



Report Identification Number: SY-15-001

Prepared by: Syracuse Regional Office

Issue Date: 11/25/2015

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

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

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

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

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

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

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

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



Abbreviations

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

Case Information



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Report Type: Child Deceased
Age: 9 month(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 01/04/2015
Initial Date OCFS Notified: 01/05/2015

Presenting Information

OCFS was notified on 1/5/15 by OCFS-7065 of the SC's death on 1/4/15. The 10-month-old medically fragile SC was placed in the care and custody of the PGM on 10/10/14 upon discharge from the hospital as a result of a neglect petition involving the parents. The SC was born at 36 weeks gestation with multiple anomalies including two chromosomal abnormalities, lack of suck and swallow reflex and GERD. The SC had a MIC-KEY button for feedings. Medical information documented the SC's long term prognosis as being unknown and overall prognosis was stated to be poor with continued FTT, mental retardation, poor motor and cognitive development, as well as anticipated future hospitalizations and possible early death. The SC was hospitalized late November - 12/6/14 due to respiratory issues and had a visiting nurse 8 hours/day. On 1/4/14, PGM changed the SC's diaper and felt her hands to be cold. PGM called 911 and the SC was transported to the hospital where she was subsequently pronounced dead.

Executive Summary

The subject child passed away on 1/4/15 at the age of 10-months due to natural causes related to medical complications from birth. The subject child was born with multiple anomalies including hepatosplenomegaly and genetic defect identified as partial monosomy of chromosome 7 and trisomy of chromosome 8. Due to hepatosplenomegaly and ascites, the subject child required respiratory support. As a result of the genetic defects, the subject child's long term prognosis was unknown as the genetic defect was rare in occurrence; however the prognosis was poor, as well as the anticipation of future hospitalizations and possible early death with risks of aspiration pneumonias and respiratory failure.

Emergency medical services (EMS) was called at 4:31 PM on 1/4/15 when the subject child became lethargic with cool extremities and diaphoretic. The subject child was transported to the hospital by ambulance and subsequently died at the hospital following resuscitation attempts by medical personnel. The time of death was 8:00 PM and cause of death was listed as congenital abnormalities, pulmonary hypertension and septic shock. The family and medical examiner decided to not conduct an autopsy as there would not be conclusive information different than the medical complications that the SC had been diagnosed.

The subject child resided in an Article 10 non-LDSS placement with her paternal grandmother with an open preventive services case and had regular visitation with the biological mother and father. The subject child remained in the hospital from birth until 10/10/14 when she was discharged to the care and custody of her paternal grandmother with visiting nurse services 8 hours/day. The subject child was re-admitted to the hospital 10/12/14-10/17/14 for aspiration and again 11/26/14-12/6/14 for aspiration pneumonia.

OCDSS responded appropriately to the death by interviewing parties involved, obtaining and reviewing medical records, gathering information from first responders and offering appropriate services. It was determined that abuse/maltreatment were not a factor in the subject child's death and OCDSS withdrew the previously filed neglect petition without prejudice. The case was closed on 2/2/15 as there were no surviving children.



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:

There was not an SCR report and there were no allegations to determine. SC died during a Mandated Preventive Services case. There are no surviving children.

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:

OCDSS closed the Mandated Preventive services case on 2/2/15. The SC died on 1/4/15 and there are no surviving children.

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: 01/04/2015

Time of Death: 08:00 PM

Time of fatal incident, if different than time of death: 04:30 PM

County where fatality incident occurred: ONONDAGA

Was 911 or local emergency number called? Yes

Time of Call: 04:31 PM

Did EMS to 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: diaper change

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	10 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	47 Year(s)
Other Household 1	Mother	No Role	Female	24 Year(s)
Other Household 2	Father	No Role	Male	23 Year(s)

LDSS Response

The subject child (SC) passed away due to natural causes related to medical complications from birth. The SC was born with multiple anomalies and died as a result of complex medical conditions. The SC was involved in an open Preventive Services case and residing in an Article 10 non-LDSS placement with her paternal grandmother (PGM) at the time of death and had regular visitation with the biological mother (BM) and biological father (BF). The OCDSS was notified by the BM and PGM on 1/5/15 that the medically fragile SC had died on 1/4/15. The PGM had called for emergency medical services on 1/4/15 when the SC became lethargic with cool extremities and diaphoretic. The SC was transported to the hospital by ambulance and subsequently died at the hospital following resuscitation attempts by medical personnel.

OCDSS responded appropriately to the death by interviewing parties involved, obtaining and reviewing medical records, gathering information from first responders and offering appropriate services. It was determined that abuse/maltreatment were not a factor in the SC's death and OCDSS withdrew the previously filed neglect petition without prejudice. OCDSS learned that the family and medical examiner decided to not conduct an autopsy as there would not be conclusive information different than the medical complications that the SC had been diagnosed. The case was closed on 2/2/15 as there were no surviving children.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician



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Multidisciplinary Investigation/Review

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

Comments: OCFS was notified by OCDSS on 1/5/15 by OCFS-7065 of the subject child's (SC) death on 1/4/15. The 10-month-old SC was in the care and custody of the PGM and involved in an open preventive service case at the time of death. The SC was born with multiple anomalies and died as a result of the medical conditions. An autopsy was not conducted and the fatality was not reviewed at CFRT.

