



Report Identification Number: AL-20-023

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

Issue Date: Feb 08, 2021

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 10 month(s)

Jurisdiction: Franklin
Gender: Male

Date of Death: 08/13/2020
Initial Date OCFS Notified: 08/13/2020

Presenting Information

On 8/13/20, Franklin County Department of Social Services (FCDSS) received an SCR report which alleged that on 8/12/20, the great-aunt left the 10-month-old child alone on a queen-sized bed. The great-grandmother went to check on the child and found him in a small trash can on the side of the bed. One of the adults called 911, and EMS was able to revive the child. The child was transported to a hospital and put on life support. The child was unresponsive and was taken off life support and passed away on 8/13/20 at 2:05 PM. Also living in the home was the mother, the father, and another great-aunt.

Executive Summary

This report concerns the death of a 10-month-old child that occurred while in the care of his parents, great-aunts, and great-grandmother. The great-aunts and great-grandmother were primarily responsible for the care of the child at the time of his death and had filed custody petitions in family court prior to the incident. There were no other children in the home. There was an open prevention services case at the time of the child's passing.

FCDSS received the report and coordinated their response with law enforcement. The child was also transported to a hospital across state lines, further complicating the initial response to the report.

Through familial interviews, FCDSS determined that the child was living in a home with his mother, father, great-grandmother, and two great-aunts. The great-grandmother and two great-aunts provided almost all the daily care of the child and had filed for custody through family court. On the night of the incident around 8:00 PM, the child was placed to sleep in the great-aunt's bed where he often co-slept with the great aunt. The great-grandmother went to check on the child at approximately 9:00 PM and found him in a trash can next to the bed and yelled for someone to call 911. The parents were asleep at the time of the incident.

EMS transported the child to a hospital where he was placed on life support. There were no other signs of abuse and an autopsy was performed. The final autopsy results had not yet been received; however, the medical examiner reported the preliminary cause of death to be positional asphyxiation and that the injury was consistent with the story.

FCDSS offered services in relation to the child's death. The investigation was still open at the time the report was issued.

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?** Yes

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?** N/A

Explain:

Information had been gathered by FCDSS to make a determination of the allegations and safety during their investigation. The investigation remained open at the time this report was issued.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The investigation was still open at the time this report was issued.

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: 08/13/2020

Time of Death: 02:05 PM

Date of fatal incident, if different than date of death:

08/12/2020

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

09:00 AM

County where fatality incident occurred:

Franklin

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

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:

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

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

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	Alleged Victim	Male	10 Month(s)
Deceased Child's Household	Father	No Role	Male	26 Year(s)
Deceased Child's Household	Mother	No Role	Female	20 Year(s)
Deceased Child's Household	Other Adult - Great Grandmother	Alleged Perpetrator	Female	74 Year(s)
Deceased Child's Household	Other Adult - Great Aunt	Alleged Perpetrator	Female	61 Year(s)
Deceased Child's Household	Other Adult - Great Aunt	No Role	Female	65 Year(s)

LDSS Response

FCDSS received the report and initiated their investigation into the incident. The report alleged that the SC was found by the great-grandmother in a garbage can that was located next to an adult bed where the child was placed to sleep. There were no other children in the home.

FCDSS attempted to coordinate their response with LE. LE did not adhere to MDT protocols and did not initially provide assistance or information to FCDSS regarding the SC's death or their investigation into the incident.

FCDSS interviewed the family in the home. The subject maternal great-aunt (SMGA) disclosed that she had placed the SC in her bed around 8:00 PM after he had eaten. The subject maternal great-grandmother (SMGGM) identified that she had checked on him at 9:00 PM and located him in a trash can that was next to the bed. 911 was called and CPR was started. Upon EMS arrival, the SC was transported to the hospital and placed on life support. The SMGGM, SMGA, and other maternal great-aunt (OMGA) identified that they shared caregiving responsibilities for the SC due to the BM and BF's mental health issues that had prevented them from caring for the SC. The SMGGM, SMGA, and OMGA disclosed that the SC had become more mobile in the weeks leading up to the incident. They stated the SC was able to pull himself up and move around. They also disclosed that he had fallen out of the bed a few days prior to the fatal incident and suffered no injuries.

The BM and BF were interviewed in the home and confirmed that they were asleep during the incident. The BF stated he awoke around 9:00 PM and saw the lights from the ambulance and went to find out what had happened. The BM and BF confirmed that the SC had fallen off the bed 2 days prior to the fatal incident. The BF stated that he told the SMGGM and SMGA to put the SC in the crib to sleep and were in the process of getting a larger crib. The BM and BF each confirmed their mental health diagnoses and their difficulty in caring for the SC full time.

