



**Report Identification Number: SV-15-043**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 3/8/2016**

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 13 year(s)

**Jurisdiction:** Suffolk  
**Gender:** Female

**Date of Death:** 10/29/2015  
**Initial Date OCFS Notified:** 11/05/2015

## Presenting Information

Suffolk County Department of Social Services (SCDSS) learned of the death of the subject child on 11/5/2015 during the course of an ongoing CPS investigation concerning allegations made to the SCR on 9/11/2015. The subject child was noted to have suffered from multiple serious medical conditions since birth. It was learned that 911 was contacted for medical assistance for the subject child, however because of the delay in EMS arrival, the family had taken the subject child to the hospital themselves. Upon arrival the subject child had an irregular heartbeat and subsequently passed away while at the hospital. It was believed the death was due to Respiratory Failure. It was believed that at the request of the family, no autopsy was preformed.

## Executive Summary

Suffolk County Department of Social Services, (SCDSS), conducted an investigation into the allegations listed on the report. Appropriate collateral contacts were made throughout the investigation, including the Medical Examiner, medical professionals, community resources and relatives. All subjects and other persons named on the report were interviewed, and the allegations were discussed. Appropriate service referrals were offered to the family.

During the course of the investigation, it was learned that the father had primary custody of the subject child and she has remained in his care since she was approximately 3-years-old. The subject child's mother resides in North Carolina, and did not have much contact with the subject child. Medical records indicated the father had taken the subject child to her scheduled doctor's appointments throughout 2014 and 2015. At the school's request, a prescription was obtained for the subject child to begin Physical and Occupational Therapies during school hours, however this never took place as the subject child had passed away prior to this beginning. There was a delay in obtaining the prescription as the prescription was requested during the summer months in which the subject child was not attending school. Records also indicated there was a lapse in the subject child's health insurance. Despite this, the father maintained the subject child's scheduled appointments and obtained the medications needed for her. A new ramp for the subject child's wheelchair was also constructed to the home during the course of the investigation.

Home visits to assess the safety and well-being of the 16-year-old female and 10-year-old, 8-year-old and 5-year-old male surviving siblings. The children were noted to have been free of any obvious marks and/or bruises and appropriately dressed for the weather. They all appeared to have been well and noted no concerns for the care they were receiving. Contact was made with the respective schools and pediatricians of the surviving siblings and no concerns were noted. No obvious safety hazards or concerns were noted in the home as well.

The Suffolk County Medical Examiner's office did not conduct an autopsy on the subject child. The subject child suffered from Cerebral Palsy and Seizure Disorder and had passed away at the local hospital from complications from her Cerebral Palsy as well as respiratory failure. Her family was at her bedside when she passed.

The investigation was closed on 11/10/2015 and the allegations on the report were unsubstantiated regarding the father and the paternal grandmother on behalf of the subject child. No evidence was found during the course of the investigation to support the allegations and it could not be shown that the physical, mental and/or emotional condition



of the subject child was impaired or was in imminent risk of impairment by the actions/inactions of the father and paternal grandmother.

Records show the local hospital staff offered bereavement referrals to the family. SCDSS also offered services however it was unclear if the family was receiving any services at the time of case closure.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? Yes

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

### Explain:

The decision to close the case was appropriate provided the known circumstances of the case.

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:

Case dynamics were discussed during two meetings in regard to the subject child's passing. The decision to close the case was agreed upon by all parties involved and was appropriate given the known circumstances of the case.

## 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: 10/29/2015

Time of Death: 06:29 AM

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



# NYS Office of Children and Family Services - Child Fatality Report

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to 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

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

How long before incident was the child last seen by caretaker? 7 Hours

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

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	13 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	35 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	58 Year(s)
Deceased Child's Household	Sibling	No Role	Female	16 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)

### LDSS Response

At the time of the subject child's death, there was an open investigation related to the care of the subject child. Suffolk County Department of Social Services, (SCDSS), conducted an investigation into the allegations listed on the 9/11/2015 report. SCDSS made appropriate collateral contacts including the Medical Examiner, medical professionals, community resources and relatives. All subjects and other persons named on the report were interviewed, and the allegations were discussed and appropriate service referrals were offered to the family.

The safety of the 16-year-old female and ten-year-old, eight-year-old and five-year-old male surviving siblings was assessed and contact was maintained after a month lapse in contact with the family in the initial stages of the investigation. SCDSS completed safety assessments in regard to the siblings. All assessments were timely, appropriate and accurately



reflected the known circumstances of the case. Most of the case notes were detailed and all were contemporaneous.

