



**Report Identification Number: SV-15-044**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 5/31/2016**

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**

<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
<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
CPR-Cardio-pulmonary Resuscitation		
<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-Others	
<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		

**Case Information**



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Suffolk  
**Gender:** Female

**Date of Death:** 11/08/2015  
**Initial Date OCFS Notified:** 11/09/2015

## Presenting Information

On 8/3/2015, the pregnant mother was incarcerated and transported to a hospital to undergo a mental health evaluation. While at the hospital, the mother's amniotic sac broke and she consequently gave birth to the subject child on 8/4/2015, at 24 week gestation. The subject child and mother tested positive for illicit substances. The subject child was immediately admitted to Neonatal Intensive Care Unit (NICU) where she received medical attention. Following the mother's hospitalization, she was to return to jail. The mother did not present a viable resource for the subject child and so the child was placed in foster care in preparation for discharge from the hospital. The subject child remained in the NICU until her death on November 8, 2015.

## Executive Summary

On 8/4/2015, the Suffolk County Department of Social Services (SCDSS) received a report alleging IG of the BM on behalf of the newborn SC. The department's investigation revealed that, in July 2015, the BM lost consciousness while walking down the street. A passerby contacted emergency services to assist her. The BM informed the first responders that she was a pregnant drug addict. The BM was transported by ambulance to Southside hospital. While at the hospital, she became upset with a nurse and kicked her. As a result of the incident, the BM was arrested and transported to Riverhead Jail. The nurse at the jail requested the BM undergo a psychiatric evaluation. The BM reported she has a mental health history and self-medicates with illicit substances. The BM was transported back to Southside Hospital for the evaluation; however, was not admitted and was returned to Riverhead jail where her amniotic sac broke.

The BM was transported to Peconic Bay Medical Center and later to SBUH where she gave premature birth to the SC on 8/4/2015. The BM and SC tested positive for illegal drugs. The SCDSS learned the BM had not received prenatal care, was prostituting during her pregnancy, and was expected to return to jail. The SC weighed 11lb 6oz, was in critical condition and was immediately transferred to the NICU. The BM reported having an extensive drug use history and unwillingness to plan for the care of her newborn children had led to the SCDSS filing a neglect petition on behalf of the two surviving siblings, age 14-months-old and 6-years-old. The children were placed with MGM. The MGM explained she has reached her capacity and was not able to assume caretaking responsibilities for the SC. The BF of the child would not assume caretaking responsibilities until a paternity test confirmed his relation. After evaluating the circumstances surrounding the BM's current living situation and her unwillingness to adequately care for the SC, an Article 10 petition to Family Court was filed. SCDSS was granted custody and a Stay Away Order of Protection on 8/7/15. The OOP was granted as a precaution until supervised visitation between the BM and SC could be established. On 8/20/15, SCDSS indicated the case for Inadequate Guardianship and Parent's Drug/Alcohol Misuse on the basis the BM was a self-reporting active drug addict with a long history of drug use which led to her other children being with relatives and she did not plan for the care of the SC following her birth. The BM was incarcerated and could not identify a viable resource to care for the SC.

The SC remained in NICU and, after a series of surgeries; medical staff deemed the SC would not survive. The OOP was modified in Family Court and subsequently the BM was permitted liberal supervised visits with the SC. The SC died in the BM's arms in the NICU on 11/8/2015. SCDSS informed the SVRO of the SC's death on 11/10/15. As a



result of the SC's death, SCDSS requested to withdraw the neglect petition as there were no surviving siblings in the BM's custody. On 12/11/2015, the neglect petition was vacated and services were terminated.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
o Safety assessment due at the time of determination? N/A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

Due to the mother's extensive drug use history, surviving siblings' positive toxicology at their birth, and the mother's lack of provisions for the subject child; DSS filed an emergency neglect petition prematurely. The subject child was in critical condition and was not discharged from the hospital; therefore, never in the mother's care.

