



Report Identification Number: NY-18-003

Prepared by: New York City Regional Office

Issue Date: Jun 13, 2018

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 14 year(s)

Jurisdiction: New York
Gender: Male

Date of Death: 12/31/2017
Initial Date OCFS Notified: 01/02/2018

Presenting Information

The New York City Regional Office (NYCRO) received notification of the child’s death via OCFS form 7065 submitted on 1/2/18. According to the service provider, New Alternatives for Children (NAC), the child had complex medical needs related to a diagnosed medical condition. He was treated for a respiratory illness on 12/21/17 and discharged from Harlem Hospital on 12/29/17. On 1/2/18, the father phoned the Case Planner (CP) and said that the child passed away 12/31/17 at the NY Presbyterian Hospital Pediatric Intensive Care Unit (PICU) after suffering cardiac arrest on 12/31/17.

Executive Summary

The 14-year-old SC died on 12/31/17 of natural causes according to his Certificate of Death. Case documentation by NAC stated that, on 12/31/17 the BF found the SC “not breathing.” The SC was brought to the hospital by EMS in full arrest (not breathing, no pulse) about a half hour but possibly an hour, after 911 was called by the BF. The SC had been intubated in the home and was receiving full CPR. Resuscitation went on for an additional 30-60 minutes in the ER. There were no clinical signs that he would recover, and the family agreed to discontinue the medication being used to sustain a blood pressure. He died shortly thereafter. No autopsy was performed. The SC had a diagnosed medical condition from birth and was receiving appropriate medical treatment. The SC’s death did not result in a report to the SCR, and no CPS investigation was initiated. The SC was interred on 1/2/18.

ACS became involved with the family following an SCR report of 3/7/16 that alleged IG, EdN, and LMC of the SC by the BM and BF (parents). The report was IND against the parents on 5/10/16.

A Child Safety Conference was convened by ACS on 4/22/16. As a result, an Article X petition was filed in Family Court on behalf of the SC against the parents. ACS requested Court Ordered Supervision (COS) with parole of the SC to his parents; this was granted by The Court on 4/25/16. COS expired on 3/21/17.

ACS conducted a thorough investigation and collaborated with the parents to address the barriers preventing them from obtaining recommended medical treatment for the SC.

ACS documented a referral for PPRS on 5/11/16. The case record showed that a transitional /Joint Home Visit (JHV) occurred with ACS and NAC on 6/9/16. Per NAC’s documentation, the family signed the application for services on 6/24/16.

NAC provided advocacy and support to the family regarding scheduling and attending medical appointments, securing durable medical equipment, obtaining evaluations for service referrals, and re-enrolling the SC in school. The NAC CP consistently assessed and interacted with all children in the home (there were three SS's who were also provided with services) through observation and/or conversation. No child safety or emerging risk concerns were identified for the services-recipient children. The CP appropriately displayed cultural sensitivity to the family. The CP appropriately engaged the family, included the parents' perspective and plan for their family to drive the services plan.

The PPRS case remains open to date. NAC continues to provide support and explore whether there were ongoing service needs for the SS's that may necessitate referral to a culturally-appropriate community based organization.

Findings Related to the CPS Investigation of the Fatality

**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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

Casework activity by NAC was appropriate for the case circumstances. The family received assistance with scheduling medical appointments and re-enrolling the SC in school. Services included obtaining a wheelchair and hospital bed for the SC; early intervention; tutoring; recreational and pro-social activities for the SS's. Casework was respectful of the family's culture and traditions.

- 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
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Incident Information

Date of Death: 12/31/2017

Time of Death: 06:01 PM

County where fatality incident occurred:	New York
Was 911 or local emergency number called?	Yes
Time of Call:	Unknown
Did EMS 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



Child Fatality Report

Playing
 Other

Eating

Unknown

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: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	14 Year(s)
Deceased Child's Household	Father	No Role	Male	43 Year(s)
Deceased Child's Household	Mother	No Role	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)

LDSS Response

Following being informed of the SC's death, the NAC CP contacted the BF and arranged to conduct a home visit. The program supervisor and CP went to the home on 1/3/18 to offer condolences and support; they also brought food to the family. During this visit, NAC staff met with the BM, extended family members, and the SS's. Contact with the SS's included age-appropriate conversations, observations, and assessments of their well-being. The CP offered bereavement counseling to the family; this offer was declined. The BM shared recently learning she was pregnant and the CP offered to assist with locating a medical provider. The BM indicated that she had a provider in place as well as support from her spouse and extended family members.

Due to cultural practices, the BF was not in the home; the agency staff offered condolences to him via phone and then in person 1/5/18.

To date, NAC continues to provide ongoing resources and supportive services to the family.

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: Not Applicable.



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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" 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:
 The CP conducted home visit to assess the SS's well-being within 24 hours of being notified of the SC's death. The CP conducted age-appropriate conversations with, and observations of, the SS's. The CP assessed there were no immediate or impending safety concerns or risk to the SS's. Therefore, the CP adhered to NAC's contractual casework contact standards and maintained bi-weekly contacts with the family.

