



Report Identification Number: SY-22-042

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

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

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: 5 year(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 06/23/2022
Initial Date OCFS Notified: 09/13/2022

Presenting Information

Onondaga County Department of Children and Family Services (OCDCFS) completed an OCFS-7065 Agency Reporting Form on 9/13/22, regarding the death of the 5-year-old subject child, which occurred on 6/23/22. The form reported that the child's death occurred because of a medical condition. Specifically, the cause of death was diffuse midline glioma. The child's fatal diagnosis was known when a preventive service case was opened with the family.

Executive Summary

This fatality report concerns the death of the five-year-old female subject child. OCDCFS was made aware that the subject child died from a brain tumor. The fatality occurred during an open preventive services case. The case was opened 5/19/22 to provide support to the parents, who appeared overwhelmed with the recent events their family had experienced. Additionally, the 8-year-old sibling's school attendance was being affected. At the time of the child's death, she resided with her mother, father, and seven siblings (ages 8, 10, 12, 15, 17, 19, and 21).

At the time the preventive services case was opened, it was known the subject child was dying from a terminal medical condition. The child died at home in the presence of her parents and family members. The attending physician certified the manner of death as natural, and the cause was diffuse midline glioma. The death was not referred to a coroner or medical examiner and no autopsy was performed.

A contract agency had case planning responsibilities at the time of the fatality. FASPs were not completed timely. The death of the subject child was learned on 6/26/22; however, the death was reported untimely via the OCFS-7065 Agency Reporting Form on 9/13/22. An SCR report was not registered concerning the death, as the child's death was the result of a known medical condition. The preventive services case remained open following the fatality and the surviving siblings were assessed to be safe in their parents' care.

Bereavement services were offered to the family, and were declined.

PIP Requirement

OCDCFS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) OCDCFS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDCFS 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:
The SCR was not contacted regarding this fatality, nor was there an open CPS investigation at the time of the subject child's death, therefore the investigation safety assessments and a determination were 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:
The family had requested the closure of the services case in August 2022. OCDCFS requested the contract agency continue the preventive services case; however, the family again declined additional services and the case was closed in November 2022.

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: 06/23/2022

Time of Death: 05:50 PM

County where fatality incident occurred: Onondaga
 Was 911 or local emergency number called? Unknown
 Did EMS respond to the scene? Unknown
 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

Total number of deaths at incident event:

Children ages 0-18: 1
 Adults: 0

Household Composition at time of Fatality



Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	5 Year(s)
Deceased Child's Household	Father	No Role	Male	55 Year(s)
Deceased Child's Household	Mother	No Role	Female	45 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)
Deceased Child's Household	Sibling	No Role	Male	19 Year(s)
Deceased Child's Household	Sibling	No Role	Female	21 Year(s)

LDSS Response

At the initial home visit on 5/9/22, prior to the services case being opened, it was learned the subject child was diagnosed with and dying from a brain tumor. The family previously had hospice services in place; however, they ended services as they were no longer necessary to assist with the child's end of life care. The subject child's father took a leave of absence from work to care for the child. An adult sibling, age 21, was residing in the home as well, after taking time off from college. At the time the services case opened, the subject child was struggling to eat and drink, was having difficulty with bowel movements, and was observed with labored breathing.

A discussion was had with the mother on 6/8/22 regarding palliative care for the child; however, the mother did not want to make service decisions without the father present. Attempts were made to meet with the father to discuss palliative care, but the child passed away before the meeting was held.

On 6/26/22, the case planner was alerted to the child's death by the school social worker. The 8-year-old sibling was observed in school on 7/6/22, and the 10-year-old sibling was seen in school on 7/12/22, although their response to the death of their sibling was not explored. A home visit was made 7/22/22, at which time the remaining siblings were observed, along with the parents. The mother expressed the child's passing was hard on the family; however, she felt relieved the child was no longer in pain. Bereavement counseling was offered; however, the family wished to handle services through the support of family and church. During the visit it was learned the 21-year-old sibling had left the house due to substance use. On at least one occasion, the sibling had returned to the home while under the influence and the mother described her as being skinny and sick. There was no further documentation regarding the extent of the 21-year-old's substance use or the effect that had on the surviving siblings residing in the home. The record did not reflect relevant referrals were made. A subsequent home visit on 8/30/22 revealed additional changes to the family in that there was potential risk of loss of residence. At that time, the contract agency prepared to close the case at the request of the family. OCDCFS expressed concern to the contact agency providing preventive services over closing the case due to the numerous events the family endured in a short period of time; however, the family did not want any further services and the services case closed November 2022.