- 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:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/08/2015

Time of Death: 16:42 PM

- County where fatality incident occurred: SUFFOLK
Was 911 or local emergency number called? No
Did EMS to respond to the scene? No
At time of incident leading to death, had child used alcohol or drugs? No
Child's activity at time of incident:



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- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

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

1

**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	No Role	Female	3 Month(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)
Other Household 1	Sibling	No Role	Male	6 Year(s)
Other Household 1	Sibling	No Role	Male	14 Month(s)

### LDSS Response

On August 4, 2015, a SCR report was received by Suffolk County Department of Social Services (SCDSS) regarding the newborn subject child. The allegations stated that the subject child was born premature at 24 weeks gestation with a positive toxicology of marijuana, cocaine and methadone. The subject child was placed in the Neonatal Intensive Care Unit (NICU) at Stony Brook University Hospital (SBUH). SCDSS filed an emergency neglect petition. The mother was incarcerated prior to giving birth and was expected to return to jail following her discharge on August 11, 2015. The mother did not offer a viable resource to care for the infant in her absence. On August 7, 2015, the courts granted DSS custody of the subject child and issued a "Stay Away" Order of Protection (OOP). The mother had a history of being physically violent with hospital staff, and so, the OOP was established to safeguard the subject child until supervised visitation was established. The subject child was not expected to be discharged in the near future and was given a poor prognosis. The CPS case was appropriately indicated for Inadequate Guardianship and Parent's Drug/Alcohol Misuse on August 20, 2015, and transferred to foster care services for ongoing support and supervision. The subject child remained hospitalized in the NICU and was never placed with a foster family.

Regular contact was maintained with the mother and updates were obtained regarding her legal, mental health, and substance abuse treatment progress. The mother was released from jail on August 11, 2015, the same day a local COUNTY Sheriff's Department picked her up on a warrant and transported her to a county correctional facility where she stayed until her release on September 17, 2015. Upon discharge from the correctional facility, the mother entered an inpatient substance abuse treatment program. Due to the subject child's critical condition, SCDSS filed an emergency modification to the OOP that permitted the mother to have liberal supervised visitation with the subject child. The order was modified on 10/1/2015. Visitation started on 10/2/2015 and was supervised by SCDSS. Paternity was not established;



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however, the alleged father was allowed unsupervised visits but only exercised his right to visit with the subject child on a few occasions.

SDSS transported the mother to the hospital and supervised her visits with the subject child. DSS served as a support for the mother throughout the subject child's stay in the NICU. On November 8, 2015, SBUH contacted the mother because the subject child's medical condition worsened and the subject child had hours left to live. The subject child was placed in the mother's arms, where she passed away within 2 hours. As a result of the subject child's death, CPS requested the neglect petition and the OOP be withdrawn, as there were no surviving siblings in the mother's care. Bereavement referrals as well as help paying for funeral expenses were offered and accepted by the mother.

Supervisory and case conferences were held throughout the life of the case. Progress notes were entered timely and contemporaneously. The documentation reflected regular contact was maintained with the medical staff treating the subject child.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**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:** Suffolk County does not have a Child Fatality Review Team.

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**



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The subject child was born premature and was not discharged from the hospital.

## 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
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"/>



<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<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?** N/A

**Explain:**

There were no surviving siblings in the mother's custody.

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

**Explain:**

At the time of death, the subject child's mother was in an inpatient substance abuse program and received bereavement referrals.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- 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?** Yes
- Were there any siblings ever placed outside of the home prior to this child's death?** Yes
- Was the child acutely ill during the two weeks before death?** Yes

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

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



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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/04/2015	9456 - Deceased Child, Female, 3 Months	9455 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated	No
	9456 - Deceased Child, Female, 3 Months	9455 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

The intake report alleged the mother gave birth to the subject child on 8/4/2015 and the infant was born with a positive toxicology at 24 weeks gestation. The mother also tested positive for illegal drugs. The allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse were made against the mother.

**Determination:** Indicated**Date of Determination:** 08/20/2015**Basis for Determination:**

The allegations were substantiated on the basis the mother was incarcerated due to her drug use and she did not plan for the care of the infant upon discharge. The mother reported extensive history of drug use and mental health illness and denied seeking prenatal care during her pregnancy. At the time of the infant's birth, the mother could not offer a viable resource as she was returning to jail.

