



Report Identification Number: NY-23-066

Prepared by: New York State Office of Children & Family Services

Issue Date: Nov 30, 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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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: 10 month(s)

Jurisdiction: New York
Gender: Male

Date of Death: 06/06/2023
Initial Date OCFS Notified: 06/06/2023

Presenting Information

The New York City Administration for Children Services (ACS) was notified by the mother’s therapist, that the 10-month-old male subject child died at the hospital. The subject child was diagnosed with multiple medical conditions at birth and remained hospitalized in the Pediatric Intensive Care Unit (PICU) since birth. The child passed away on 6/6/23. ACS completed a 7065 Agency Reporting Form and notified the New York City Regional Office on 6/8/23.

Executive Summary

This fatality report concerns the death of the 10-month-old male subject child that occurred on 6/6/23. The child died at the hospital in the PICU, where he remained since birth. At the time of the child’s death there was a 2-year-old sibling that resided in the home with the mother. The father of the child and the sibling had no regular contact with the children. ACS assessed the sibling as safe with the mother.

Upon learning of the death, ACS gathered information from the mother and collateral contacts. ACS learned the child was born on 8/1/22, and was diagnosed with venous malformation, arteriovenous fistula, tracheal collapse, and numerous congenital abnormalities regarding his pulmonary, cardiac, digestive, endocrine, and urinary systems. The child would have needed multiple surgeries before he could have been released from the hospital. The mother attended all the child's medical appointments/meetings since his birth and visited the child in the NICU 4-5 times a week. The child underwent a tracheotomy surgery in March 2023 and had been under sedation since then to aid with his recovery. ACS spoke with the mother and hospital staff and learned the child had a hemorrhage related to an incision opening from his recent cardiac surgery. The mother was at home with the sibling when she received a call from hospital staff that the child had died.

An autopsy was performed; however, the final autopsy report had not yet been received at the time this report was written. A copy of the certificate of death was obtained and reflected that the “immediate cause of death was unexpected bleeding from a mediastinal wound due to a fungal wound and/or hardware infection, and as a consequence of complex congenital heart disease.” Due to the circumstances and nature of the child's death law enforcement was not contacted.

At the time of the fatality, ACS had an ongoing Preventive Services case regarding the family. The mother was engaged with services and the sibling was engaged with the Early Intervention program. An SCR report was not made by ACS at the time of the child’s death due to child being hospitalized for the entirety of his life and the death was not the result of suspected abuse or maltreatment by the mother.

ACS offered the mother burial assistance and bereavement services, and she accepted. The record did not reflect ACS offered the father bereavement services. The Preventive Services case remained open at the time this report was written.

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:

The fatality was not SCR reported; therefore, certain casework activity was not required.

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:

ACS gathered information regarding the death and documented supervisory conferences. The Preventive Services case remained open regarding the mother and the sibling at the time this report was written.

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: 06/06/2023

Time of Death: 07:03 PM

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

County where fatality incident occurred: Bronx

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 and/or ingested alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: sedated

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	10 Month(s)
Deceased Child's Household	Mother	No Role	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

LDSS Response

ACS was notified of the death of the SC on 6/6/23. ACS had an ongoing Preventive Services case with the family prior to the SC's birth. The preventive services case was opened on 4/26/21, to support the first-time mother after she gave birth to the medically fragile sibling. Upon notice of the death ACS completed the required 7065 Agency Reporting Form timely, spoke with the mother, made a home visit, spoke with collaterals, and assessed the safety of the sibling.

ACS learned the SC was a medically complex child and he would have needed multiple surgeries before he could be discharged from the hospital. The mother attended all the SC's medical appointments/meetings since his birth and visited the SC in the NICU several times a week. The SC had tracheotomy surgery in March 2023, and he was placed under sedation to help with his recovery. On 5/15/23, the SC experienced some medical complications; however, the SC was stable. ACS spoke with the mother and hospital staff and learned prior to the death the SC suffered a hemorrhage related to an incision opening from his recent cardiac surgery. The mother later received a phone call from hospital staff informing her that the SC had died.

ACS made a home visit and the home met minimal standards with no safety concerns. The SS was seen and observed with no visible marks or bruises and was assessed as safe with the mother. ACS spoke with collaterals regarding the SS and there were no concerns for the SS or the mother's care of the SS. The SS received weekly physical therapy, occupational therapy, and speech therapy, and the mother was engaged in the SS's services.

