



Report Identification Number: SV-18-006

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

Issue Date: Jul 09, 2018

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Putnam
Gender: Female

Date of Death: 01/14/2018
Initial Date OCFS Notified: 01/18/2018

Presenting Information

On 1/18/18, the death of the 1 yo SC was reported to OCFS by Putnam County Department of Social Services (PCDSS) through the required Agency Reporting Form 7065 because PCDSS had an open CPS investigation at the time. On 1/14/18, SC passed away at the Maria Fareri Children's Hospital from medical complications after a bone marrow transplant.

Executive Summary

On 1/15/18, PCDSS was informed SC passed away at the hospital on 1/14/18 after a long illness. PCDSS had an open CPS investigation at the time involving BM and SC. The open investigation was received on 11/27/17 that stated SC was hospitalized, BM was advised SC required 24-hour care and hospital staff were unable to be provide constant eyes on supervision of SC. It was alleged BM left the hospital overnight without informing hospital staff and was gone 48 hours.

SC was hospitalized since February 2017 with an illness that caused brittle bones, failure to thrive and bone marrow failure. SC had a gastrostomy tube implanted in her stomach for feedings and on 11/22/17 she received a bone marrow transplant. SC's body rejected the transplant and her organs failed. SC was pronounced deceased by the hospital physician at 10:46 AM on 1/14/18 and BM declined an autopsy. The death certificate listed the manner of death as "natural causes" and the cause of death as "multi-organ failure (acute respiratory distress syndrome, cardiac failure, acute kidney injury) due to septic shock as a consequence of adenoviremia."

PCDSS learned BM moved to Texas from El Salvador in 2014. Her 13 yo daughter remained in El Salvador with the MGM and BM provided financial assistance. The BF of SC was deceased and had 2 children, ages 14 and 16, that were living with the paternal step-grandmother (PGM) in Texas. PGM was spoken to and the children were assessed to be safe in her care. BM moved to New York in 2016 and resided with the maternal great aunt (MA) and maternal great uncle (MU) and their 3 children (maternal cousins), ages 15, 11 and 3. The cousins were assessed to be safe in their parents' care.

Hospital staff assisted BM with obtaining funeral assistance. PCDSS determined SC's death was the result of illness and not caused by abuse or maltreatment by a caretaker. The 11/27/17 SCR report was unfounded and closed on 2/14/18.

PIP Requirement

PCDSS will submit a PIP to the Spring Valley Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the PCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, PCDSS will review the plan and revise as needed to address ongoing concerns.

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:

SC's death was not reported to the SCR.

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:

Casework was commensurate with case circumstances and included appropriate supervisory consultation.

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: 01/14/2018

Time of Death: 10:46 AM

County where fatality incident occurred: Westchester

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
- Eating
- Unknown
- Other: Hospitalized

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1



Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	38 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	57 Year(s)
Deceased Child's Household	Deceased Child	No Role	Female	1 Year(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)
Deceased Child's Household	Other Child - Maternal Cousin	No Role	Male	3 Year(s)
Deceased Child's Household	Other Child - Maternal Cousin	No Role	Male	15 Year(s)
Deceased Child's Household	Other Child - Maternal Cousin	No Role	Male	11 Year(s)
Other Household 1	Sibling	No Role	Female	13 Year(s)
Other Household 2	Sibling	No Role	Unknown	16 Year(s)
Other Household 2	Sibling	No Role	Unknown	14 Year(s)

LDSS Response

On 1/15/18, the hospital social worker notified PCDSS that SC had been severely ill for 2 weeks and passed away on 1/14/18. It was learned SC developed a rejection to the bone marrow transplant which weakened her immune system, her lungs failed and she died of complications from adenoviremia. The social worker stated there were no concerns for the care BM provided to SC. The social worker assisted BM with obtaining financial assistance for funeral arrangements and with transporting SC's ashes to Texas to be buried near her BF.

PCDSS attempted to meet with BM at the MA and MU's home. MA was spoken to and PCDSS provided condolences to the family. The cousins were not seen at that time, although a review of prior CPS history showed the cousins were spoken to and assessed to be safe during the 2/24/17 investigation. At that time, MA and MU provided BM with transportation to the hospital to visit SC and they had no concerns for BM's care of SC.

On 1/22/18, BM and the hospital social worker were spoken to and condolences were given to BM. The social worker discussed SC's medical condition and the low likelihood of another child being born with the same condition, as BM's 13 yo daughter and BF's children were healthy and did not have the same condition. BM stated SC had not seen the MA, MU and the cousins since SC was admitted to the hospital in February 2017. BM had only seen the MA and MU on occasion when she went home to obtain clean clothing.

