



Report Identification Number: NY-16-009

Prepared by: New York City Regional Office

Issue Date: 5/10/2016

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	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 8 year(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 01/21/2016
Initial Date OCFS Notified: 01/22/2016

Presenting Information

OCFS' notification was received on 1/22/2016 from preventive services agency, HeartShare St. Vincent's Services (HSVS), Specialized Medically Fragile program. The notification stated that on 1/13/2016 the HSVS Case Planner (CP) was informed by the BM that on 1/12/2016, the medically fragile SC became sick while in school. And, according to the school's nurse, the SC turned blue, 911 was called and the SC was taken to a community hospital; the SC was then transferred to another hospital as she required intensive treatment. The SC was on life support until 1/21/2016 when the parents agreed to have the ventilator removed; the doctor had reported there was nothing else they could do to save SC's life. The CP was informed the ventilator was removed during the evening on said date; the exact time was unknown to agency at the time.

Executive Summary

This fatality report concerns the death of an eight-year-old female child that occurred on 1/21/2016. The death certificate, signed on 1/24/2016, indicated that cause of death was "complications of Hypoxic Ischemic Encephalopathy and Cardiorespiratory Arrest Complicating Pompe Disease" and the manner of death was "Natural".

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

The preventive services case was opened in July 2014 following a CPS' investigation of an 6/6/2014 SCR report that alleged Inadequate Guardianship and Lack of Supervision of the then 6, 8, & 9-year old children by the BM and BF. On 8/4/2014 CPS concluded the allegations were Unsubstantiated and the report was UNF; the Investigation Conclusion decision was 'Case Open- Services'.

CPS assessed that the family needed additional resources and support during their investigation. Therefore, on 7/10/2014, CPS referred the family to HSVS' Special Medical preventive services program. On 7/16/2014, CPS convened and facilitated, a Family Team Meeting/Transitional Meeting that was attended by the BM, BF, SC, female siblings then ages 8 and 9-years old, and the HSVS Case Planner. The BM signed the application for services on 7/22/2014.

Between July 2014 to closure of the preventive services case on 4/1/2016, the HSVS Case Planner (CP) and Health Advocate (HA) met regularly with the BM, SC child and the 2 female siblings in the home. Collateral contacts occurred with the children's schools, medical specialists, and HSVS' wellness clinic that provided services to the family.

Following the death of the SC, the CP and HA continuously discussed and offered the BM and BF referrals for bereavement counseling/spiritual support services but the family declined at every instance. The CP conducted Home Visits/School Visits (HV/SV) as well as made telephone calls to check in on the BM, BF, and the 2 siblings' wellbeing after the SC's death and until the case closed on 4/1/2016.



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

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
o 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? 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 [x] No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/21/2016

Time of Death: 04:48 PM

County where fatality incident occurred: New York

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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

Child's activity at time of incident:

- [x] Sleeping [] Working [] Driving / Vehicle occupant
[] Playing [] Eating [] Unknown



Other

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

Is the caretaker listed in the Household

Composition? No

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

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	8 Year(s)
Deceased Child's Household	Father	No Role	Male	39 Year(s)
Deceased Child's Household	Mother	No Role	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)

LDSS Response

The HSVS CP learned of the SC's passing on 1/22/2016 when the BM called. On 1/21/2016 the CP conducted a hospital visit to see the child, and met with the BM, BF, and hospital SW. During the visit, the family informed the CP they decided to take the SC off life support that evening after speaking with the treating physicians. The CP discussed funeral arrangements, financial assistance, and bereavement counseling with the family.

On 1/25/2016, the hospital SW mailed a list of bereavement counseling resources to the family and CP; the hospital donated \$1,000 towards funeral costs.

On 1/28/2016, the CP attempted a HV; no one was home.

The SCs funeral and interment occurred on 1/29/2016; the CP attended the church funeral. The CP offered condolences to the BF, BM, and female siblings.

Successful HV occurred on 2/3/2016 during which the CP conducted safety and risk assessments of the surviving siblings as well as provided casework counseling.

On 2/7/2016, the CP conducted home visit and met with the BM and surviving siblings. The purpose of this visit was a case planning Family Team conference (FTC). The CP spoke with the siblings and provided bereavement casework counseling. The siblings reported that their school guidance counselor was aware of the SCs death and conducted regular 'check-ins' with them in school. The CP continued to encourage the BM to accept previously declined referrals for bereavement counseling for herself and the siblings.



NYS Office of Children and Family Services - Child Fatality Report

The CP engaged in efforts to contact the surviving siblings' school SW to assess their emotional well-being/behavior(s) while at school.

Although the BM declined the CPs referrals for bereavement counseling, she later informed the CP she attended a bereavement counseling session on 2/6/2016 at a community church but would not continue attending.

The CP continued to provide the family with monitoring HVs, casework counseling, and school visits to assess the parents' and surviving siblings' well-being, and also to encourage the family to participate in bereavement counseling. The CP engaged in ongoing efforts to motivate the BM to take the siblings for their annual physical exam.

The services case was closed on 4/1/2016.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

Comments: N/A

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

N/A



NYS Office of Children and Family Services - Child Fatality Report

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 There was no SCR report that alleged DOA/Fatality nor were there child protective safety concerns for the surviving siblings post the SC's death. Therefore, there was no CPS investigation. The PPRS agency, HSVS, conducted home visits and assessed the siblings within 7 days of the SCs death and up to closure of the services case.

