

Report Identification Number: NY-14-137

Prepared by: New York City Regional Office

Issue Date: 4/28/2015

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.

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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:^{a,1} Child Deceased
Age:^{b,5} 7 year(s)

Jurisdiction:^{a,4} Kings
Gender:^{b,2} Male

Date of Death:^{a,3} 12/13/2014
Initial Date OCFS Notified:^{a,7} 04/17/2015

Presenting Information^{c,8}

According to the OCFS notification from preventive services agency, Heartshare/St. Vincent's Specialized Medical Program, the BM contacted the CP on 12/12/14 informing that the SC was not doing well from a diagnosed terminal medical illness. BM was instructed to call the SC's doctor and she did. It was decided by the medical staff to take the SC to the hospital. According to the family and Visiting Nurse Services (VNS) social worker, the SC passed away on 12/13/14 at approximately 8:00pm.

Executive Summary^{c,1}

The SC died in hospital on 12/13/14 and his body was transferred to the NYC Office of Medical Examiner (OME). No autopsy was performed by the OME that held the SC's body pending collection by the funeral home. According to the case record, the parents had signed the out of hospital Do Not Intubate (DNI)/Do Not Resuscitate (DNR) documents; the records included the hospital doctor's statement that an autopsy was not requested. OCFS requested the death certificate from the NYC Department of Health, Office of Vital Records and conducted follow up requests; we have not received the Death Certificate.

The preventive (PPRS) agency, Heartshare/St. Vincent's Specialized Medical Preventive Program was notified on 12/15/14 that the SC had died by the BM. The agency also received email notification of the SC's death from the treating physician. OCFS was notified of the SC's death on 12/15/2014 by the PPRS agency. There were no allegations of abuse, maltreatment, or neglect by any family member regarding the SC's death. The family followed all medical recommendations regarding the SC's care.

It was originally alleged that the family did not seek appropriate medical care for the SC after he fell and broke his leg; that the family waited approximately one week before taking the SC for medical care. In reality, the family took the SC to the hospital immediately to receive care. The misunderstanding was caused because the family spoke Spanish only and information was not translated correctly. The doctor determined that the injury was caused by the SC's terminal illness.

The PPRS agency provided services to the family. The surviving sibling was observed and assessed during home visits prior to and post the SC's death by the Case Planner (CP). There were no SCR reports against the parents; therefore no significant actions needed to be taken by the LDSS, ACS.

The CP provided adequate and appropriate case assessments, monitoring and services – advocacy as well as case management. The agency had both a CP and Health Advocate assigned to the family. Each staff conducted numerous visits to the home and hospital to visit the family, constantly contacted the treating doctor's for treatment/status updates, and attended meetings at the hospital regarding the progression of the SC's illness and care needed. Therefore, the CP ably informed counseling, advocacy, and support to the family.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment?_{o.3} No
 - Safety assessment due at the time of determination?_{w.3} N/A
- Was the safety decision on the approved Initial Safety Assessment appropriate?_{o.5} Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?_{v.1} N/A
- Was the determination made by the district to unfound or indicate appropriate?_{w.2} N/A

Explain:_{w.6}

N/A

Was the decision to close the case appropriate?_{v.3} N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?_{w.5} Yes

Was there sufficient documentation of supervisory consultation?_{v.2} Yes, the case record has detail of the consultation.

Explain:_{v.4}

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death:_{b.4} 12/13/2014

Time of Death:_{b.4a} 08:00 PM

Date of fatal incident, if different than date of death:_{b.4} Same as Date of Death._{c.9}

County where fatality incident occurred:_{c.14} MANHATTAN

Was 911 or local emergency number called?_{c.15} No

Did EMS to respond to the scene?_{c.16} No

At time of incident leading to death, had child used alcohol or drugs?_{c.17} No

Child's activity at time of incident:_{c.18}

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: Receiving palliative care | | |

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Did child have supervision at time of incident leading to death? ^{g.1} Yes

Is the caretaker listed in the Household Composition? ^{g.4} No

At time of incident supervisor was: ^{g.17,18} Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: ^{c.19} 1

Household Composition at time of Fatality^v

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	7 Year(s)
Deceased Child's Household	Father	No Role	Male	34 Year(s)
Deceased Child's Household	Mother	No Role	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)

LDSS Response^{n.30}

The CP visited the SC and BM at the hospital on 12/5/14. While there the hospital staff spoke with the CP and family about the SC's deteriorating health condition. Discussed were plans for in home hospice, support groups for the BM - BM declined attending support groups at that time; and the Visiting Nurse Service (VNS) would provide bereavement counseling free of cost for 13 months. Also, New York University Hospital and the VNS would assist with paying funeral expenses.

