



Report Identification Number: NY-16-083

Prepared by: New York City Regional Office

Issue Date: 2/6/2017

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	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 3 year(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 08/08/2016
Initial Date OCFS Notified: 08/09/2016

Presenting Information

On August 09, 2016, SCO-Preventive Services notified OCFS of the child's death. The Biological Mother (BM) reported that on 8/8/16, her 3-year-old child was having difficulty breathing. The BM administered the Albuterol medication via the nebulizer and when this did not normalize his breathing, she called 911. EMS arrived, performed CPR, and took the child to St. John's Episcopal Hospital where he died at 6:05 PM on 08/08/16.

Executive Summary

According to the Certificate of Death issued by the New York City Department of Health and Mental Hygiene dated 8/18/16, the SC died on 8/8/16 at St. John's Episcopal Hospital, NY. The official manner of death was Natural Causes. According to the case record, the SC was transported to the hospital by EMS due to breathing complications. The death was not referred to the Medical Examiner and no autopsy was performed.

Preventive service agency, SCO Family of Services, notified OCFS on 8/9/16 of the SC's death. The SC had a history of medical health conditions for which he received treatment at home and during multiple hospitalizations.

Following the SC's death, SCO's staff offered condolences to the family and conducted a safety/risk assessment home visit of the SS within 24-hours of notification. The Case Planner (CP) conducted another visit during which contact occurred with a community service provider and referral made for bereavement counseling for the BM; an intake appointment was scheduled. The CP appropriately provided ongoing bereavement counseling during casework contacts with the family.

SCO also provided financial assistance towards funeral costs to the family. On 8/17/16, SCO staff, including the program director and supervisor, attended the SC's funeral.

Preventive services continued for the family and SS. The CP referred the SS for Early Intervention evaluation. Also, on 9/9/16 a referral for daycare (ACD) voucher occurred; the voucher was received on 10/10/16. The CP also advocated for a toddler bed for the SS from ACS; and obtained confirmation of its receipt on 10/5/16. The CP encouraged both parents to seek counseling services.

At the time of the opening of the preventives services case, the family was residing in a NYC homeless shelter. At time of the SC's death, they were successful in securing an apartment in Queens county. The preventive case was initiated by a referral from ACS following an investigation of allegations of child maltreatment in April 2014. Case Planning responsibility was assigned to SCO on 7/29/14. An appropriate service plan was developed and followed through with referrals for additional services; including planning Family Team Conferences (FTC).

Services provided to the SC included coordination with the NYC Department of Education, Committee on Preschool Special Education (CPSE). The CPSE evaluation findings determined Special Education services were needed. In addition, the SC received speech therapy, physical therapy, occupational therapy, vision therapy, and special



instruction through an early intervention program.

The agency conducted casework contacts with the family monthly; each month there were at least two or more home visits that were documented as required. SCO continues to provide PPRS to the family to date.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

N/A

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:

N/A

Required Actions Related to the Fatality

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

Issue:	Adequacy of Documentation of Safety Assessments
Summary:	The narratives/comments associated with selected Safety Factors recorded in the 11/4/16 CPS Investigation 7-day and Investigation Determination Safety Assessments were not supported by case documentation.
Legal Reference:	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)
Action:	ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. It must include its policies regarding CPS' assessments of, and required supporting documentation for safety assessments. ACS must meet with staff and inform OCFS of the date of the meeting, who attended, what was discussed, and the action plan.

Fatality-Related Information and Investigative Activities



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Incident Information

Date of Death: 08/08/2016

Time of Death: 06:46 PM

County where fatality incident occurred:

QUEENS

Was 911 or local emergency number called?

Yes

Time of Call:

04:30 PM

Did EMS to respond to the scene?