During the initial home visit, FCDSS observed the bed in which the child had been sleeping. The bed was observed to have a mesh net on one side to prevent the SC from falling out of that side of the bed. In the middle of the bed, there was a foam pool noodle with blankets to separate the SC from the adult. The trash can was located next to where the adult would have slept. It was determined by FCDSS and LE that to have fallen from the bed into the can, the SC would have had to crawl over the pool noodle and blankets and move over the additional area to the edge of the bed. LE believed this to have been plausible from the descriptions of how mobile the SC was prior to his death.

FCDSS spoke with the hospital staff that treated the SC. FCDSS was informed that the child was placed on life support upon arrival and palliative care was recommended following further testing. The family made the decision to remove the



SC from life support and he passed away on 8/13/20 at 2:05 PM. An autopsy was performed, and preliminary results showed that the child died of positional asphyxiation which was consistent with the reported story.

The investigation was still open at the time this report was written. FCDSS offered the family services in response to the SC's death. The services were declined by all parties.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: From an injury - external 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

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055344 - Deceased Child, Male, 10 Month(s)	055758 - Other Adult - Great Grandmother, Female, 74 Year(s)	Inadequate Guardianship	Pending
055344 - Deceased Child, Male, 10 Month(s)	055758 - Other Adult - Great Grandmother, Female, 74 Year(s)	DOA / Fatality	Pending
055344 - Deceased Child, Male, 10 Month(s)	055758 - Other Adult - Great Grandmother, Female, 74 Year(s)	Lack of Supervision	Pending
055344 - Deceased Child, Male, 10 Month(s)	055760 - Other Adult - Great Aunt, Female, 61 Year(s)	DOA / Fatality	Pending
055344 - Deceased Child, Male, 10 Month(s)	055760 - Other Adult - Great Aunt, Female, 61 Year(s)	Inadequate Guardianship	Pending
055344 - Deceased Child, Male, 10 Month(s)	055760 - Other Adult - Great Aunt, Female, 61 Year(s)	Lack of Supervision	Pending

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"/>
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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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:

FCDSS attempted to coordinate their investigation with LE. LE initially did not follow MDT protocols and did not provide assistance to FCDSS.

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.

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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input 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"/>



Child Fatality Report

Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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? 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

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/13/2020	Deceased Child, Male, 10 Months	Other Adult - Great Grandmother, Female, 74 Years	Inadequate Guardianship	Pending	No
	Deceased Child, Male, 10 Months	Other Adult - Great Grandmother, Female, 74 Years	Lack of Supervision	Pending	
	Deceased Child, Male, 10 Months	Other Adult - Great Aunt, Female, 61 Years	Inadequate Guardianship	Pending	
	Deceased Child, Male, 10 Months	Other Adult - Great Aunt, Female, 61 Years	Lack of Supervision	Pending	

Report Summary:

FCDSS received an SCR report alleging that the great-aunt fed and placed the child to sleep in a queen-sized bed at approximately 8:30 PM. The great-aunt and the great-grandmother checked on the child every 5-10 minutes. When she



went to check on the SC, the great-grandmother found the SC in a trash can. The adults called 911 and the child had no pulse and was not breathing upon EMS arrival. EMS was able to revive the child through CPR.

Report Determination: Undetermined

OCFS Review Results:

FCDDSS addressed each allegation in the report and spoke with all familial members and collaterals with relevant information. The investigation remained open at the time this report was issued.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/12/2020	Deceased Child, Male, 8 Months	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 8 Months	Father, Male, 25 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The SCR report alleged that the BM suffered from mental health issues that impacted her ability to care for the SC. A subsequent report alleged the BM had become out of control and physically assaulted the great-aunt in the presence of the SC.

Report Determination: Indicated

Date of Determination: 08/07/2020

Basis for Determination:

The BM admitted to the aggressive behaviors and was arrested twice during the investigation. The BM had significant mental health issues and was not following through with treatment. The BF also had untreated mental health issues and the mother was not to be alone with the SC. The great-aunt was the primary caregiver for the SC and a custody petition was filed. The mother was involved in prevention services and would continue to work with the provider.

OCFS Review Results:

FCDDSS addressed all of the allegations in the initial and subsequent reports. The BM and BF did not have primary caregiving responsibility for the SC; prevention services were in place and would continue to provide services.

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

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

The great-aunt was named as an alleged subject on two indicated investigations regarding educational neglect of the three siblings, including the BM, in her care. The children were not attending school where they also received mental health treatment.

Known CPS History Outside of NYS

There is 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: 03/16/2020

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



Child Fatality Report

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

Casework Contacts

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

Services Provided

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

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

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



Additional information, if necessary:

The preventive case was opened in response to the BM's mental health negatively impacting her ability to care for the SC following his birth. The BM lived with familial supports that provided for the primary care of the SC.

Preventive Services History

The great-grandmother and two great-aunts were named in multiple prevention and foster care CPS cases as caregivers to three nieces, including the BM, who suffered trauma as a result of their father's substance abuse.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

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