The CP and agency Health Advocate (HA) provided BM with casework counseling regarding to SC's impending death on 12/9/14. When the CP was informed of the SC's death on 12/15/14 (2 days after the child died in the hospital,) the CP and HA conducted a home visit (HV) on 12/16/14 to offer condolences and conduct assessment of the surviving sibling and home environment. The only service need requested by the family was clothing for the sibling.

On 12/17/14 the CP attended the SC's wake. On 12/18/14 the Health Advocate attended the funeral.

On 1/16/2015 the CP made a home visit and provided case management services, including assisting the BM with medical documentation for the sibling's school. On 1/26/15 CP called potential schools for sibling and discussed special education services. The CP called BM who stated she was interested in another school in the neighborhood. The CP inquired whether the family had heat and food after a major snowstorm.

On 1/29/15 CP emailed the sibling's pediatrician regarding BM's concerns the sibling would contract the SC's terminal illness.

On 1/30/15 the CP conducted a HV during which bereavement counseling was discussed. The BM declined and stated she had information about bereavement services from VNS.

On 2/9/15 CP mailed the sibling's school application and also conducted a HV during which the BF was given \$94.42 in reimbursement for the sibling's clothing. CP asked BF about bereavement counseling that he declined.

On 2/20/15 the HA made a HV and discussed family functioning, sibling's speech therapy services, and entitlement benefits.

On 2/25/15 CP conducted a school visit, observed sibling and informed the school of the SC's death. Appropriate school staff would be apprised of the need for additional support of sibling.

On 3/16/15 a Family Team Conference was conducted at the home. Family concerns were that entitlement benefits such as food stamps application remained pending, etc. Plan of action was continued assistance by the CP.

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On 3/18/15 HV the BM stated she had no concerns. On 3/24/15 HV, the CP's discussion with the family covered providing assistance for health insurance renewal.
The services case remains open to date.

Official Manner and Cause of Death

Official Manner:_{c.1} Unknown
Primary Cause of Death:_{c.2} From a medical cause
Person Declaring Official Manner and Cause of Death:_{c.6} Unknown

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?_{a.6} No
Comments:_{a.6} Not Applicable.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed? _{n.6}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed? _{n.7}	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source? _{n.3}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted? _{n.8-n.20}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed? _{n.5}	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement? _{n.2}	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation? _{n.24}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:_{n.25}

#7: The surviving sibling was observed and not interviewed given his developmental age.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household? _{o.1}	<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				

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in the household named in the report: <small>o.2</small>				
Within 24 hours? <small>o.2a</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days? <small>o.2b</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days? <small>o.2c</small>	<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? <small>o.3</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district? <small>o.8</small>	<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? <small>o.6</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation? <small>o.7</small>	<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. <small>s.1</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support. <small>s.2</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements. <small>s.3</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance. <small>s.4</small>	<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. <small>s.5</small>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care. <small>s.6</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care. <small>s.7</small>	<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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Legal services _{s,8}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning _{s,9}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services _{s,10}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills _{s,11}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services _{s,12}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention _{s,13}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse _{s,14}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care _{s,15}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management _{s,16}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources _{s,17}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other _{s,18}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Additional information, if necessary: _{s,19}							
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?_{n,31} Yes

Explain:_{n,31a}

The service need requested by the family was clothing for the surviving sibling. On 2/9/15 the CP made a HV and provided the BF with \$94.42 -- reimbursement for purchasing the sibling's clothes. The CP also conducted a school visit where the sibling was observed; The CP informed the school's Intake Coordinator about SC's death.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?_{n,32} Yes

Explain:_{n,32b}

The CP responded to the BM's concerns that the surviving sibling would contract the SC's terminal illness and contacted the pediatrician regarding same. The CP conducted home visits during which casework counseling was provided to the parent's along with suggestions for bereavement counseling that the parents declined. The BM stated she had information about bereavement services from VNS.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?_{b,18} Yes

