



Report Identification Number: NY-21-121

Prepared by: New York City Regional Office

Issue Date: Apr 22, 2022

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 2 year(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 11/16/2021
Initial Date OCFS Notified: 11/23/2021

Presenting Information

OCFS was notified of the SC's death on 11/23/21 by the preventive services (PPRS) agency. Per the notification, on 11/16/21 a hospital social worker telephoned and informed the PPRS Case Planner (CP) that the SC died on 11/16/21. Since 9/7/21, the SC had been hospitalized and was not discharged due to his medical condition. The SC died while in the hospital.

Executive Summary

This fatality report concerns the death of a 2 yo male child (SC) who passed away in NY County. No SCR report was generated regarding the SC's death, and there was no CPS investigation. Per the certificate of death signed by a hospital physician, the date and time of death was 11/16/21 at 3:09 AM; "Death did not occur in any unusual manner and was due entirely to Natural Causes". Due to the family's culture/religion, no autopsy was performed. The SC's funeral occurred on 11/16/21, and internment occurred on 11/17/21.

At the time of the SC's death, the family was receiving PPRS with an LDSS-contracted provider. CPS referred the family for PPRS services during the investigation of an SCR report dated 9/16/21, that alleged lack of medical care. The referral was due to the SC's serious medical health diagnoses and treatment needs. CPS assessed the parents did not fully comprehend the child's treatment and condition due to a language barrier. The services included monitoring the SC's medical treatment and needs.

The SC, BM, BF, 5 and 6 yo SS's resided in a two-bedroom apartment. During in-person home and virtual visits, the CP observed working smoke/carbon monoxide detectors, the home was clean and organized, had running water, electricity, gas, and adequate nutritional goods.

The family signed the application for PPRS services on 10/19/21 during a transitional/Joint Home Visit (JHV) meeting with CPS. The CP conducted casework contacts (CWC's) as required throughout the COVID-19 health crisis/pandemic. At times the CWC's were conducted virtually via video conference or face-to-face home visits. In addition, some contacts occurred by phone, text, or email. During the CWC's, the CP appropriately engaged the BM and BF, and assessed the safety and well-being of the SS's. Collateral contacts occurred with hospital staff; the CP conducted visits to the hospital to observe the SC. School contacts occurred for assessment of the 5 & 6 yo SS's academic performance and attendance. The CP provided referrals to the family and advocated for entitlement benefits (Public Assistance), to apply for SSI for the SC, locate a community-based prenatal care provider for the BM, and homemaking services.

On 11/16/21 the CP received a call from the hospital social worker who informed the CP that the SC had passed away. On that same day, the CP conducted a home visit to offer condolences to the family and assess the 5 and 6 yo SS's. The family was devastated; the BM was inconsolable, and the BF was making funeral arrangements. The CP offered referrals for bereavement counseling and assistance with funeral costs. The BF refused, stating that a cultural community organization was providing financial assistance.

There were no safety or risk concerns for the SS's, nor concerns regarding each parent's protective capacity. Therefore, the PPRS conducted a Family Team Conference/Service Termination Conference on 12/13/21 with the BM, BF, PPRS CP and supervisor. It was assessed and agreed that PPRS was no longer required. On 1/6/22 a follow-up joint teleconference was held with the BM, BF, CPS, and CP/PPRS. CPS and PPRS determined the family no longer met the eligibility



requirements for PPRS services. The decision to close the case was supported by the family and other parties participating in the meeting. The PPRS case was closed on 2/14/22.

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:

N/A

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:

NA

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: 11/16/2021

Time of Death: 03:09 AM

County where fatality incident occurred: New York

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:



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

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- Other:

Total number of deaths at incident event:

Children ages 0-18: 01

Adults: 00

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	2 Year(s)
Deceased Child's Household	Father	No Role	Male	40 Year(s)
Deceased Child's Household	Mother	No Role	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)

LDSS Response

The SC was hospitalized on 9/7/21 and had surgery on 9/29/21. On 11/16/21 the PPRS CP received a call from the hospital social worker who informed the CP that the SC passed away.

The CP then called and arranged a home visit (HV) with the BF. The CP conducted the HV, offered condolences and support to the family, and assessed the 5 & 6 yo SS's. The family was devastated; BM was inconsolable, and the BF was making the funeral arrangements. The CP supervisor contacted the BF by phone offering condolences. The BF expressed disappointment with the care the SC received at the hospital noting that the hospital care was inappropriate. On 11/16/21, the PPRS Nurse also called the family to schedule a HV; Due to the family's evident emotional distress and grief, the family declined the visit.

The CP offered referrals for bereavement counseling and funeral assistance. The BF indicated that a culturally- appropriate community organization was providing financial assistance for the funeral; the funeral services would occur followed by the burial.

On 11/22/21, the PPRS-Nurse attempted to conduct a HV but rescheduled the wellness/health assessment; the BF refused the visit.

On 11/23/21, the CP called to assess the family's condition. The BF expressed concern that the BM would not get out of bed nor eat; she was approximately 24 weeks pregnant. The CP informed the BF a JHV would occur with CPS on 11/30/21. The JHV was conducted on 11/30/21 with the CP, CPS, BM, BF, 5 & 6 yo SS's. The purpose of the visit was to assess the SS's wellbeing, follow up on the application for Supplemental Nutritional Assistance Program (SNAP) benefits,



and to provide the BM with a referral for obstetrics-gynecology services. At time of the HV, the BM became upset with CPS' presence; she felt CPS forced her to consent to the SC's surgery. The BM was distraught. The family's only concern with reference to CPS were to provide additional beds for the SS's; and the PPRS-CP provided the family with two referrals for family bereavement and individual grief counseling.