PCDSS spoke to PGM over the phone who stated she and the 2 SS visited BM and SC at the hospital in October 2017. She had no concerns for BM's care of SC and said BM had not left SC's side. PGM stayed with SC while BM went home to shower and get clean clothes. PGM stated BM and BF were only married 8 months when BF passed away in 2015 and she had been raising his 2 children since. She reported the children were doing well and were well cared for.

PCDSS spoke to family members and hospital staff and obtained SC's medical records and death certificate to gather the facts and circumstances surrounding SC's death. It was determined SC's death was the result of illness and not due to abuse or maltreatment by a caretaker, therefore the incident did not require a report to the State Central Register. Additional service needs, such as bereavement or MH counseling, were not explored with the family. PCDSS unfounded and closed the 11/27/17 SCR report due to a lack of credible evidence that BM failed to provide SC with proper care and supervision during her hospitalization.



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? Yes

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input checked="" 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 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:

The cousins were not seen after SC's death but were assessed to be safe during a recent prior CPS investigation. The 3 SS resided out of state/country and were unable to be spoken to, although were determined to be safe in the care of relatives.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input 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:
The 3 SS and the 3 cousins were assessed to be safe. A 24-hour and 30-day safety assessment were not required as the death of SC was not reported to the SCR.

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

Explain:
BM's needs surrounding the fatality were not explored, such as bereavement services or MH counseling.

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 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"/>

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

Additional information, if necessary:
 BM may have benefited from bereavement and MH counseling.

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

Explain:
 BM was provided with funeral assistance.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? Yes

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)
11/27/2017	Deceased Child, Female, 1 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Female, 1 Years	Mother, Female, 29 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

An SCR report alleged SC was admitted to the hospital on 2/20/2017. SC was diagnosed with a serious medical condition that caused failure to thrive and brittle bone. SC had no immune system and was losing weight. The hospital performed a bone marrow transplant and SM was advised she needed to stay with SC in the hospital at all times because SC needed 24-hour care. Over the weekend, SM left the hospital without the nurses knowledge and was gone for over 48 hours; SC threw up on herself several times. SM was advised that SC can not do anything for herself. There was concern about SM's understanding of the severity of SC's condition.

Report Determination: Unfounded**Date of Determination:** 02/14/2018**Basis for Determination:**

PCDSS unsubstantiated the allegations of IG and LS against BM regarding SC. BM was aware SC required constant supervision and hospital staff said they were unable to provide eyes on supervision of SC at all times. BM stayed at the hospital with SC since February 2017 and only left a few times for 1-2 nights at a time. BM made hospital staff aware when she was leaving and provided SC with appropriate care and supervision. It was determined SC passed away on 1/14/18 due to her medical condition and not due to abuse or maltreatment by BM.

OCFS Review Results:

PCDSS conducted a thorough investigation into the allegations of the report and the circumstances surrounding SC's death. BM, family members and hospital staff were spoken to and hospital records were reviewed. Safety assessments and the RAP were completed accurately and a Notice of Existence letter was provided to BM in a timely manner. There was no documentation of a CPS history check for the family.

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

Issue:

Review of CPS History

Summary:

There was no documentation of a CPS history check for the family.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, PCDSS must review all SCR records of prior reports, including legally sealed reports, involving the subject of the report, the allegedly abused or maltreated child, or the child's sibling, and, for indicated reports, must also review prior reports pertaining to other children in the household or other persons named in the report, and document such.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/24/2017	Deceased Child, Female, 6 Months	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

An SCR report alleged SC lived with BM, MA and MU. BM was depressed and appeared overwhelmed with the care of SC. There was concern for BM's ability to provide a minimum degree of care for SC. MA and MU had unknown roles.



Report Determination: Unfounded

Date of Determination: 04/25/2017

Basis for Determination:

PCDSS unsubstantiated the allegation of IG against BM regarding SC. SC was exhibiting symptoms of a medical condition and required hospitalization to diagnose the issue. SC had healing broken ribs, which were determined to be the result of brittle bones. BM initially rarely visited SC in the hospital and appeared overwhelmed handling SC's medical needs. BM agreed to Preventive Services for assistance managing SC's medical needs and the case was opened for services.

OCFS Review Results:

All household members were interviewed and the home was assessed to be safe. SC was observed several times in the hospital. PCDSS contacted the appropriate collaterals and monitored SC's medical condition. Safety assessments and the RAP were completed accurately and Notice of Existence Letters were provided to the necessary persons. The legal department was appropriately consulted about SC's injuries and a joint investigation was conducted with LE.

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

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

There is no CPS history more than 3 years.

Known CPS History Outside of NYS

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

Preventive Services History

A Preventive Services case opened 4/6/17 to assist BM with managing SC's serious medical needs. PCDSS assisted BM with obtaining SSI for SC and medical service providers provided SM with financial assistance to remain at the hospital with SC. The case closed on 9/19/17 as BM was receiving the necessary financial assistance so she could remain at the hospital with SC and SC was awaiting the required bone marrow transplant.

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