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 or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

The agency offered bereavement counseling to the family; the BM shared that she was pregnant and the agency offered to assist with prenatal support. The parents expressed appreciation for the agency's efforts but declined both offers. The record did not reflect the CP inquired whether economic support or funeral arrangements assistance was needed.

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:

NAC continued to support and work around emerging behavioral concerns for the 12-year-old male SS, and school needs for the 8-year-old male SS that included education advocacy, referral for psychiatric/psychological evaluation to assess for ADHD. Casework counseling occurred with each child, and assessment/observations occurred for the 2-year-old female SS.

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

Explain:

NAC conducted home visits during which condolences and offer for bereavement counseling was offered. The BF declined same, stating the family received support from extended family and their religious organization.

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? Yes
- 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

CPS - Investigative History Three Years Prior to the Fatality



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/07/2016	Deceased Child, Male, 14 Years	Father, Male, 43 Years	Lack of Medical Care	Indicated	No
	Deceased Child, Male, 14 Years	Father, Male, 43 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 14 Years	Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 14 Years	Mother, Female, 31 Years	Lack of Medical Care	Indicated	
	Deceased Child, Male, 14 Years	Father, Male, 43 Years	Educational Neglect	Indicated	
	Deceased Child, Male, 14 Years	Mother, Female, 31 Years	Educational Neglect	Indicated	

Report Summary:

It was alleged that the birth parents were not meeting the medical and educational needs of the SC. The SC needed a medical procedure to address a diagnosed health condition and the parents refused to follow through. As a result, the SC's health continued to deteriorate. In addition, the SC was not able to attend school because medical clearance was required for re-admittance. The parents delay with completing home instruction paperwork caused the SC to miss over a month of school.

Determination: Indicated**Date of Determination:** 05/06/2016**Basis for Determination:**

CPS determined the allegations of EdN, LMC and IG were Sub due to credible evidence. The parents were not meeting the medical needs of the SC or following up with recommendations from medical professionals. The parents acknowledged receiving multiple recommendations for a medical procedure to address the SC's diagnosed medical condition and refused to provide consent. Also, they did not consistently follow-up on medical appointments for the SC. The parents were aware the SC could not return to school without medical clearance and did not follow-up with home instruction. This impacted the SC's ability to attend school. As a result, the SC missed over a month of school before home instruction.

OCFS Review Results:

CPS conducted a thorough investigation. CPS contacted the source, met with and interviewed all family members and consistently assessed the safety of all children in the home. CPS discussed the SC's medical condition with doctors, educational needs and progress with the school and home instructor. CPS maintained consistent contact with the parents throughout the investigation, utilized translation services as needed, invited the parents to conferences and adjusted scheduled meeting times to accommodate the parents.

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

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

No CPS investigation occurred more than three years before the fatality that involved the deceased child, the deceased child's siblings, or parents.

Known CPS History Outside of NYS

There is no known CPS history involving the family 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: 04/25/2016

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: 04/25/2016

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

Additional information, if necessary:

NYC LDSS contracts with voluntary agencies to provide Preventive Services to families. Preventive Services were provided to the family by New Alternatives for Children (NAC), Medically Fragile program from 6/24/16 to present. CPS provided COS monitoring of the family from 4/25/16 to 3/21/17.

Preventive Services History

The family was referred for PPRS in June 2016 following CPS' Investigation of a 3/7/16 SCR report that concluded 5/10/16. The report alleged IG, EdN and LMC of the SC by the BM and BF. The allegations were Sub. The family signed



for, and began receiving PPRS services with New Alternatives for Children (NAC) Special Medical program on 6/24/16. This occurred in conjunction with CPS that provided monitoring via Court Ordered Supervision (COS) to the family from 4/25/16 to 3/21/17. The SC had a diagnosed medical condition from birth. NAC provided advocacy and support to the family such as scheduling and attending medical appointments, securing medical equipment, obtaining evaluations for service referrals, and re-enrolling the SC in school. Collateral contacts occurred with schools, medical and other service providers. The NAC CP consistently assessed and interacted with all the children and parents. Ongoing child safety and risk assessments were appropriately documented. The CP demonstrated cultural sensitivity during engagement with the family. Case documentation reflected the parents' perspective, and their involvement in service planning for their family. NAC continues to provide support and services to the family.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
04/25/2016	Adjudicated Neglected	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	044661 Deceased Child Male 14 Yrs	
Comments:	CPS filed an Article 10 Petition in family court in response to the parents' failure to obtain needed medical care for the SC's diagnosed medical condition. The SC remained in the home with Court Ordered Supervision by CPS. At disposition hearing of 9/27/16, The Court granted a 6-month ACD order retroactive to 9/21/16. The ACD order and COS expired 3/21/17.	

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