**OCFS Review Results:**

OCFS' assessment of the investigation determined that the department gathered sufficient information to support an indication of the allegations. The mother was expected to return to jail after she was medically cleared from giving birth and had not planned for the care of the subject child. The mother and subject child tested positive for substances following the birth and the mother suffered from an untreated mental illness

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/13/2014	9452 - Sibling, Male, 14 Months	9451 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Indicated	No
	9452 - Sibling, Male, 14 Months	9451 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

An allegation was made against the mother for inadequate guardianship and parent's drug use/alcohol misuse against the subject child's older sibling. The mother gave birth to a premature baby boy at 33 weeks gestation. The mother tested positive for marijuana and cocaine. At birth, the baby's toxicology was positive for marijuana; however, his meconium was later tested and returned positive for cocaine and marijuana.

**Determination:** Indicated**Date of Determination:** 04/09/2014**Basis for Determination:**

The allegations of Inadequate guardianship and Parent's Drug/Alcohol Misuse against the mother were substantiated. The mother admitted to using marijuana and crack daily during her pregnancy. Following the birth of the sibling, the mother did not demonstrate a willingness to plan for his care. The mother did not address her untreated mental illness nor attended treatment for her active drug use. The mother remained homeless and expressed a desire for the MGM to care for the sibling. The baby was removed from the mother's custody and placed in the V-docket custody of the MGM.

**OCFS Review Results:**

OCFS' assessment of the case reflects that Suffolk County gathered sufficient evidence to support an indication of the allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse. The mother refused to accept any referrals



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from CPS or the medical staff to address her mental illness, sobriety, and homelessness. The mother would not plan for the care of the sibling.

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

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

This family was known to the SCR in two previous cases. On May 20, 1998, a report was called into the SCR for allegations of inadequate guardianship and lacerations, bruises, welts against the maternal grandmother regarding the subject child's mother, then age twelve. The MGM admitted to hitting the subject child's mother with a belt resulting in bruising. The report was substantiated on August 12, 1998, due to credible evidence.

On December 6, 2008, a report was called into the SCR for allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse against the mother. The mother gave premature birth to the then newborn sibling. Both the sibling and the mother tested positive for cannabis. The sibling was removed and placed in the N-docket custody of the MGM. The mother did not prepare to have the resources to care for the sibling nor did she demonstrate a willingness to plan for the infant during the investigation. The report was substantiated on January 22, 2009, due to credible evidence.

## Known CPS History Outside of NYS

This family does not have CPS history outside of NYS.

## Services Open at the Time of the Fatality

## 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"/>

## Required Action(s)

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

Yes  No

## Preventive Services History



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There is no record of Preventive Services 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.

## Foster Care at the Time of the Fatality

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

Date deceased child(ren) was placed in care: 08/08/2015

Date of placement with most recent caregiver? 08/08/2015

How did the child(ren) enter placement? Court Order

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

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

## Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider Oversight/Training

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

#### Additional information, if necessary:

The subject child was born premature at 24 weeks gestation with a positive meconium of marijuana, cocaine and methadone. The subject child was placed in the Neonatal Intensive Care Unit (NICU) at Stony Brook University Hospital (SBUH). The mother chose to withdraw life support and the subject child died in the NICU on November 8, 2015.

### Required Action(s)

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

Yes  No

### Foster Care Placement History

The now 6-year-old surviving sibling was placed with the MGM via an N-docket on 12/14/2009. The now 14-month-old surviving sibling was placed with the MGM via a N-docket on 4/2/2014. The MGM later petition the court for custody via V-docket. The subject child was placed in foster care due to neglect on August 7, 2015, and remained in the care and



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custody of the Commissioner of the Suffolk County Department of Social Services (SCDSS) until her death on November 8, 2015. The subject child never left the hospital and never resided in a foster home.

### 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:
08/07/2015	There was not a fact finding	There was not a disposition
Respondent:	024281 Mother Female 29 Year(s)	
Comments:		

Have any Orders of Protection been issued? Yes	
From: 08/07/2015	To: 10/01/2015
Explain:	
A Stay Away Order of Protection was granted on August 7, 2015. Due to the subject child's critical medical condition, the department filed an emergency modification application that granted the mother supervised visitation with the subject child. The order was modified on 10/1/2015. All contacts between the mother and subject child were supervised by CPS.	

### 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