



Report Identification Number: NY-15-015

Prepared by: New York City Regional Office

Issue Date: 9/21/2015

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

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

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

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

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

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

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

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



Abbreviations

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

Case Information



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

Jurisdiction: Kings
Gender: Male

Date of Death: 01/22/2015
Initial Date OCFS Notified: 01/26/2015

Presenting Information

On 1/22/15, this 3-month-old child died of complications from influenza that caused seizures and subsequent brain damage leading to brain death. The parents sought medical attention at the hospital; however, the child later died.

Executive Summary

This fatality report concerns the death of a 3-month-old male that occurred on January 22, 2015. On January 16, 2015 the child's mother called 911 as a result of the child developing a high fever that did not respond to Tylenol. The child was transported to South Nassau hospital where he had a seizure and was provided medication to treat the seizure. The child was transferred that same day to Winthrop hospital and was observed with eyes that were fixed and dilated.

It was reported that after being admitted to Winthrop Hospital, the child had a series of tests including a brain scan, blood culture, and an eye exam which was negative for retinal hemorrhaging. The child was pronounced dead, January 22, 2015 at 9:22 am. The hospital did not request an autopsy by the Medical Examiner, and ruled the manner of the child's death as natural stemming from septic shock due to Influenza A and/or the Corona virus.

The Brooklyn Field Office of ACS learned of the child's hospitalization on 1/20/15 and began gathering information regarding the child's condition. At the time of the child's death, his parents were under Court Ordered Supervision for a case involving his older sibling. A call was made to the SCR by CPS on January 26, 2015; the report was included as additional information to that case.

The Brooklyn Field Office led the investigation into the circumstances surrounding the child's death. Information was gathered regarding the death from the mother, the child's pediatrician, and hospital personnel including hospital social worker and attending physician. The mother reported that the onset of the child's illness was sudden; however, the surviving sibling had shown some signs of having a cold and was being treated for the illness. The mother added that once she noticed that the SC was ill, she sought medical assistance. The mother added that the child had a number of seizures while at the hospital and even after medication had been administered by the hospital staff. Additionally, the mother informed the Specialist that the child was last seen by medical professionals on November 24, 2014 and had another appointment scheduled for January 25, 2015. The child's pediatrician confirmed the information the mother provided.

The pediatrician at the hospital informed the Specialist that there was no evidence of abuse noted on the child. The pediatrician added that the child had a rapid onset fever. The child was stabilized and transported from South Nassau Hospital to Winthrop Hospital where he remained until his death.

As the family resided in Nassau County, the LDSS in Nassau provided supervision visits to the home in February, March, and April 2015. There were no concerns regarding the care the mother was providing to the sibling. A hearing held in March at Kings County Family Court resulted in the parents remaining under court supervision for 6 months and a final OOP issued restricting parents from using corporal punishment on the surviving child.



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? N/A
 - 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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/22/2015

Time of Death: 09:22 AM

County where fatality incident occurred: NASSAU

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



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Playing
 Other

Eating

Unknown

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

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

Total number of deaths at incident event:

Children ages 0-18: 001

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	003 Month(s)
Deceased Child's Household	Father	No Role	Male	020 Year(s)
Deceased Child's Household	Mother	No Role	Female	021 Year(s)
Deceased Child's Household	Sibling	No Role	Male	016 Month(s)

LDSS Response

On 1/20/15, following the receipt of the information regarding the child's hospitalization, the Specialist contacted the mother and learned that she called 911 when she realized the child had a high fever and began to have seizures. The Specialist made contact with the child's mother and details leading up to the child's hospitalization and current status were relayed. The mother stated that the SC was fine on 1/15/15 and he did not present with any flu symptoms such as coughing or sneezing; the night before, the SC was eating regularly and was playful. On 1/16/15 at about 11:30 AM the child felt hot to the touch so she took his temperature and it was 102.7 degrees. The mother said she administered .04 milliliters of acetaminophen that had been previously prescribed by the pediatrician. The mother stated that about a half hour later the SC fell asleep and when he woke up his temperature was 97.5 degrees; however, he started making a grunting noise. The mother said she called the ambulance at 1:42 PM and the ambulance arrived within five minutes to transport the child to the hospital. The mother then relayed the resuscitative attempts by the EMS technicians and the physicians at the hospital and informed the Specialist that the child later died.

