



Report Identification Number: NY-20-022

Prepared by: New York City Regional Office

Issue Date: Jul 29, 2020

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 21 day(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 02/21/2020
Initial Date OCFS Notified: 02/24/2020

Presenting Information

OCFS received notification of the SC's death from the PPRS agency, Arab-American Family Support Center (AAFSC). Per the notification, on 2/21/20 the CPS worker called the CP at 4:30pm and reported that the SC had passed on 2/21/20. There was no other information regarding the death of the child.

Executive Summary

This fatality report concerns the death of a twenty-one [21] day-old female child on 2/21/20. The death certificate signed by the hospital physician on 2/21/20, indicated the cause of death was 'natural causes'.

At the time of the subject child's (SC) death, her family had an open preventive services case with AAFSC, New York.

The PPRS case was opened in February 2020 following CPS' investigation of an 12/13/19 SCR report that alleged IG and LS of the male 2-yo SS by the BM and BF. On 1/30/20, CPS concluded the allegations were Unsub and the report was UNF; the Investigation Conclusion decision was 'Case Open-Services'.

During their investigation, CPS assessed that the family needed additional resources and support. Therefore, CPS referred the family to AAFSC General Preventive services program; the case was assigned to AAFSC on 2/11/20.

On 2/13/20, CPS convened and facilitated a transitional home visit (HV) that was attended by BF, BM, male 2-yo SS, and the AAFSC Case Planner (CP). The BF signed the application for services on the same date.

During the visit, the parents shared that the BM had an emergency c-section and gave birth to their daughter on 1/31/20 at the hospital. The BM shared that the female child was very small, weighing only one [1] pound; the SC remained hospitalized from birth to time of her death.

Per case documentation, the CP met regularly with the BM, BF and the 2-yo SS in the home. Ongoing assessments were made of the family's service's needs, and safety, risk and well-being of the SS. Referrals and follow-up occurred regarding day care for the SS, individual/bereavement counseling, employment assistance, housing, legal services, and rent arrears.

Concrete services provided to the family included: a stroller, a Pack-n-Play, diapers and wipes, sheets and bed for the SS, a sleep sack for the SC, medication lock-bag, smoke/carbon monoxide detector, groceries, and financial assistance for the SC's burial.

Per case documentation, the family relocated outside of NY State 6/5/20.

The PPRS case was appropriately closed on 7/6/2020.

OCFS gathered the information for this report from CONNECTIONS, ACS CPS records, the deceased child's death certificate, medical care/treatment, and PPRS records.

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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

There was no SCR report regarding the SC's death. Therefore, there was no CPS investigation. However, the PPRS CP appropriately engaged the family, as well as provided and offered supportive services and resources throughout the period of services. The PPRS appropriately requested case closure on 6/30/20; closure by the ACS Case Manager occurred on 7/6/20.

- 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:

The case closure was appropriate in that the family relocated outside of NY State; this was confirmed and documented by the PPRS agency.

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:** 02/21/2020**Time of Death:** 09:58 AM

County where fatality incident occurred: New York
Was 911 or local emergency number called? No
Did EMS 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:
 Sleeping Working Driving / Vehicle occupant



Playing
 Other

Eating

Unknown

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

At time of incident supervisor was: Unknown if they were 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	Female	21 Day(s)
Deceased Child's Household	Father	No Role	Male	36 Year(s)
Deceased Child's Household	Mother	No Role	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

LDSS Response

Per case documentation, on 2/21/20, CPS received a call from a community hospital and was notified by a social worker that the SC passed at 9:58am that day; the SC's parents were present.

CPS contacted the PPRS CP via phone on same date and informed the CP of the SC's death.

The CP subsequently telephoned the BF on 2/21/20, and expressed condolences to the family. The CP asked the BF how the agency could support the family during this difficult time; the BF responded the family needed help with burial costs.

In alignment with its' culturally informed practice, on the same date, the PPRS agency internally requested and provided funds to the BF in the amount of \$875.00 for assistance with the SC's funeral.

The SC was buried on 2/22/20 in a religious-affiliated cemetery; the CP accompanied the parents/family and attended the SC's burial.

On 2/24/20, CPS made follow-up phone contact to the hospital social worker to obtain information regarding the SC's medical care and condition. CPS was told the SC was born at 25 weeks and was in NICU up to time of her death. CPS then spoke with the physician treating the SC who confirmed being present when the child passed and provided additional information regarding the cause of death.

On the same date, CPS uploaded/recorded a copy of the SC's hospital record of birth as well as results of the SS' EI evaluation performed on 1/7/20. It was determined that the SS did not present with significant delays to qualify for EI services.

On 2/27/20, the CP and CPS worker conducted a joint home visit (HV) with the BF, BM and conducted a safety and risk assessment of the 2 yo male SS. There were varied spellings of the SC's name and for verification, the BF presented the SC's certificate of birth that showed the correct spelling of her name. The workers also discussed bereavement counseling with the parents that was refused.



The CP assessed medical and dental needs of the SS on 3/10/20.

On 3/16/20, CPS received the SC's medical and treatment records. Per documentation, CPS' last contact/involvement with the family occurred on 3/26/20.

PPRS occurred via weekly HVs/casework contacts. During the contacts, assessments of the family's service needs, as well as risk, safety and well-being of the SS occurred.

In addition, ongoing services included casework counseling, advocacy, monitoring of the SS's wellbeing, encouraging parental participation in bereavement counseling, and support for the family's understanding of American culture and child welfare laws.

The CP and CPS engaged in diligent efforts to encourage the BM to participate in bereavement counseling; The BF stated he did not need this service. The BM refused referrals for individual/bereavement counseling on 2/26/20, 3/3/20, and 3/10/20, stating she received emotional support from her husband/the BF.

