. The child was placed at a long term care facility and more specifically moved to a unit that could provide the additional respiratory support she required. RCDSS visited with the child face-to-face and during COVID-19 visiting restrictions they completed virtual visits and received regular updates from the medical staff. The mother, grandmother and maternal aunt visited with the child as allowed.

RCDSS previously filed a Neglect Petition against the mother and she was court order to engage in recommended mental health treatment. There was also an order of protection which required the mother's contact with the child be supervised. RCDSS documented contact with the mother's mental health counselor who reported the mother was compliant with recommended treatment. On 7/8/20, there was a virtual court appearance and the mother was granted custody of the child. On 9/17/20, the judge placed the mother under a six month order of supervision which required her to continue her engagement in mental health treatment.

Following the fatality, RCDSS documented unsuccessful attempted contact with the mother and grandmother with the intention of offering services related to the fatality. It was not documented that efforts were made to meet with the mother face-to-face following the death. RCDSS closed the preventive services case; however, prior to case closure there was no FASP documented to reflect the change in circumstances regarding the child and closure of the case.

### Official Manner and Cause of Death

**Official Manner:** Pending  
**Primary Cause of Death:** Pending  
**Person Declaring Official Manner and Cause of Death:** Unknown

### Multidisciplinary Investigation/Review

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No  
**Comments:** RCDSS 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**

The mother was enrolled in mental health counseling prior to the fatality. RCDSS left a voicemail for the mother offering grief counseling services. No other efforts were documented to offer services to the mother or grandmother following the fatality.

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

**Explain:**  
RCDSS attempted phone contact with the mother and grandmother the day following the fatality without success. In addition, RCDSS documented a case conference where they noted that they left a voicemail in which they offered the mother grief counseling services.

## History Prior to the Fatality

### Child Information

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

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

<b>Date of SCR Report</b>	<b>Alleged Victim(s)</b>	<b>Alleged Perpetrator(s)</b>	<b>Allegation(s)</b>	<b>Allegation Outcome</b>	<b>Compliance Issue(s)</b>
11/12/2019	Deceased Child, Female, 1 Days	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	Yes

**Report Summary:**

RCDSS received an SCR report that alleged on 11/11/19, the mother gave birth to the subject child. The mother had significant mental health issues. The mother had been hospitalized for these issues and there was a plan for her to return to the hospital after recovering from the birth of the child. The mother was paranoid and violent and was unable to care for the child.





**Report Determination:** Indicated **Date of Determination:** 12/18/2019

**Basis for Determination:**  
RCDSS determined there was credible evidence that the mother was negligent due to the fact that she failed to address her mental health issues placing the child at risk of harm. The mother had a history of mental health concerns and failed to cooperate with treatment while at the hospital for a mental health assessment. RCDSS filed a Neglect Petition on 11/15/19. The child was removed from the mother's care and placed into DSS custody on 11/18/19.

**OCFS Review Results:**  
RCDSS documented a CPS history check, completed a home visit, spoke to the source and interviewed the mother, relatives and collaterals. RCDSS gathered sufficient information to file a Neglect Petition. There were detailed case conferences documented throughout the investigation, including supervisory and legal consultations and conversations with the secondary county. The record did not reflect that RCDSS inquired as to who the BF of the SC was or made efforts to notify him of the SCR report and the removal. The notification of existence letter was not provided to the BM within the required time frame. The final safety assessment did not reflect case circumstances.

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

**Issue:**  
Adequacy of Documentation of Safety Assessments  
**Summary:**  
RCDSS documented there were no safety factors present at case closure; however, there were controlling interventions in place, as the child was in the care of the county due to the mother's mental health.  
**Legal Reference:**  
18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)  
**Action:**  
The results of each safety assessment must be accurately documented in the case record to reflect case circumstances regarding safety.

**Issue:**  
Failure to provide notice of report  
**Summary:**  
The mother was noticed of the report in writing; however, the notice was provided late on 12/3/19. The record did not reflect that RCDSS inquired about the father of the child, noticed him of the SCR report or made him aware the child was placed in foster care.  
**Legal Reference:**  
18 NYCRR 432.2(b)(3)(ii)(f)  
**Action:**  
RCDSS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/13/2019	Aunt/Uncle, Male, 13 Years	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Aunt/Uncle, Male, 13 Years	Grandparent, Female, 44 Years	Inadequate Guardianship	Unsubstantiated	
	Aunt/Uncle, Male, 13 Years	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



**Report Summary:**

RCDSS received an SCR report which alleged that the mother abused drugs and had mental health issues. She had physically attacked the grandmother in front of the then 12yo maternal uncle (MU). She had been hospitalized at a psychiatric hospital. The mother had encouraged the uncle to smoke marijuana with her, but it was unknown if he did. The mother threatened the uncle with physical violence. Despite the mother's behaviors, the grandmother allowed her to babysit the uncle while she was at work, which placed the uncle at risk.