The Specialist spoke with medical personnel and social worker at Winthrop Hospital for background information on the events involving subject child. In addition contact was made with the child's pediatrician to ascertain health history. None of the medical professionals indicated that the child's illness and subsequent death were related to any action or inaction of the mother.

On 1/30/15, a Child Safety Conference (CSC) was held regarding the surviving child. ACS documented that the reason for the CSC stemmed from the fact that the mother requested voluntary placement of the surviving child. Instead of placement, ACS opted for an extension of the Court Ordered Supervision and documented that evidenced-based preventive services, clinical evaluation, family and individual therapy, bereavement counseling and continued early intervention would continue to protect the surviving child from immediate danger.



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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: There is no OCFS approved Child Fatality Review Team in the NYC region.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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



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siblings/ other children in the household within 24 hours?				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 and 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"/>

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



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Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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"/>

Additional information, if necessary:

Early Intervention and physical therapy were provided to surviving child and continued after death of sibling.

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:

Services include: Early Intervention and physical therapy. An informal arrangement was made between parents and foster mother of previous placement. Surviving child remains under Court Ordered Supervision. Arrangements were made for foster mother to care for surviving child to provide an opportunity for parents to grieve for a few days for deceased child.

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

Explain:

Parents were offered bereavement counseling



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? Yes
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/28/2013	4041 - Sibling, Male, 3 Months	4042 - Mother, Female, 20 Years	Inadequate Guardianship	Indicated	No
	4041 - Sibling, Male, 3 Months	4042 - Mother, Female, 20 Years	Internal Injuries	Indicated	
	4041 - Sibling, Male, 3 Months	4042 - Mother, Female, 20 Years	Swelling / Dislocations / Sprains	Indicated	
	4041 - Sibling, Male, 3 Months	4043 - Father, Male, 19 Years	Inadequate Guardianship	Indicated	
	4041 - Sibling, Male, 3 Months	4043 - Father, Male, 19 Years	Internal Injuries	Indicated	
	4041 - Sibling, Male, 3 Months	4043 - Father, Male, 19 Years	Swelling / Dislocations / Sprains	Indicated	

Report Summary:

Child (3 1/2 month old) was in the care of his mother and father when he sustained a suspicious, unexplained subdural



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hematoma to the right side of his head. The parents are unable to explain how child sustained injury.

Determination: Indicated **Date of Determination:** 01/29/2014

Basis for Determination:
Based on information gathered from medical collaterals and the unexplained reason or circumstances regarding how the child sustained the injury, allegations of Internal Injuries, Inadequate Guardianship, and Swelling/Dislocation/Sprains were substantiated against the parents.

OCFS Review Results:
Investigation activities including safety and risk assessments were completed appropriately and timely. Case notes included supervisory consultation and inclusion of collateral contacts need to make an informed determination regarding the allegations. Consistent monitoring occurred as well as contacts with parents and foster mother.

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)
09/25/2014	4031 - Deceased Child, Male, 1 Days	4032 - Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	No
	4031 - Deceased Child, Male, 1 Days	4033 - Father, Male, 20 Years	Inadequate Guardianship	Unfounded	

Report Summary:
Mother gave birth to son on 9/24/14. Parent's other child is currently in foster care.

Determination: Unfounded **Date of Determination:** 11/05/2014

Basis for Determination:
The child was not placed in imminent danger of harm and parents provided adequate degree of care in relation to subject child.

OCFS Review Results:
Investigation activities including safety and risk assessments were completed appropriately and timely. Case notes included supervisory consultation and inclusion of collateral contacts need to make an informed determination regarding the allegations.

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

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

None

Known CPS History Outside of NYS

None

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: 12/30/2013



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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: 12/30/2013

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

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

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

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
No additional information.

Required Action(s)



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

Yes No

Preventive Services History

Deceased child's sibling received preventive services as a result of 2013 protective case. Sibling was provided physical therapy and assessed through Early Intervention Services.

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

Deceased child's sibling was placed in foster care January 2014 when allegations of internal injuries, inadequate guardianship and swelling/dislocation/sprains were substantiated and a report of child abuse was indicated against parents. Parents were not able to provide an explanation of how sibling incurred a subdural hematoma. Parents were required to submit to drug screening, mental health evaluation, and attend parenting classes. At the time of the fatality, deceased child's sibling was discharged to parents care under ACS supervision.

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