Yes

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

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 01

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	3 Year(s)
Deceased Child's Household	Father	No Role	Male	25 Year(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

LDSS Response

According to the case record, the SCO CP received a phone call from the VIP Healthcare Coordinator who informed the CP that the SC died on 8/8/16 due to natural causes/respiratory failure. The homemaker was with the family when he initially had problems breathing; EMS was called and the child was taken to St. Johns Hospital in Far Rockaway where he was pronounced dead.

The program director and supervisor met to develop a plan of action to support the family. The supervisor contacted the assigned nurse who conducted a HV on 8/9/16 to assess the SS, offer condolences, as well as assess the family's immediate needs. The BM informed agency staff she wanted the SC cremated, and that she needed financial assistance



with funeral costs.

On 8/11/16, the CP conducted a HV with the BM, SS, and home attendant present. The CP offered condolences and asked the BM if the BF was aware of the SC's death (BF was residing with a relative at the time). BM reported that BF was aware and was in the process of securing financial support for the funeral. BM also reported BF would be spending more time in the home. The CP asked BM if she was interested in counseling services and she responded, yes. The CP immediately called Catholic Charities and scheduled an intake appointment for the BM. The CP assessed the home and SS.

The CP advocated for funds to assist with the funeral costs that included contacting the funeral home to discuss invoice and services offered.

On 8/17/16, the Program Director, Case Planner and Case Aide attended the SC's funeral during which condolences were again extended to the family.

On 8/29/16, the CP conducted a HV and inquired about the status of bereavement counseling at Catholic Charities. BM reported that she was not in need of the service at the time and would make an appointment if she felt the need. The CP informed BM of the approval of daycare (ACD) voucher for the SS; BM should expect mail correspondence re same and should consider daycare centers of her choice.

SCO continues to provide services to the family.

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

Multidisciplinary Investigation/Review

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

Comments: N/A

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Emergency Room Personnel	<input type="checkbox"/>	<input checked="" 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:

N/A

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: There was no SCR report that alleged DOA/Fatality for this case nor were there any safety factors identified for the SS.				

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	Needed but 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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: N/A							

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? Yes

Explain:
SCO monitored the needs of the family. On 9/9/16, the CP informed BM that the Daycare (ACD) Voucher for the SS remained pending. On 10/6/16, the CP called BM to confirm that the family received the toddler bed that was requested for SS; BM stated the bed was delivered on 10/5/16. The CP also confirmed that the SS would be attending daycare as of 10/10/16; as a result, home attendant services would expire.

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

Explain:
The CP continued to offer bereavement counseling services to the BM who continued to state she did not need bereavement counseling. However, the CP engaged in casework counseling during home visits with the BM. The BF was minimally engaged.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No
Was there an open CPS case with this child at the time of death? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? N/A
Was the child acutely ill during the two weeks before death? Yes

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)
04/15/2014	13997 - Deceased Child, Male, 2 Years	13991 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	No
	13997 - Deceased Child,	13991 - Mother,	Lack of Medical Care	Indicated	



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Male, 2 Years	Female, 24 Years		
13997 - Deceased Child, Male, 2 Years	13992 - Father, Male, 26 Years	Lack of Medical Care	Indicated
13997 - Deceased Child, Male, 2 Years	13991 - Mother, Female, 24 Years	Malnutrition / Failure to Thrive	Unfounded
13997 - Deceased Child, Male, 2 Years	13992 - Father, Male, 26 Years	Inadequate Guardianship	Indicated
13997 - Deceased Child, Male, 2 Years	13992 - Father, Male, 26 Years	Malnutrition / Failure to Thrive	Unfounded

Report Summary:

The report stated the 18-mth-old SC lived with his BM and BF. The SC had 2 hospitalizations for failure to thrive. Both admissions showed a substantial weight gain once hospitalized with appropriate scheduled feedings. The SC was referred for physical and occupational therapies. Parents never followed through with these services and as a result the SC was significantly delayed, functioning on a 3-mth-old level. The SC also suffered from hypotonia (stiffness), preventable if therapy were followed through with. He had a flattened head and hair loss indicative of a children remaining on their backs for extended periods of time.