**Report Determination:** Unfounded**Date of Determination:** 10/24/2019**Basis for Determination:**

RCDSS unfounded the report due to lack of credible evidence. The BM and MGM were interviewed regarding allegations in this report. The MGM confirmed that the BM had mental health/drug issues. Following the receipt of the SCR report, the BM was hospitalized due to her mental health status. The MGM reported that the BM had physically attacked her in presence of the MU and that there was a history with law enforcement regarding the BM's behavior. The MU reported that he was not sure if the BM encouraged him to smoke marijuana but reported the BM once made a verbal threat to him and smacked him on the head. The MGM made arrangements for the MU to reside with his father.

**OCFS Review Results:**

RCDSS documented a CPS history check, completed a home visit, spoke to the source, interviewed the grandmother and uncle and spoke to collaterals. RCDSS documented diligent efforts to interview the mother, including phone calls, letters and home visits. RCDSS gathered sufficient information to substantiate IG against the mother; however, it was unsubstantiated.

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

Appropriateness of allegation determination

**Summary:**

The grandmother reported that the mother had attacked her in the presence of the uncle, one time specifically being due to the mother smoking too much marijuana. The uncle reported feeling scared of the mother and confirmed he had seen the mother physically attack the grandmother. Given this information, there was credible evidence to substantiate the allegation of IG against the mother.

**Legal Reference:**

FCA 1012 (e) &amp; (f);18 NYCRR 432.2(b)(3)(iv)

**Action:**

RCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the Westchester Regional Office if further guidance is needed.

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

In 2017, the mother had a CPS FAR case after a report was received alleging the mother acted violently toward the maternal uncle. The family reported this was an isolated incident and no other CPS concerns were identified. The family declined a referral for additional services.

**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:** 11/18/2019



## 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
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"/>
If not, how many days was it overdue? The FASP was due on 12/15/20 and approved on 12/28/20.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Provider



	Yes	No	N/A	Unable to Determine
<b>Were Services provided by a provider other than the Local Department of Social Services?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 Services were provided by Rockland County Department of Social Services.

**Required Action(s)**

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

Yes  No

<b>Issue:</b>	Failure to Complete a Plan Amendment
<b>Summary:</b>	RCDSS did not complete a FASP to reflect the change in status of the child and the closure of preventive services.
<b>Legal Reference:</b>	18 NYCRR 428.7
<b>Action:</b>	RCDSS will complete a plan amendment any time a significant change occurs in the status of the case, which includes when services end for a family member due to death. As required, this will be done within 30 days of the change if an initial FASP has already been completed, unless the change occurs within 60 days of the next FASP. In that instance, the change can be documented at that time.

**Foster Care Placement History**

On 11/15/19, RCDSS filed a Neglect Petition against the mother and she was ordered by the court to engage in recommended mental health treatment. The child was placed in the legal custody of RCDSS and remained in the hospital until the time of her death. There was an order of protection which required the mother's contact with the child be supervised. RCDSS documented contact with the mother's mental health counselor who reported the mother was compliant with recommended treatment. On 7/8/20, there was a virtual court appearance and the mother was granted custody of the child. On 9/17/20, the judge ordered a six month order of supervision which required the mother to continue her engagement in mental health treatment.

**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

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
11/15/2019	Other, Specify	Article 10 Remand
<b>Respondent:</b>	057532 Mother Female 23 Year(s)	
<b>Comments:</b>	RCDSS filed a Neglect Petition against the mother on 11/15/19. The initial court appearance was on 11/18/19 and the child was remanded into foster care. During a virtual court appearance on 7/8/20 the	



child was returned to the mother's custody. On 9/17/20, the mother was given an adjournment in contemplation of dismissal upon completion of a six month order of supervision, which required her to continue engagement in recommended mental health treatment.

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

**From:** 11/18/2019

**To:** 09/17/2020

**Explain:**

RCDSS filed a Neglect Petition against the mother and as a result, the mother was required to have supervised visitation with the child. On 6/25/20, the order was modified to allow for unsupervised visitation. On 7/8/20 the child was returned to the mother and the order was vacated.

**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