

Report Identification Number: NY-14-119

Prepared by: New York City Regional Office

Issue Date: 5/5/2015

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.

NYS Office of Children and Family Services - Child Fatality Report

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

NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Richmond
Gender: Male

Date of Death: 11/06/2014
Initial Date OCFS Notified: 11/06/2014

Presenting Information

At 4:00 A.M. on 11/6/14, the teen mother found her son dead in the home. Prior to his death, the child was healthy and did not have any known medical condition; therefore the child's death was suspicious.

Executive Summary

At approximately 2:00 A.M. on 11/6/14, the teen mother took the child from his crib and brought him into her bed (full size bed) to breast feed him. The TM burped the child and kept him in the bed with her because she was too tired to return him to his crib. At approximately 4:00 A.M., the teen mother awoke and found the child to be cold and unresponsive. She yelled for the MGM and the MA and then called 911. After some confusion and possibly due to language barrier, the MGM ran out of the home and flagged down a passing police car. The police and EMS arrived at the scene and checked on the child. EMS attempted CPR on the child and then transported him to the hospital; however, he was deceased before arriving to hospital. The hospital staff pronounced him dead at 4:52 A. M. There were no signs of trauma to the child and he did not have any known health issues prior to his death. There were no surviving siblings for the child.

Prior to the fatality, there was an active preventive service case in the Staten Island Field Office (SIFO) with respect to the MA dated 10/30/14. The case was not related to the teen mother or the deceased child.

On 11/6/14, the ACS SIFO Specialist contacted the NYPD detective and the hospital staff regarding the child's death. The detective did not find any cause for suspicion of foul play or filing criminal charges. Also, the hospital staff reported there was no trauma to the child.

The Specialist then visited the family with a Spanish speaking interpreter for an assessment. The teen mother did not report any concerns for the child prior to his death. She denied being overwhelmed as a parent and stated she received support from her family. The family members did not report any concerning behaviors regarding the teen mother as a parent. The MGM reported that she supported the entire family and provided care for the deceased child and his two cousins.

The child's pediatrician did not report any signs of abuse or neglect for the child during medical examinations.

At the time of completing this report, there was no report of foul play regarding the child's death and there was no final autopsy report. The TM continued to reside at the case address with the MGM and the MA and her children. The family was receiving weekly counseling services via the family focus therapy model.

During the investigation, ACS utilized Spanish speaking interpreter to engage the family. The ACS Specialist took the family for food shopping. The Specialist also provided the family with meals during Thanksgiving and Christmas holidays.

Findings Related to the CPS Investigation of the Fatality

NYS Office of Children and Family Services - Child Fatality Report

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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

ACS did not clarify if Safe Sleep instructions was discussed with the TM. Clarify the date NYPD closed the criminal investigation. Updated contacts with the medical examiner (ME). Any diligent efforts made to locate and interview the deceased child's BF. Clarify if the MGM filed an OOP at the Staten Island Family Court (SIFC) for the TM.

- Was the decision to close the case appropriate? N/A
- Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No
- Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Required Actions Related to the Fatality

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

Issue:	Adequacy of Progress Notes
Summary:	ACS failed to update progress notes to indicate the follow-up contacts made with the medical examiner (ME) and the NYPD.
Legal Reference:	18 NYCRR 428.5
Action:	ACS must meet with staff involved with this fatality investigation and inform the NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Overall Completeness and Adequacy of Investigations
Summary:	The case records did not indicate the ACS Specialist addressed the issue of Safe-Sleep education with the teen mother.
Legal Reference:	SSL 424.6 and 18 NYCRR 432.2(b)(3)
Action:	ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
Summary:	ACS failed to make diligent efforts to locate and interview the deceased child's parents or guardians.
Legal Reference:	18 NYCRR432.1 (b)(3)(ii)(a)
Action:	The Administration for Children's Services (ACS) must submit a corrective action plan within 45

NYS Office of Children and Family Services - Child Fatality Report

days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/06/2014

Time of Death: 04:52 AM

County where fatality incident occurred:

RICHMOND

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.

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	Aunt/Uncle	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim		4 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	40 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	15 Year(s)
Deceased Child's Household	Other Child	No Role	Male	5 Year(s)
Deceased Child's Household	Other Child	No Role	Male	1 Year(s)

LDSS Response

On 11/6/14, the Specialist visited the family with a Spanish speaking interpreter for an assessment. The teen mother did not report any concerns for the child prior to his death. She disclosed that the child's BF was not aware she had a baby by him and he had never seen the child. She admitted it was a challenge to combine schooling with parenting; however, she denied being overwhelmed as a parent and stated she received support from her family.