Determination: Indicated**Date of Determination:** 06/05/2014**Basis for Determination:**

IG was SUB against the BM and the BF for the SC in that they failed to follow up with the SC's medical and service needs from November 2013 to April 2014. LMC was SUB against BM and BF in that they failed to follow up with the SC's scheduled medical appointments with his pediatrician and specialists at Lincoln hospital. Parents did not follow up with OT, PT, Speech and vision therapies from the child's last hospitalization. M/FTTH was UNSUB in favor of the parents. The SC was diagnosed with FTTH. Hospitalized, the SC initially gained weight; but lost more than a pound during hospitalization. Hospital staff concluded it was not the parents fault the SC was not gaining weight.

OCFS Review Results:

CPS' investigation and determination of the above report 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

The family does not have CPS history that involved the deceased child or sibling more than three years prior to the child's death.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS for the family.

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: 07/18/2014

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 07/18/2014



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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The Reassessment FASP was approximately Thirty-Nine [39] days overdue. The FASP due date was 12/11/16. Although SCO continuously retained the role of Case Planner for this case, they did not launch, complete, or approve this FASP timely. On 1/19/17, OCFS notified the agency that the FASP must be launched and completed. As a result, the FASP was launched in CONNECTIONS by SCO on 1/20/17, submitted for approval on 1/23/17, and approved on 1/24/17.				
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"/>
Was the FASP consistent with the case circumstances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

SCO Family of Services, Special Medical Preventive program provided PPRS services to the family.



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Required Action(s)

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

Yes No

Issue:	Timeliness of completion of FASP
Summary:	SCO failed to timely launch, complete & approve the FASP due date 12/11/16. On 1/19/17 OCFS notified SCO that the FASP must be completed. SCO launched the FASP on 1/20/17, submitted it for approval on 1/23/17; it was approved 1/24/17 --39 days late
Legal Reference:	18 NYCRR 428.3(f)(5)
Action:	ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. It must include its policies regarding timeliness of FASP completion for preventive agencies. ACS must ensure that SCO meets with staff and inform OCFS of the date of the meeting, who attended, what was discussed, and the action plan.
Issue:	Adequacy of case recording in FASP
Summary:	The Safety Assessment was not appropriately completed in the most current Reassessment FASP. Also, several Risk elements in the Risk Assessment Profile were not supported by case documentation.
Legal Reference:	18 NYCRR 428.6(a)
Action:	ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. It must include its policies regarding FASP documentation; particularly the Safety Assessment and Risk Assessment Profile. ACS must ensure that SCO meet with staff and inform OCFS of the date of the meeting, who attended, what was discussed, and the action plan.

Preventive Services History

ACS referred the family for PPRS with SCO Family of Services-Special Medical & Developmental Preventive Program on 7/10/14. The referral was due to the then 3-year-old subject child's (SC) fragile medical health condition. The SC had frequent hospitalizations since birth for treatment of same. The BM signed for services on 7/18/14.

On 7/24/14 SCO's Nurse and Case Planner (CP) conducted a JHV with CPS at the homeless shelter where the family resided. The family obtained permanent housing at time the SC died.

The CP completed domestic violence and substance abuse screenings for the BM and BF. The CP assessed that the BM and BF may have mental health issues; there was no documented diagnosis or evaluation for either parent in the case record.

The CP developed a service plan identifying goals with a plan of action. Documentation covered the parent's responsiveness to services and barriers that were continuously addressed with intervention plans and advocacy. The CP performed assessment for services for the SS that included Early Intervention evaluation. The CP also assisted with referrals and advocacy for the SC; this included arranging for academic services. The CP maintained collateral contacts with other service providers, including SC's the Home Attendant and Homemaker.

SCO continues to provide ongoing services to the SS and family.



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? 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