The CP continued to engage the family. Casework contacts were conducted as required throughout the COVID-19 pandemic -- visits were face to face, virtually or via phone/text. On 12/1/21 the CP assisted the family by providing a letter to assist the BF with information needed to complete the SNAP application.

On 12/13/21, a Service Termination Conference (STC) occurred via video conference with the CP and family. According to the discussion, the family had difficulties understanding English which might have created barriers regarding communication, as well as the rules and regulations for addressing the health of minors. The agency and family agreed to begin the process to close the PPRS case.

On 12/14/21, a HV was conducted with the CP, BM, BF, and the SS's. The purpose was to assess the family's wellbeing, follow up on the Entitlement Benefits (SNAP), and bereavement counseling. The BM reported following up with the prenatal care. The CP provided the BM with another referral for Homemaking services.

On 12/23/21, the family visited the PPRS agency. The CP assessed the SS's wellbeing and provided the family with financial assistance (\$500) check and Christmas toys.

On 1/5/22, the CP held a video conference with the family to assess the wellbeing of the children. The BM reported canceling her last 3 prenatal care appointments; she did not follow up with SNAP application and asked that the PPRS case be closed.

A joint teleconference was held on 1/6/22 with the BM, BF, CPS, and CP. It was agreed that the family no longer met the eligibility requirements for PPRS services and concluded the case would be closed.

At a 1/21/22 HV, the SS's were assessed, the BM reported she went for prenatal care. No child risk or safety concerns were noted following the assessment. The CP shared that the case closure process would begin. The PPRS case was closed in CONNECTIONS on 2/14/22.

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: There is no OCFS-approved child fatality review team in NYC.

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 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 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:

CPS conducted a review of the SC's death that included: contact with the pediatrician & hospital social worker; obtained LDSS-internal grief, medical & DV consults; made referral to the Brooklyn DA's office with law enforcement follow-up contact.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: Services were offered prior to, and after the SC's death. Bereavement counseling and financial assistance with funeral costs were offered.				

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: No SCR report was generated regarding the SC's death. However, CPS conducted and documented a review of the circumstances surrounding the SC's death that included interviews of the BM, BF, assessments of the SS's, and contacts with collaterals.				

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
Prenatal care offered and received by BM.

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:
No concerns were identified.

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

Explain:
Services were offered by the PPRS and refused by the parents.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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)
09/16/2021	Deceased Child, Male, 2 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	No



Child Fatality Report

Deceased Child, Male, 2 Years	Mother, Female, 34 Years	Lack of Medical Care	Unsubstantiated
Deceased Child, Male, 2 Years	Mother, Female, 34 Years	Malnutrition / Failure to Thrive	Unsubstantiated
Deceased Child, Male, 2 Years	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 2 Years	Father, Male, 40 Years	Lack of Medical Care	Unsubstantiated
Deceased Child, Male, 2 Years	Father, Male, 40 Years	Malnutrition / Failure to Thrive	Unsubstantiated

Report Summary:

Per the report narrative, the 22 month-old SC had a medical health condition that required surgery. The BM and BF were aware and failed to follow through with surgery scheduled on 5/27/21 and 7/30/21. At times, calls in regards to this concern were ignored. On 9/7/21, the child had a scheduled preoperative appointment. At that time, it was learned he had urosepsis shock as he had a UTI which spread into the blood, was close to respiratory arrest, and was malnourished. Due to this concern the SC was admitted to the hospital but was too sick for the required surgery.

Report Determination: Unfounded**Date of Determination:** 11/03/2021**Basis for Determination:**

The allegations of IG, LMC & M/FTTH against the BM and BF for the SC were Unsub. CPS concluded there was a lack of credible evidence to support the allegations obtained during the investigation. The SC had multiple medical issues which impacted his health, feeding and ability to gain weight. The parents reported they followed up with the treatment and medical appointments as recommended.

OCFS Review Results:

The Specialist gathered sufficient information to make a determination for all allegations including those on the intake report in the course of the investigation. The determination made by CPS to UNF the report was appropriate. The safety decision recorded on the safety assessment at the time of the Investigation Determination was appropriate and commensurate with case circumstances.

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 is no known CPS history outside of NYS for the family.

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: 09/16/2021

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: 09/16/2021

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

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 the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Provider



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

Additional information, if necessary:
 The services case was opened in CONNECTIONS on 9/16/21. CPS referred the family for PPRS on 10/14/21; the service provider was an LDSS-contracted agency. The family completed intake and signed the application for PPRS services on 10/20/21.

Preventive Services History

CPS referred the family for PPRS services on 10/14/21 during the investigation of an SCR report dated 9/6/21. CPS assessed that the parents did not fully comprehend the severity of the SC’s illness, and their ability to speak or understand English was limited. Therefore, CPS recommended the PPRS connect the family with community services, monitor the SC’s appointments, provide family counseling, and assist with entitlement benefits.

On 10/19/21, CPS, the PPRS CP, BF, 6 & 5 yo SS’s participated in a JHV during which home and child safety assessments were conducted; the BF signed the application for services/PPRS. The BM was at the hospital with the SC who was hospitalized as of 9/7/21.

The CP maintained casework contacts with the family virtually or via home visits. Ongoing child wellbeing, risk and safety assessments occurred; childcare and nutritional needs were discussed. The BM was expecting another child, and was provided with the names of community clinics for prenatal care, and a referral for homemaking services - Medical Request Homecare application form to be completed by a physician. The SS’s school was contacted for attendance and report card information. Hospital staff were contacted prior and post the SC’s death. The family declined PPRS after the SC’s death. No safety or risk concerns for the SS's were assessed, and on 2/14/22 the case was closed.

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