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:

All collaterals and documentation regarding the SC's death were obtained and reviewed.

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



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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
OCDSS offered assistance with funeral costs and bereavement services, but unknown if utilized.

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:
No surviving children.

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

Explain:
OCDSS offered assistance with funeral costs and bereavement services, but unknown if utilized.



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? N/A
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 neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/21/2014	5261 - Deceased Child, Male, 5 Months	5251 - Mother, Female, 24 Years	Lack of Medical Care	Indicated	No
	5261 - Deceased Child, Male, 5 Months	5252 - Father, Male, 23 Years	Lack of Medical Care	Indicated	
	5261 - Deceased Child, Male, 5 Months	5251 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	
	5261 - Deceased Child, Male, 5 Months	5252 - Father, Male, 23 Years	Inadequate Guardianship	Indicated	

Report Summary:

On 8/21/14 OCDSS received an SCR report alleging IG and Lack of Medical Care by the SC's BM and BF regarding the then five month old SC. The report alleged that the BF shut off the medically fragile SC's feeding tube and the BM failed to intervene, as well as the parents refused and obstructed the implementation of the SC's medical care. The SC was born with multiple anomalies and had remained in the neonatal unit since birth. An Article 10 petition was filed against the



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parents and the SC was voluntarily placed in the custody of the PGM upon discharge from the hospital with an order of protection that the parents have supervised contact with the subject child.

Determination: Indicated

Date of Determination: 12/09/2014

Basis for Determination:

Credible evidence was found to support that the mother and father rejected and obstructed the implementation of the subject child's medical care and refused to work with the subject child's medical team to develop a long term care strategy. The investigation was substantiated on 12/9/14 against the BM and BF for Inadequate Guardianship and Lack of Medical Care and a Preventive Services case was opened.

OCFS Review Results:

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

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

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

In 2008, OCDSS received two SCR reports with allegations of Inadequate Guardianship, Educational Neglect and Child Drug/Alcohol Misuse against the subject child's paternal grandmother regarding the grandmother's child who is not listed in the current fatality report and the then 17-year-old father. All allegations were unsubstantiated.

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: 10/09/2014

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

	Yes	No	N/A	Unable to Determine
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"/>

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"/>



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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"/>
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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:
 OCDSS provided mandated preventive services to the BM, BF and the SC from 10/9/14 - 2/2/15 with case management by OCDSS and case work assigned to Catholic Charities of Syracuse. Protective services were provided by OCDSS from 10/9/14-12/4/14, at which time they were discontinued.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
Yes No

Preventive Services History

Preventive Services were provided by Onondaga County DSS from 7/21/08 – 12/7/09 and 2/23/11 – 8/19/11 to the paternal grandmother and the grandmother’s child who is not listed in the current fatality report. The services were related to juvenile delinquent behaviors of the grandmother’s child and are unrelated to the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?
Yes No

Foster Care Placement History

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

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?
Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS



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Date Filed:	Fact Finding Description:	Disposition Description:
10/09/2014	There was not a fact finding	Withdrawn
Respondent:	021161 Mother Female 24 Year(s)	
Comments:	<p>Despite being repeatedly advised by the subject child's medical team of the severity of the child's condition and the necessity of her treatment plan, the mother and father rejected and obstructed the implementation of the subject child's medical care and refused to work with the medical team to develop a long term care strategy.</p> <p>The petition was dismissed as withdrawn, without prejudice following the death of the subject child.</p>	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
10/09/2014	There was not a fact finding	Withdrawn
Respondent:	021162 Father Male 23 Year(s)	
Comments:	<p>Despite being repeatedly advised by the subject child's medical team of the severity of the child's condition and the necessity of her treatment plan, the mother and father rejected and obstructed the implementation of the subject child's medical care and refused to work with the medical team to develop a long term care strategy.</p> <p>The petition was dismissed as withdrawn, without prejudice following the death of the subject child.</p>	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
10/10/2014	There was not a fact finding	Custody Transferred to Relative or Non-Relative Foster Care
Respondent:	021161 Mother Female 24 Year(s)	
Comments:	<p>The parents consented to the temporary removal of the subject child and the child was placed in the custody of the paternal grandmother upon the child's discharge from the hospital. The parents were given a minimum of bi-weekly supervised visitation with the subject child.</p>	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
10/10/2014	There was not a fact finding	Custody Transferred to Relative or Non-Relative Foster Care
Respondent:	021162 Father Male 23 Year(s)	
Comments:	<p>The parents consented to the temporary removal of the subject child and the child was placed in the custody of the paternal grandmother upon the child's discharge from the hospital. The parents were given a minimum of bi-weekly supervised visitation with the subject child.</p>	

Have any Orders of Protection been issued? Yes



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From: 10/07/2014	To: Unknown
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Explain:
A temporary order of protection was put in place on 10/7/15 ordering that the mother and father shall have supervised contact only with the subject child pending further orders of the court.

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