The mother notified the father of the SC's death through a phone call. The mother reported the father had never seen or visited the SC and had very little contact with the SS since his birth. At the time this report was written the Preventive Services case remained open and the family continued to engage with the services. The mother was referred for grief counseling and the SS remained engaged with Early Intervention services.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

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

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to
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				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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

ACS contacted the appropriate collaterals and investigated the circumstances surrounding the child's death. The child was hospitalized for the duration of his life.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
 As there was no SCR report surrounding the fatality, the completion of safety assessments was not required; however, ACS documented an assessment of the sibling's safety following the death and there were no concerns.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



gathered to assess risk to all surviving siblings/other children in the household?				
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"/>
Explain: As there was no SCR report surrounding the fatality, the completion of the risk assessment was not required. The mother was engaged in preventive services prior to the death of the subject child. Ongoing support was provided following the death.				

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The mother was engaged with mental health services prior to the death and remained engaged with services after the death.

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:
ACS offered the mother bereavement services for the sibling, and she accepted. The record did not reflect if the child engaged with services.

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

Explain:
The mother was offered burial assistance and bereavement services, and she accepted. The record did not reflect if the mother engaged with services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? 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
- Had a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none of the issues listed noted in case record



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)
06/15/2022	Sibling, Male, 1 Years	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 1 Years	Mother, Female, 21 Years	Lack of Supervision	Substantiated	

Report Summary:

ACS received two SCR reports that alleged the mother left the then 1-year-old SS unsupervised in their apartment. The mother was behaving erratically while on the phone with a worker in the building that she resided in. The mother did not listen to the worker and the worker ended the call. A few minutes later the mother went to the worker's office and physically assaulted the worker. The mother left the SS alone in their apartment when she did this. The mother was arrested and there was no alternate plan for the SS.

Report Determination: Indicated

Date of Determination: 08/05/2022

Basis for Determination:

The allegations of IG and LS against the mother regarding the SS were substantiated. The investigation revealed the mother left the SS alone in the shelter unit unattended when she went to the workers office and engaged in a physical altercation. ACS spoke with collaterals that confirmed there was no shelter staff in the unit with the SS. ACS contacted the father and he agreed to take care of the SS until the mother was released from police custody. ACS appropriately indicated and closed the investigation on 8/5/22, and the Preventive Services case remained open at the close of the investigation.

OCFS Review Results:

The record reflected timely completion of case objectives including the investigation initiation, 7-day Safety Assessment, provision of notification letters, and check of CPS history. Collateral contacts were made. ACS completed home visits to the father's and the mother's homes and the SS was assessed to be safe. ACS offered the mother anger management services, and she accepted. ACS added the SC to the report after his birth during the open investigation and was assessed safe with the mother.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/17/2021	Sibling, Male, 7 Months	Mother, Female, 20 Years	Lack of Medical Care	Unsubstantiated	No
	Sibling, Male, 7 Months	Father, Male, 24 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

An SCR report alleged the mother and father failed to properly administer prescribed congenital seizure medication to the then 7-month-old SS and missed several scheduled medical appointments for follow-up concerning the SS's seizure condition as well as his hydrocephalus (significant head growth). As a result, the SS had catatonic seizures that the parents failed to recognize, continued to be developmentally delayed, and there were no further evaluations to monitor the hydrocephalus. The situation was ongoing.

Report Determination: Unfounded

Date of Determination: 01/16/2022

Basis for Determination:

The allegation of LMC against the mother and father regarding the SS was unfounded. The investigation revealed ACS spoke with collateral contacts and the mother missed a few appointments for the SS; however, she rescheduled the appointments. Collateral contacts confirmed the mother was compliant with the SS's medical appointments and medication. The mother and SS were engaged with preventive services and the SS received physical therapy on a weekly basis. ACS appropriately unfounded and closed the investigation on 1/16/22, and the Preventive Services case remained



open at the close of the investigation.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. The 7-day Safety Assessment was completed timely. Written notice was provided to the adults. Home visits were made, and the SS was assessed to be safe. The CPS history check was completed timely. Collateral contacts were made.

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 investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

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: 04/26/2021

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



Child Fatality Report

the fatality?				
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"/>

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:
A contract agency provided additional support and services.

Preventive Services History

On 4/26/21, ACS opened a voluntary Preventive Services case for the family. ACS received a request from hospital staff for homemaking services as a support to assist the first-time mother after she gave birth to the medically fragile sibling that was born on 3/23/21. The mother engaged with services and the SC was added to the Preventive Services case after his birth. At the writing of this report the Preventive Services case remained open, and the mother and sibling remained engaged with services.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity.

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

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