



**Report Identification Number: NY-22-059**

**Prepared by: New York City Regional Office**

**Issue Date: Jan 20, 2023**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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	DA-District Attorney	
<b>Allegations</b>		
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	SXTF-Sex Trafficking
<b>Miscellaneous</b>		
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:** 2 year(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** 08/11/2022  
**Initial Date OCFS Notified:** 08/11/2022

## Presenting Information

An SCR report was received which alleged that on 8/9/22, the two-year-old subject child was home with the mother when the mother left the child alone in a bedroom for 15 minutes. When the mother returned to the room, she found the child unresponsive. Emergency medical services were called and responded to the home. The subject child was transported to the hospital and placed on life support. On 8/11/22, the child was pronounced deceased due to cardiac arrest. There were further concerns that in May 2022, the mother found the child unresponsive and she was admitted to the hospital. The child recovered, and the mother was advised to have the child seen by a medical specialist. The child had an appointment for 6/27/22; however, the child did not attend.

## Executive Summary

This fatality report concerns the death of a two-year-old female subject child that occurred on 8/11/22. A report was registered with the SCR on that same date with allegations of Inadequate Guardianship and DOA/Fatality against the child’s mother. The New York City Administration of Children’s Services (ACS) received the report and investigated the child’s death. An autopsy was completed; however, the official cause and manner of death remained pending at the time of this writing.

The subject child resided with her mother, paternal grandmother, and paternal grandmother’s husband. The child’s father did not live in the home. At the time of the child’s death, the mother was involved in an open preventive services case following the death of her one-year-old child, that occurred in April 2022. This services case was initiated to address concerns of possible domestic violence between the mother and father, as well as concerns the mother had not been ensuring her children attended required medical appointments. The fatality investigation revealed that on 8/9/22, the mother was home alone with the subject child when around 2:00PM, the subject child became tired and went in her bedroom to take a nap. The mother checked on the child approximately 15 minutes later and found the child unresponsive in the bedroom. The record did not reflect how or where in the room the child was found. The mother called emergency medical services and began cardiopulmonary resuscitation until first responders arrived. The child regained a pulse and was placed on a ventilator with a poor prognosis. On 8/11/22, the mother made the decision to remove life saving interventions, and the child was pronounced dead at 9:00PM on that same date.

ACS spoke with several collateral sources, including law enforcement, the medical examiner, hospital staff and the subject child’s pediatrician. The medical examiner suspected that the sibling’s death and the subject child’s death may have had a genetic component; however, testing for such was still pending. The medical examiner further noted there were no signs of abuse, trauma, or illness during autopsy. While there were no documented concerns surrounding the mother’s care of the child, it was noted that the child was referred to a neurologist for an evaluation following a previous hospitalization, which the child never attended. The record did not reflect if missing that evaluation negatively impacted the subject child’s health. There were no criminal charges brought against the mother regarding the fatality. ACS noted there was no evidence to support the subject child’s death was due to any actions or inaction by the mother, and the allegations against her unsubstantiated. The investigation was unfounded, and the services case was subsequently closed due to the child’s death, as there were no other children in the household.

### PIP Requirement

ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it



has taken or will take to address this issue.

## 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? Yes

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? No, sufficient information was gathered to determine some allegations only.
- Was the determination made by the district to unfound or indicate appropriate? Unable to Determine

### Explain:

The record did not reflect if the concerns surrounding the missed neurology appointments were explored prior to the case determination. It remained unclear if the missed appointments negatively impacted SC's health.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

### Explain:

The case record reflected supervisory consultations throughout the investigation.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	The record did not reflect if ACS spoke with medical providers about the impact of the neurologist appointments that the subject child did not attend.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.

## Fatality-Related Information and Investigative Activities



## Incident Information

Date of Death: 08/11/2022

Time of Death: 09:00 PM

Date of fatal incident, if different than date of death:

08/09/2022

Time of fatal incident, if different than time of death:

Unknown

County where fatality incident occurred:

Kings

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?

N/A

Child's activity at time of incident:

 Sleeping Working Driving / Vehicle occupant Playing Eating Unknown Other

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	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	43 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Other Adult - PGM's Husband	No Role	Male	50 Year(s)
Other Household 1	Father	No Role	Male	25 Year(s)

## LDSS Response

On 8/12/22, ACS spoke with one of the hospital physicians who cared for SC. The Dr. reported that according to SM, she left SC unattended for 15 minutes and when she returned, SC was unresponsive. The Dr. reported SC was resuscitated and intubated, and on 8/9/22, had a CT scan which determined she had a hypoxic brain injury. The Dr. stated that SM withdrew life saving interventions on 8/11/22. ACS inquired about preexisting medical conditions, and the Dr. informed that SC was obese and diagnosed with sleep apnea. The Dr. explained SC was hospitalized on 5/30/22 and had a follow up neurologist appointment on 6/27/22; however, SM did not take SC to that appointment. The Dr. stated SM had two other CHN who died recently, one in 2018 and the other in April 2022. The Dr. reported there were concerns her CHN had a genetic heart anomaly that caused their deaths, and SM had a genetics appointment scheduled for the end of the month to explore this.

On 8/12/22, ACS interviewed SM at her residence. SM reported that on 8/9/22 at around 2:00PM, she was doing laundry in the kitchen while SC was playing with her tablet in the living room. SM said SC went into the kitchen and told SM she wanted to sleep, and SC then took her tablet with her to the bedroom. SM stated that about 15 minutes later, she went to



check on SC in the bedroom and that is when she found her unresponsive. SM said she called 911 and performed CPR until EMS arrived. She stated SC was on life support until 8/11/22 when she was removed from such and pronounced deceased. SM explained that in May 2022, she again found SC unresponsive and was brought to the hospital via ambulance. She stated SC was referred to 3 specialists for follow-up, and one of the specialists found SC had sleep apnea. SM stated SC was scheduled for surgery regarding this on 8/30/22.