The death certificate was obtained. The death was certified by the attending physician, was not referred to a medical examiner or coroner, and an autopsy was not performed. The manner of death was natural, and the cause of death was diffuse midline glioma. The subject child was treated by the attending physician from 2/16/21 until her death on 6/23/22. The subject child was last seen by the physician on 5/16/22. The approximate course of disease between onset and death was 16 months. The record did not contain additional information regarding the child's diagnosis or treatment plan.

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 referred to an OCFS approved Child Fatality Review Team?No

Comments: Onondaga County did not submit this case to their Child Fatality Review Team.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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:

SC's death was expected. The record does not reflect communication with the treating physician or pediatrician regarding SC's diagnosis, prognosis, or care. The SSs' were not spoken to regarding their sister's death.

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:
 This was not an SCR reported fatality, therefore, these assessments were not required. The FASPs contained safety assessments that did not rise to the level of impending or immediate danger. The surviving siblings were continually assessed through casework contacts as required by the preventive services case.

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 gathered to assess risk to all surviving siblings/other children in the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Explain:
 During the preventive case, additional service needs arose; however, the record did not reflect an attempt to gather additional information to make an assessment as to the need for referrals. There was minimal progress made on the family's service plan and there was no documented change in the service plan.

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"/>

Explain as necessary:
 There was no removal of the surviving siblings as a result of the fatality, or for reasons unrelated to the fatality. The preventive case remained open following the fatality.

Legal Activity Related to the Fatality

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



Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: voluntary preventive services

Additional information, if necessary:

It was learned an adult sibling was engaged in some form of substance misuse, though further details were not documented. While the record indicated intent to offer treatment referrals, referrals were not documented. Upon learning the family was faced with the potential risk of loss of residence, there was no further exploration of service needs related to housing.

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:
The family had an open preventive services case at the time of the fatality. The family was offered bereavement counseling; however, declined. No changes were made to the service plan as a result of the fatality.

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

Explain:
The family was offered bereavement counseling; however, the parents declined.



History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No

Was the child acutely ill during the two weeks before death? Yes

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

In 2016, the family participated in a FAR case with OCDCFS concerning allegations of Educational Neglect against the mother and father, regarding a then 5-year-old sibling.

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: 05/19/2022

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
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Child Fatality Report

Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The Initial FASP was due 6/8/22, prior to the fatality; however, it was not approved until 7/21/22, over a month late. The Comprehensive FASP was due 8/7/22, and approved untimely on 9/6/22.				
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: Prevention Services were provided by a contract agency. The contract agency maintained the Case Planner role.				

Required Action(s)

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

Yes No

Issue:	Timeliness of completion of FASP
Summary:	The Initial FASP was due 6/8/22, prior to the fatality; however, it was not approved until 7/21/22, over a month late. The Comprehensive FASP was due 8/7/22, and approved untimely on 9/6/22.
Legal Reference:	18 NYCRR428.3(f)
Action:	OCDCFS will complete, or see to the completion of FASPs by service providers when applicable, in a timely fashion when OCDCFS maintains a case management role.



Issue:	Failure to Complete a Plan Amendment
Summary:	The preventive services case was closed without the completion of a FASP Plan Amendment. A Plan Amendment is required when preventive services are ended for a child outside the time frames for periodic assessments.
Legal Reference:	18 NYCRR 428.7
Action:	OCDCFS will complete, or see to the completion of FASPs by service providers when applicable, when OCDCFS maintains a case management role.
Issue:	Failure to report death of child in open CPS or Preventive/CPS services case in timely manner
Summary:	The fatality was not reported timely. It was learned on 6/26/22 that the subject child passed away on 6/23/22; however, was not reported to OCFS via the 7065 Agency Reporting Form until over two months later, on 9/13/22.
Legal Reference:	06-OCFS-LCM-13
Action:	OCDCFS will complete the OCFS-7065 form and send it to the appropriate Regional Office of OCFS within 72 hours of the injury, accident, or death.
Issue:	Provide preventive services according to the needs of the child and the child's family
Summary:	It was learned a family member was struggling with substance misuse; however, the effect on the siblings was not explored and services were not offered. Additionally, a potential risk of loss of residence was not explored.
Legal Reference:	18 NYCRR 423.4(a); SSL 424 (13)
Action:	Preventive services shall be provided according to the needs of the child and their family.

Preventive Services History

A Family Services Stage (FSS) was opened with the family on 5/19/22 to provide support to the parents, who appeared overwhelmed with the recent events their family endured; specifically, the prison sentence of an adult sibling, and the terminal diagnosis of the subject child. The events in the home lead to a deterioration of the 8-year-old sibling's behavior and attendance in school. The family was deemed eligible for mandated preventive services due to child service needs. There was minimal or no change made on the identified service goals, as recorded in the FASPs, and FASPs were not completed timely. Despite limited change from the initial reason for child welfare intervention, the family wished to end services at the end of August 2022 and the FSS was closed November 2022.

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