As per the Medical Examiner’s office, there was no autopsy completed on the subject child. Medical staff at the hospital in which the subject child died stated the cause of death was respiratory failure and complications from her pre-existing condition of Cerebral Palsy.

There was documentation of supervisory conferences noted in which the known circumstances of the case were discussed and directives were provided.

The release for the subject child’s school was requested over the summer months when the subject child was not in school. There was also a lapse in health insurance for the subject child and the release was unattainable at the time. Records indicated however; the subject child’s medical condition was appropriately cared for and she was taken to numerous medical appointments by her father throughout the two years prior to her death. It was also noted that she was receiving the medications prescribed to her despite a lapse in medical insurance. The investigation was closed on 11/10/2015 and the allegations on the report were determined to have been unsubstantiated regarding the father and the paternal grandmother on behalf of the subject child.

### 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?**No

**Comments:** Suffolk County does not have an OCFS approved 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# NYS Office of Children and Family Services - Child Fatality Report

Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## 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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## 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation



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	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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
There was no removal regarding the surviving siblings in the household.

## 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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# NYS Office of Children and Family Services - Child Fatality Report

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

**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:**  
Services were offered to the family. However, the record did not reflect if the services were utilized.

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

**Explain:**  
Services were offered to the family. However, the record did not reflect if the services were utilized.

## History Prior to the Fatality

### Child Information

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/04/2013	6981 - Sibling, Female, 12 Years	6982 - Other Adult - Sibling's Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	No
	6981 - Sibling, Female, 12 Years	6982 - Other Adult - Sibling's Mother, Female, 30 Years	Excessive Corporal Punishment	Unfounded	

**Report Summary:**

This report alleged Inadequate Guardianship and Excessive Corporal Punishment against the mother of the surviving siblings on behalf of the then 13-year-old female surviving sibling. The subject of this report is not the subject child's biological mother. It was alleged that the mother got mad at the 13-year-old for being disrespectful and she punched her in the face and pulled her hair. The mother allegedly told the 13-year-old that she hated her and wished that she was not born. Everyone left the home, leaving the 13-year-old alone. The 13-year-old went missing while alone and the family did not contact the police right away. She was eventually found by an aunt later that afternoon.

<b>Determination:</b> Unfounded	<b>Date of Determination:</b> 03/28/2014
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# NYS Office of Children and Family Services - Child Fatality Report

**Basis for Determination:**

This case went under Administrative Review and the decision by DSS to substantiate the allegations was overturned. The allegations of Excessive Corporal Punishment and Inadequate Guardianship were changed to Unsubstantiated on 3/28/2014.

**OCFS Review Results:**

OCFS is in agreement with the outcome of the Administrative Review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/05/2014	6931 - Deceased Child, Female, 12 Years	6951 - Mother, Female, 31 Years	Abandonment	Unfounded	No

**Report Summary:**

This report alleged Abandonment against the mother on behalf of the subject child. It was alleged the subject child had been visiting her grandmother and father for the summer, and they are no longer able to care for the subject child and the mother refused to get her. It was alleged the mother made it clear that she no longer wanted to care for the subject child but had not made an appropriate alternative plan for the subject child. The mother was noted to have full custody of the subject child who suffered from medical conditions.

**Determination:** Unfounded

**Date of Determination:** 09/05/2014

**Basis for Determination:**

The basis for the determination was the investigation revealed the subject child's needs were being met and the father agreed to care for the subject child through a mutual agreement with the mother. Appropriate court documents were filed in family court to award the father full custody of the subject child. The father had support from extended family and friends. The subject child appeared to have been well cared for, and happy while in the care of the father.

**OCFS Review Results:**

OCFS is in agreement with the outcome of the investigation.

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

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

There are 23 cases called in to the SCR between 1988 and 2006 including 2 foster care cases. The 21 cases called in to the SCR pre-date the current system of record, and the household composition of each can not be seen. The foster care cases can not be viewed as the current system of record did not collect this information at the time. All of the cases were substantiated and allegations include Lack of Supervision, Inadequate Food, Clothing, Shelter

**Known CPS History Outside of NYS**

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

**Services Open at the Time of the Fatality**



# NYS Office of Children and Family Services - Child Fatality Report

## Required Action(s)

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

Yes  No

## Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

## Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes  No

## Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

## 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

## Additional Local District Comments

N/A

## Recommended Action(s)

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



<b>Action:</b>	OCFS recommends that the district maintain frequent contact with the families that they serve, in order to avoid lengthy gaps between the times that the children are seen by its workers. This would allow pertinent information to be gathered in a timely manner. SCDSS has advised SVRO that they have addressed the issue concerning the frequency of contact with the family with appropriate staff as they were conducting this fatality review.
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Are there any recommended prevention activities resulting from the review? Yes No