ACS followed up with hospital staff regarding SC's May 2022 hospital admission and other medical concerns. Records noted SC was brought via ambulance after SM found her with her eyes rolled back and breathing fast. There were no abnormalities found regarding cardiac disorders or seizures. It was noted SM was directed to make a follow up appointment with a neurologist. SC was seen by a specialist in June 2022 and there were no concerns noted aside from mild obesity and sleep apnea, which was to be treated via surgery on 8/30/22. On 6/23/22, SC underwent a cardiology evaluation, and it was normal; SC was referred for genetic testing which was scheduled for 8/16/22. It was noted SC missed 2 neurological appointments: the initial appointment was scheduled for 6/27/22 and canceled, and then the rescheduled appointment on 7/27/22 was also not attended.

On 8/15/22, BF, PGM, PGF and SM's boyfriend were interviewed. All denied any concerns surrounding SM's care of SC, and none were present when SC was found unresponsive.

Throughout the investigation, ACS maintained contact with the family and spoke with numerous collateral sources. There were no concerns noted regarding SM's care of SC. At the time of this writing, there were no criminal charges brought against SM regarding the fatality. ACS noted there was no evidence found to support the allegations in the report; however, it remained unknown what affect, if any, SC's missed neurological appointments may have had on SC's health. The investigation was unfounded, and the services case was subsequently closed on 9/17/22, as there were no surviving children.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Comments:** This fatality investigation was conducted by the ACS MDT.

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** No

**Comments:** ACS does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
061880 - Deceased Child, Female, 2 Year(s)	061881 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
061880 - Deceased Child, Female, 2 Year(s)	061881 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
061880 - Deceased Child, Female, 2 Year(s)	061881 - Mother, Female, 24 Year(s)	Lack of Medical Care	Unsubstantiated



### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:**

ACS interviewed the family and collateral sources. Progress notes and other documentation were completed and entered timely.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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





<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**  
 ACS provided the family with bereavement counseling referrals and information regarding assistance with funeral costs.

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

**Explain:**  
 There were no surviving siblings or other children in the household.

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

**Explain:**  
 Grief and bereavement referrals were provided to the family.

## 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?** No





## 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)
04/26/2022	Sibling, Female, 1 Years	Mother, Female, 24 Years	DOA / Fatality	Unsubstantiated	Yes
	Sibling, Female, 1 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 43 Years	DOA / Fatality	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 43 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Other Adult - PGM's Husband, Male, 50 Years	DOA / Fatality	Unsubstantiated	
	Sibling, Female, 1 Years	Other Adult - PGM's Husband, Male, 50 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

This SCR report was received with concerns that on 4/24/22, the sibling was in the care of SM, PGM and PGF when the sibling developed a fever around 6:00PM. SM gave the sibling medication for the fever at 7:00PM. SM put the sibling to sleep in her crib around midnight, and next checked on her around 1:00AM. At that time, SM found her unresponsive in the crib. SM called 911 and the sibling was transported to the hospital where she was later pronounced deceased.

**Report Determination:** Unfounded**Date of Determination:** 06/24/2022**Basis for Determination:**

ACS spoke with family and collateral sources. The ME reported the sibling's death was suspected to be due to a genetic component, and there were no concerns surrounding abuse or maltreatment. ACS found the sibling was diagnosed with sleep apnea. It was further noted the sibling missed 10 medical appointments from 9/2/21 to 3/22/22. ACS offered the family voluntary preventive services to further address ongoing concerns within the family, and they were accepted. SC was assessed as safe at the time of this investigation.

**OCFS Review Results:**

The record did not reflect if ACS spoke with medical providers to determine if the numerous missed medical appointments negatively impacted the sibling's health.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The record did not reflect if ACS spoke with the medical providers about the impact of the numerous missed medical appointments or if the mother was appropriately administering the sibling's medications.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

A PIP has already been implemented by ACS to address this citation.

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



There was no CPS investigative history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There was 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: 04/28/2022

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: 04/28/2022

**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
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"/>

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
<b>Was the most recent FASP approved on time?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If not, how many days was it overdue?</b> A Plan Amendment was not completed following the death of the subject child.				
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

	Yes	No	N/A	Unable to Determine
<b>Was the decision to close the Services case appropriate?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider

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

**Additional information, if necessary:**  
Preventive services were provided by an agency within the community.

### Required Action(s)

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

Yes  No

<b>Issue:</b>	Provide preventive services according to the needs of the child and the child's family
<b>Summary:</b>	The services case record did not reflect if the case planner was aware of the dates of SC's required medical appointments, nor did the case planner address that SC never attended her neurological evaluation appointments.
<b>Legal Reference:</b>	18 NYCRR 423.4(a); SSL 424 (13)
<b>Action:</b>	The contract agency must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.
<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	A Plan Amendment was not completed following the death of the subject child.
<b>Legal Reference:</b>	18 NYCRR428.3(f)
<b>Action:</b>	The contract agency must meet with the staff involved in this fatality investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue.



### Preventive Services History

A mandated preventive services case was opened on 4/28/22 following the death of the mother's one-year-old child, which occurred on 4/25/22. The case was opened due to concerns the child had missed numerous medical appointments. There were further concerns of domestic violence between the mother and father. The case was closed on 9/17/22 after the subject child's death, as there were no other surviving siblings or children in the household.

### 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

**Have any Orders of Protection been issued? Yes**

**From:** 03/01/2022

**To:** 09/22/2022

**Explain:**

A full stay away order of protection was issued against the father after he physically assaulted the mother during an argument. This order was amended to a refrain from during the fatality investigation.

### 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