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: N/A				

Legal Activity Related to the Fatality

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



NYS Office of Children and Family Services - Child Fatality Report

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 type="checkbox"/>	<input checked="" 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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: N/A							

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
CP spoke with the surviving siblings' School SW to assess children's emotional well-being while at school. The CP continued to provide the family with HV, casework counseling and school visits to assess the siblings' well-being and encourage the BM to accept referral for bereavement services for the siblings.

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

Explain:
The CP's ongoing services to the family included HVs, casework counseling, and school visits to assess the surviving



NYS Office of Children and Family Services - Child Fatality Report

siblings' wellbeing and to encourage the BM to accept referral for bereavement services. The CP also advised the BM to take a copy of the SC's death certificate to inform her landlord, Social Security Administration, school, Medicaid/Health Insurance, HRA/Public Assistance, and Con Edison of the change in family circumstances/income.

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)
06/06/2014	8615 - Sibling, Female, 13 Years	8612 - Mother, Female, 33 Years	Lack of Supervision	Unfounded	No
	8611 - Deceased Child, Female, 8 Years	8613 - Father, Male, 39 Years	Inadequate Guardianship	Unfounded	
	8611 - Deceased Child, Female, 8 Years	8613 - Father, Male, 39 Years	Lack of Supervision	Unfounded	
	8614 - Sibling, Female, 12 Years	8613 - Father, Male, 39 Years	Lack of Supervision	Unfounded	
	8614 - Sibling, Female, 12 Years	8612 - Mother, Female, 33 Years	Lack of Supervision	Unfounded	
	8615 - Sibling, Female, 13 Years	8612 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	8615 - Sibling, Female, 13 Years	8613 - Father, Male, 39 Years	Inadequate Guardianship	Unfounded	
	8615 - Sibling, Female, 13 Years	8613 - Father, Male, 39 Years	Lack of Supervision	Unfounded	
	8611 - Deceased Child, Female, 8 Years	8612 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	8611 - Deceased Child, Female, 8 Years	8612 - Mother, Female, 33 Years	Lack of Supervision	Unfounded	
	8614 - Sibling, Female, 12	8612 - Mother, Female,	Inadequate	Unfounded	



NYS Office of Children and Family Services - Child Fatality Report

Years	33 Years	Guardianship	
8614 - Sibling, Female, 12 Years	8613 - Father, Male, 39 Years	Inadequate Guardianship	Unfounded

Report Summary:

The report was received as an allegation letter by the SCR and was very lengthy. It alleged Inadequate Guardianship (IG) and Lack of Supervision (LS) by the BM and BF against the SC and two female siblings. The report alleged the female siblings then ages 9 and 8 years-old, were left home alone while the parents were out with the 6-year-old SC; the siblings were left to play with feral cats; allowed to tease the SC; they climbed out the first floor window; and there was an obnoxious odor coming from the home.

Determination: Unfounded**Date of Determination:** 08/04/2014**Basis for Determination:**

After a thorough investigation, CPS concluded the allegations of IG and LS were UnSub against the BM and BF for all three children. Appropriate collaterals were contacted and interviewed. CPS gathered sufficient information and found no credible evidence to support the allegations. CPS did not observe mold or strange odors in the home, and confirmed with a neighbor that she checked on the siblings when they were home alone; usually no more than one hour so BM could keep the SCs medical appointments. The SC had a serious medical health condition requiring lifelong medical care/treatment. The parents appeared aware of the SC needs and were vigilant over her care and that of the siblings.

OCFS Review Results:

CPS confirmed the SC was receiving supportive services and medical treatment through collateral contacts with the providers. CPS appropriately referred the family for preventive services on 7/10/2014. Contact occurred with Specialized Medically Fragile Preventive Services program at HeartShare St. Vincent's Services (HSVS) on 7/14/2014. CPS and the St. Vincent's Services (HSVS) CP conducted a joint home visit on 7/15/2014. The agency received case planning responsibility on 7/22/2014.

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 of more than three years.

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:** 07/22/2014**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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NYS Office of Children and Family Services - Child Fatality Report

of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?				
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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)

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

Yes No

Preventive Services History

An SCR report of 6/6/2014 alleged IG and LS of the then 6 year-old SC and female siblings then ages 9 and 8 years-old by the BM and BF. During the investigation, CPS assessed that the family would benefit from services and referred the family to HeartShare St. Vincent's Services (HSVS) medically fragile program on 7/10/2014. Recommended services included individual/family counseling, medical services, and educational services for the SC. Per case documentation, the mother signed for services on 7/22/2014.

HSVS provided services such as: referral to free clinic for the SC and siblings physical exams; monitored school attendance and Individualized Education Plan (IEP) services; held Family Team Conferences; assessed the SC's physical/mental wellbeing, medication compliance, & adherence to the medical treatment plan; assisted with referral to the Office for People With Developmental Disabilities (OPWDD) for the SC; made sure Con Edison was aware that the SC had life sustaining medical equipment in the home that needed to be operable in the event of an electrical failure; assisted the BM with entitlement benefits such as Food Stamps, health insurance, and housing lease renewal; conducted home and school visits; and provided casework counseling to the family.

HSVS assessed that the siblings were safe and level of risk was low; the services case was closed on 4/1/2016.



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

Additional Local District Comments

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