

Report Identification Number: NY-14-083

Prepared by: New York City Regional Office

Issue Date: 1/5/2015

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

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<p>Relationships BM = Biological Mother OC = Other Child MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother BF = Biological Father FM = Foster Mother MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child SF = Surviving Father FF = Foster father DCP = Day Care Provider</p>
<p>Contacts LE = Law Enforcement EMS = Emergency Medical Services DC = Day Care</p>	<p>CW = Caseworker Dr = Doctor CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner ME = Medical Examier FD = Fire Department</p>
<p>Allegations L/B/W = Lacerations/Bruises /Welts B/S = Burns / Scalding PD/AM = Parent's Drug Alcohol Misuse M/FTTH= Malnutrition/Failure-to-Thrive LS = Lack of Supervision OTH/COI = Other</p>	<p>FX = Fractures S/D/S = Swelling/Dislocation /Sprains CD/A = Child's Drug/Alcohol Use P/Nx = Poisoning/ Noxious Substance IF/C/S = Inadequate Food/Clothing /Shelter Ab = Abandonment</p>	<p>II = Internal Injuries C/T/S = Choking/Twisting /Shaking MN = Medical Neglect XCP = Excessive Corporal Punishment IG = Inadequate Guardianship SO = Sex Offender</p>
<p>Miscellaneous LDSS = Local Department of Social Service</p>	<p>IND = Indicated ACS = Administration for Children's Services</p>	<p>UNF = Unfounded NYPD = New York City Police Department</p>

Case Information

Report Type: Child Deceased
 NY-14-083

Jurisdiction: Kings

Date of Death: 07/16/2014

FINAL

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Age: 13 year(s)

Gender: Male

Initial Date OCFS Notified: 07/21/2014

Presenting Information

OCFS' notification from the agency, HeartShare/St. Vincent's Specialized Medically Fragile program, documented that the subject child died at home on 7/16/2014 in the afternoon in the presence of his mother and the mother's Home Health Aide. The Home Health Aide called mother into the subject child's room and told her "I don't think he is breathing" and to call 911. The mother was overwhelmed with the loss of the subject child. The preventive agency staff learned of the incident in the late afternoon on Friday, 7/18/2014, during a home visit by the agency's Health Advocate caseworker. The Case Planner had attended a home visit in the morning of subject child's passing (7/16/14) and observed him lying in bed unresponsive wearing his oxygen mask.

Executive Summary

This fatality report concerns the death of a thirteen-year-old male child that occurred on 7/16/2014. The death certificate, signed on 7/18/2014, indicated the cause of death was "stroke due to Duchenne Muscular Dystrophy" and the manner of death was natural.

At the time of the subject child's (SC) death, his family had an open preventive services case with St. Vincent's Services/Heart Share Human Services, New York.

The preventive services case was opened in March 2014 following CPS' investigation regarding allegations of Inadequate Guardianship and Inadequate Food/Clothing/Shelter by the BM. The BM admitted to being overwhelmed with the SC's activities of daily living. The SC was sent to school without bathing, with a bad body odor and with dirty underwear and clothing. CPS referred the family for Family Preservation Program (FPP) services on 2/28/2013. When FPP services ended, the family was referred to St. Vincent's Services/Heart Share Human Services, New York Medically Fragile preventive services program on 3/5/2013. A Family Team Meeting/Transitional Meeting was held with mother, deceased child, CPS and Case Planner on 3/8/2014. Mother signed DSS 2921 on 3/8/2014.

From the time of the case opening in March 2014 to the closing of preventive services on 8/12/2014, the agency Case Planner (CP) and Health Advocate (HA) met regularly with the BM and SC in the home. They also had frequent collateral contacts with the child's school, medical, and CPS staff providing services to the family. Following the SC's death, the CP and HA discussed with, and offered the BM to make referrals for bereavement counseling/spiritual support services; the BM declined at every instance. In addition, the CP and HA also made calls to the BM to check in on her wellbeing after the SC's death and until the preventive services case was closed on 8/12/2014.