The family members did not report any concerning behaviors regarding the teen mother as a parent. The MGM reported that she supported the entire family and provided care for the deceased child and his two cousins. She denied knowledge of the child's BF whereabouts and confirmed he was not involved with the child. She also denied knowledge of the teen mother being sexually active. The MA also reported assisting the teen mother with meeting the needs of her nephew prior to his death. The family was willing to accept services to deal with their loss. There were no safety concerns for the MA's two children at the time of the visit.

On 11/18/14, the MGM reported the family had signed up for services at Jewish Board Family and Children Services (JBFCS).

On 12/18/14, ACS received the child's medical information from his pediatrician and there were no concerns of abuse or neglect for the child. He did not have any known developmental delays; however, his immunizations were not current. The TM attributed her son's immunizations status to her not being listed on the health insurance card.

On 2/6/15, the Specialist visited the teen mother's school. The school staff reported behavioral concerns and low grades for the teen and that she required more intensive counseling.

Between 11/18/14 and 3/27/15, the Specialist made several bi-weekly announced and unannounced home visits and did not document any new information regarding the fatality investigation.

At the time of completing this report, the NYPD did not report any foul play regarding the child's death and the ME had not established cause of death. Also, ACS had not made a determination of the CPS investigation. The teen mother continued to reside at the case address with the MGM and the MA and her children. The family was receiving weekly counseling services via the family focus therapy model (FFT). The TM had received several sessions with the JBFCS' psychologist prior to the implementation of the FFT.

During the investigation, ACS utilized Spanish speaking interpreter to engage the family. The ACS Specialist took the family for food shopping. The Specialist also provided the family with meals during Thanksgiving and Christmas holidays.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: The investigation adhered to approved protocols for joint investigation.

NYS Office of Children and Family Services - Child Fatality Report

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
015801 - Deceased Child, , 4 Mons	015803 - Grandparent, Female, 40 Year(s)	DOA / Fatality	Pending
015801 - Deceased Child, , 4 Mons	015803 - Grandparent, Female, 40 Year(s)	Inadequate Guardianship	Pending
015801 - Deceased Child, , 4 Mons	015805 - Aunt/Uncle, Female, 24 Year(s)	DOA / Fatality	Pending
015801 - Deceased Child, , 4 Mons	015805 - Aunt/Uncle, Female, 24 Year(s)	Inadequate Guardianship	Pending
015801 - Deceased Child, , 4 Mons	015802 - Mother, Female, 15 Year(s)	DOA / Fatality	Pending
015801 - Deceased Child, , 4 Mons	015802 - Mother, Female, 15 Year(s)	Inadequate Guardianship	Pending

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"/>
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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NYS Office of Children and Family Services - Child Fatality Report

Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information:

The case records did not reflect ACS contacted the deceased child's BF and EMS regarding the investigation.

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?

Family Court
 Criminal Court
 Order of Protection

Have any Orders of Protection been issued? Yes	
From: 02/24/2015	To: Unknown

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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

NYS Office of Children and Family Services - Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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

Explain:

The family was receiving weekly counseling services via the family focus therapy model (FFT). The TM had received several sessions with the JBFCS' psychologist prior to the implementation of the FFT.

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?** No
- Was the child acutely ill during the two weeks before death?** No

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	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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NYS Office of Children and Family Services - Child Fatality Report

Report	Victim(s)	Perpetrator(s)	Issue(s)	Unfounded	Issue(s)
06/20/2014	2318 - Mother, Female, 15 Years	2317 - Grandparent, Female, 40 Years	Educational Neglect	Unfounded	No

Report Summary:
 The MGM failed to ensure that her fifteen-year-old teen-mother attended school on a daily basis for the 2013-2014 school year. The teen mother had not been in school for a month because she was nine months pregnant; however, she did not have any medical complications and was able to attend. There was reasonable cause to suspect the teen mother was failing academically.

ACS Staten Island Field Office investigated the allegations of the report and did not find credible evidence to substantiate the allegation against the MGM. During the investigation, the Specialist conducted interviews and contacted the teen mother's school and medical provider.

Determination: Unfounded **Date of Determination:** 07/14/2014

Basis for Determination:
 ACS based its decision on the information obtained during the investigation which revealed the teen mother went to the hospital because she was experiencing pre-term labor and was discharged. She was given a letter from the doctor stating that she should remain out of school due to her pregnancy. The teen mother's school officials admitted knowledge of her pregnancy that was close to her delivery date.

OCFS Review Results:
 ACS Staten Island Field Office conducted the investigation appropriately.

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 did not have any history more than three years prior to the fatality.

Known CPS History Outside of NYS

The family did not have any known CPS History outside of NYS.

Services Open at the Time of the Fatality

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: 10/30/2014

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"/>

NYS Office of Children and Family Services - Child Fatality Report

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"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input 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"/>

Required Action(s)

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

Yes No

Preventive Services History

Prior to the fatality, there was an active preventive service case in the Staten Island Field Office (SIFO) with respect to the MA dated 10/30/14. The case was not related to the TM or the deceased child.

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"/>

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