Was there an open CPS case with this child at the time of death?_{b,17} No

Was the child ever placed outside of the home prior to the death?_{b,20} No

Were there any siblings ever placed outside of the home prior to this child's death?_{b,21} No

Was the child acutely ill during the two weeks before death?_{b,23} Yes

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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)
08/20/2013	2008 - Deceased Child, Male, 7 Years	2005 - Mother, Female, 31 Years	Fractures	Unfounded	No
	2008 - Deceased Child, Male, 7 Years	2005 - Mother, Female, 31 Years	Lack of Medical Care	Unfounded	
	2008 - Deceased Child, Male, 7 Years	2007 - Father, Male, 34 Years	Fractures	Unfounded	
	2008 - Deceased Child, Male, 7 Years	2007 - Father, Male, 34 Years	Lack of Medical Care	Unfounded	

Report Summary:
SCR report 8/20/2013 alleged LMC and Fractures by the SM and SF against the SC.

Determination: Unfounded **Date of Determination:** 10/17/2013

Basis for Determination:
CPS' investigation included collateral contact with the SC's treating physician who reported the SC was diagnosed with a terminal illness and the fracture had nothing to do with neglect on SM's part; no neglect or abuse was suspected. The fracture was caused by the SC's terminal medical illness, not an injury. Therefore, the allegation of Fractures and LMC against SM and SF were Unsubstantiated. Referral was made to a preventive agency to assist the Spanish speaking family with counseling and obtaining ongoing medical care for the SC.

OCFS Review Results:
CPS' investigation was conducted thoroughly and arrived at the correct determination.

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)
12/30/2013	2003 - Deceased Child, Male, 7 Years	2001 - Mother, Female, 31 Years	Lack of Medical Care	Unfounded	No
	2003 - Deceased Child, Male, 7 Years	2002 - Father, Male, 34 Years	Lack of Medical Care	Unfounded	

Report Summary:
SCR report stated that the SC was diagnosed with a terminal illness and SM and SF did not bring the SC for recommended medical treatment. Also, the SC was in need of an amputation due to the terminal illness and the parents did not want to approve the surgery; the parents reported they were following through with second opinions but could not provide proof to the hospital.

Determination: Unfounded **Date of Determination:** 02/11/2014

Basis for Determination:
CPS determined that the SM and SF missed one treatment appointment due to fearing the hospital would perform the amputation on the SC. Following CPS' contact, the SM and SF took the child for the treatment and obtained two second opinions. Therefore, report was Unfounded for LMC by the SM and SF.

OCFS Review Results:
CPS' investigation was conducted thoroughly and arrived at the correct determination.

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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 more than three years prior to the SC's death.

Known CPS History Outside of NYS

There was no known CPS history outside 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: 09/17/2013

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"/>

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

Services Provided

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

Puerto Rican Family Institute provided PPRS to the family as of 9/17/13. The case was appropriately transferred to St. Vincent's preventive program for medically fragile children on 4/28/14; the SC's medical health condition progressed negatively and this agency staff was trained to work with/assist medically fragile children.

Required Action(s)

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

Yes No

Preventive Services History

Following CPS' 8/20/13 SCR report investigation, the family was referred for preventive (PPRS) services because the SC had a terminal illness and the family only spoke Spanish. CPS recommended individual/family counseling, individual therapy for SM to aid her recovery from a diagnosed medical condition, and Early Intervention for the now 5-year-old male surviving sibling. Joint home visit with CPS and PPRS agency Puerto Rican Family Institute (PRFI) Case Planner (CP) occurred on 9/17/13; the SM accepted services. The CP was bilingual Spanish.

During the services period, the Other Child (OC) was not eligible for Early Intervention services. He was evaluated by his school and referred for Community Pre-school special intervention services. The CP assisted the family with supportive

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services such as medical and hospital visits for the SC and filling out forms. This included forms for day care/head start and home schooling for the SC.

Given the SC's medical health needs, PRFI transferred the case to St. Vincent's (SVS) specialized preventive program for Medically Fragile children and on 4/28/14, the SM consented to receive services. The CP assisted the SM with entitlement benefits, and also helped with applications to the Make a Wish Foundation and Karen's Friends.

The services case remains open for ongoing monitoring by the agency.

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 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