OCFS gathered the information for this report from CONNECTIONS, ACS CPS records, the deceased child's death certificate, and from interviews with the preventive services Health Advocate, Supervisor and Program Director.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

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- Safety assessment due at the time of determination? Unable to Determine

Determination:

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

Explain:

There was no SCR report that alleged DOA/Fatality; therefore there was no CPS investigation.

- 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 No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/16/2014

Time of Death: 03:33 PM

County where fatality incident occurred: KINGS
Was 911 or local emergency number called? Yes
Time of Call: Unknown
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? Yes - Caregiver

1
At time of incident supervisor was: Not impaired.

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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	Male	13 Year(s)
Deceased Child's Household	Mother	No Role	Female	43 Year(s)
Deceased Child's Household	Sibling	No Role	Male	19 Year(s)

LDSS Response

The preventive agency Health Advocate learned of the deceased child's passing on Friday, 7/18/2014 in the late afternoon during a home visit. The mother was offered a referral for bereavement counseling/spiritual support on 7/18/2014, 7/21/2014, 7/28/2014, 7/31/2014, and 8/7/2014. The mother declined on each instance. There were no surviving minor children in the home. The preventive services case was appropriately closed on 8/12/2014.

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

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"/>
All appropriate Collaterals contacted?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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documentation?				
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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	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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Additional information, if necessary:
 The Case Planner submitted an internal agency request for financial assistance to help the family finance the funeral arrangements/burial. However, the agency did not have funds available. The was no documentation the CP contacted ACS for information and/or resources regarding financial assistance.

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:
 N/A

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

Explain:
 The Case Planner and Health Advocate offered mother referral for bereavement counseling/spiritual support on 7/18/2014, 7/21/2014, 7/28/2014, 7/31/2014 and 8/7/2014 that she declined on each instance. The CP and Health Advocate also advised mother to go to NYCHA Management Office with the deceased child's death certificate and inform them of a change in family circumstances/income, to contact the social security office, and school regarding deceased child's passing.

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?	No
Were there any siblings ever placed outside of the home prior to this child's death?	No
Was the child acutely ill during the two weeks before death?	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)
08/24/2011	561-Deceased Child, Male, 11 Years	562-Mother, Female, 41 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	561-Deceased Child, Male, 11 Years	562-Mother, Female, 41 Years	Inadequate Guardianship	Indicated	
	561-Deceased Child, Male, 11 Years	562-Mother, Female, 41 Years	Parents Drug / Alcohol Misuse	Indicated	

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563-Sibling, Male, 17 Years	562-Mother, Female, 41 Years	Inadequate Food / Clothing / Shelter	Indicated
563-Sibling, Male, 17 Years	562-Mother, Female, 41 Years	Inadequate Guardianship	Indicated
563-Sibling, Male, 17 Years	562-Mother, Female, 41 Years	Parents Drug / Alcohol Misuse	Indicated

Report Summary:

The report alleged that the home in which the BM, 17 year-old surviving sibling, and SC resided was filthy as the floors were black with general grime and dirty dishes were regularly found in the kitchen. The SC was wheelchair bound. On occasion, the SC crawled on the floor thus putting him in direct contact with grime. The SC required assistance using the restroom and the BM did not consistently provide the SC with such assistance. As a result, the SC was forced to urinate in bottles. The BM did not regularly dispose of them and the urine filled bottles remained in the home for extended periods of time attracting insects. The role of BF was unknown.

Determination: Indicated

Date of Determination: 10/20/2011

Basis for Determination:

After a thorough investigation, CPS determined the allegations of IG, IFCS, and PDRG were Substantiated against the BM. The BM displayed an inability to adequately supervise and care for her children. CPS noted safety concerns that affected and placed the children in unhealthy conditions. CPS discerned the mother did not provide her children with adequate sleeping arrangements free of dirt and filth, proper clothing, and a safe and hazard free environment. CPS confirmed mother's admission to illegal substance use by drug testing on 9/1 and 9/30/2011. Mother showed a pattern of illegal drug use that impacted her ability to supervise and care for the children in her home.