During a 5/19/20 office contact, the BF informed the CP his family was leaving NYS on 6/2/20 and provided the address in the state where the family would reside.

The CP conducted a case closure HV on 5/21/20 with the BM, BF, and SS who was observed to be healthy and thriving under his parents' care. The family thanked the CP for the quality and level of support/assistance that was provided during the period of services.

The PPRS appropriately submitted the case for closure in CONNECTIONS on 6/30/20; closure by the ACS Case Manager occurred on 7/6/20.

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 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"/>



Child Fatality Report

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 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 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"/>

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
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Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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Explain as necessary:
There was no SCR report regarding the SC's death. Therefore, there was no CPS investigation.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to 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 assessed the 2-year old male SS's safety and well-being during home visits and casework contacts. CP also assessed the BM and BF's parenting skills and their use of the medication lock-bag provided by CPS. CP encouraged BF and BM to accept the day care voucher for the SS.

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 to encourage the BM and BF to accept referral to bereavement counseling. Case documentation included BF and BM reporting that their cultural practices viewed engaging in mental health services and/or counseling negatively.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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

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)	Allegation Outcome	Compliance Issue(s)
12/13/2019	Sibling, Male, 2 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 33 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 36 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

The SCR report alleged IG and LS of the male SS by the BM and BF. The narrative stated the “BM and BF left the SS in the kitchen while they were in another room, the SS opened a child-proof bottle of aspirin and ingested approximately 400mg of the aspirin. The parents were not supervising the SS, who was too young to be unsupervised.”



Child Fatality Report

Report Determination: Unfounded

Date of Determination: 01/29/2020

Basis for Determination:

After a thorough investigation, CPS determined the allegations of IG and LS were UnSub against the BM and BF. All appropriate collaterals were contacted and interviewed. CPS gathered sufficient information that did not support the allegations. Closure reason: Case Open-Services.

OCFS Review Results:

CPS appropriately referred the family for PPRS on 2/11/2020. CPS documentation included BF's MH disclosure. However, CPS did not follow up with or discuss it with PPRS during their CW contacts during the JHV and up to the time CPS closed out their involvement in the case. However, the BF did not exhibit behaviors during CW contacts, nor did the BM or collateral report contacts. CPS and the PPRS program's CP scheduled a joint home visit with the family at case address that occurred on 2/13/2020. During the visit, the BF signed the application for services/ PPRS. The agency received case planning responsibility on 2/18/2020.

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

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

There was no CPS History for this family more than 3 years prior to the SC's death.

Known CPS History Outside of NYS

The family has no known 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: 01/06/2020

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: 01/06/2020

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

Casework Contacts

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

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"/>
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Services Provided

	Yes	No	N/A	Unable to Determine
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?	<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"/>
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 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:
 The CPS services case was opened 1/6/20.
 The PPRS case was assigned to ACS' (LDSS)-contracted, voluntary service provider, AAFSC, on 2/11/20.

Required Action(s)

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

Yes No

Issue: Confidentiality of reporters



Summary:	The agency identified the source/reporter of the 12/19/19 SCR report in the Comprehensive FASP due date 4/5/2020. The FASP was approved by the agency on 3/30/2020 and ACS on 3/31/2020.
Legal Reference:	SSL 422(4)(A); 05-OCFS-ADM-02
Action:	ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. ACS must include its policies regarding identifying the source of an SCR report in the FSS documentation. ACS must ensure that AAFSC meet with staff to address this issue, and inform OCFS of the date of the meeting, who attended, what was discussed and the action plan.

Preventive Services History

CPS referred the family for PPRS at time of concluding the investigation of an 12/13/19 SCR report. Per CPS 1/28/20 documentation, Arab American Family Services General Preventive program, accepted the referral. Recommended services included parenting skills, family support, employment referrals, housing, and additional supports. During case contacts, the CP and CPS worker (who continued to monitor the case until 3/26/20), age-appropriately engaged and assessed the SS.

In alignment with the service plan, the CP and CPS discussed safe sleep with the parents. CPS and the CP assisted with referrals to an entitlement specialist. CPS made a childcare referral for the SS & gave the voucher to the BF (the parents deferred the daycare service), provided diapers, wipes, a stroller, a bed and 'play-n-pack' for the SS, and a sleep sack for the SC. Groceries were also provided. The CP provided rent arrears assistance resources on 2/19/20, 3/9/20 & 4/6/20. Additional resources were legal services and health insurance. The BF was referred for employment assistance on 2/26/20, 3/9/20, & 3/10/20. The BF did not follow up with the referrals; he told the CP that he wanted a job in a college/school and was not going to work in any other job that did not fit his lifestyle. During a 3/9/20 HV, the CP reviewed the DV protocol and developed a safety plan with BM in the event it was needed.

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

Action:	ACS should ensure that DCP/CPS are provided with its case practice policy and/or training regarding Secondary Caretakers. This would ensure that information and assessments appropriately reflect case circumstances and is documented. Secondary Caretaker information affects several other components of the FSS, including the parent/caretaker scales, the Risk Assessment and the FASP. The BF was not assessed or assigned Secondary Caretaker in the Initial FASP; thus family functioning was not adequately assessed. ACS should ensure that CPS' case documentation is consistent, and that investigation conclusion approver(s) ensure all supervisory directives are reviewed, followed-up and outcome recorded. CPS documented on
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12/13/19, the BF reported having a diagnosed mental health condition and was taking psychotropic medication. The 25-Day Supervisory review of 1/8/20 directed 'mental health consult for the BF'. The investigation was concluded and approved on 1/30/20 with no outcome recorded.

Are there any recommended prevention activities resulting from the review? Yes No