OCFS Review Results:

CPS appropriately referred the family for preventive services with WPA on 11/1/11. The agency received case planning responsibility on 11/4/11.

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)
02/25/2013	564-Deceased Child, Male, 13 Years	565-Mother, Female, 43 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	564-Deceased Child, Male, 13 Years	565-Mother, Female, 43 Years	Inadequate Guardianship	Indicated	

Report Summary:

The report alleged the SC used a wheelchair and needed assistance with personal care. The BM didn't provide SC with minimal hygienic care. SC wasn't bathed, wore dirty underwear and clothing; he had overwhelming bad odor. SC reeked of cat urine and smoke and his poor hygiene resulted in physical discomfort. The SC was extremely sensitive about his physical state and was crushed when others noticed it. BM was offered support services for the SC but was unresponsive. SC felt better when the school gave him a sponge bath and change of clothing. The school cleaned SC again and saved the clothing he wore. SC is verbal and gets upset when anyone asks about his hygiene. BM may have medical issues.

Determination: Indicated

Date of Determination: 03/20/2013

Basis for Determination:

CPS determined the allegations of IG and IFCS were substantiated against the BM. SC was wheel chair bound and required assistance taking care of his personal needs including bathing and dressing. However, SC went to school with bad body odor, had not been bathed, and wore dirty underwear and clothing. CPS learned the BM was overwhelmed with her own medical health issues. BM did not reach out to get assistance with the care of SC and he was not properly cared for. A referral was made to a preventive services agency to assist the BM with the needs of SC.

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OCFS Review Results: N/A
Are there Required Actions related to the compliance issue(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

SCR report of 11/21/2000 alleged Parent's drug/alcohol misuse (PDRG) and Inadequate Guardianship (IG) by the birth mother (BM) against the subject child (SC). The report alleged the SC tested positive for marijuana at birth and mother admitted to smoking marijuana during pregnancy. CPS determined that the allegations of PDRG and IG were substantiated against mother. Mother was referred to a drug treatment program.

SCR report of 8/24/2011 alleged IG, PDRG, and Inadequate Food, Clothing and Shelter (IFCS) by BM against SC. The report alleged the BM did not adequately supervise, provide the SC and Male sibling w/adequate sleeping arrangements, and tested positive for marijuana use. CPS determined that the allegations of IG, PDRG, and IFCS were Substantiated against BM. CPS referred the family for preventive services with WPA on 11/4/2011.

SCR report of 2/25/2013 alleged IG and IFCS by the BM against the SC. The report alleged the BM repeatedly sent the SC to school soiled and unbathed. BM was unresponsive to supports offered by the school. CPS referred the family to ACS' Family Preservation Program (FPP) that provided services to the family. When FPP services ended, FPP referred the family for preventive services (PPRS) with St. Vincent's/HeartShare on 3/5/2013.

Known CPS History Outside of NYS

The family does not have 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: 03/13/2013

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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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"/>
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"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings/other children in the household as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input 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: N/A				

Required Action(s)

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

Yes No

Preventive Services History

The family began receiving ACS' Family Preservation Program (FPP) crisis intervention services on 2/28/2013. FPP appropriately documented their casework activities with and on behalf of the family up to termination of FPP services on 4/4/2013. Prior to termination of FPP services, FPP assessed and referred the family for preventive services (PPRS) with St. Vincent's/Heart Share on 3/5/2013.

According to case documentation, the family was referred to St. Vincent's/Heart Share on 3/5/2013, and a Family Team Meeting/Transitional Meeting was held on 3/8/2013 with BM, deceased child, CPS and Case Planner. The mother signed for PPRS services on 3/8/2013. Recommended services included housing advocacy, follow up with heavy duty cleaning application, a medical bed, home health aide, monitoring medical/MH appointments, and the up keeping of SC's daily hygiene.

Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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 legal activity as a result of the fatality investigation? There was no legal activity

LDSS: Pertinent Information Related to the Fatality

N/A

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