



Report Identification Number: NY-19-049

Prepared by: New York City Regional Office

Issue Date: Oct 04, 2019

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 5 year(s)

Jurisdiction: New York
Gender: Male

Date of Death: 05/09/2019
Initial Date OCFS Notified: 05/10/2019

Presenting Information

OCFS was notified of the subject child’s (SC) death by preventive services agency, Heartshare St. Vincent Services (HSVS) on 5/10/19. Per the notification, the agency was informed of the SC's death at 3:00pm on 5/10/19 by ACS-CPS. The HSVS Case Planner (CP) and Supervisor conducted a home visit at 8:30pm on the same day to obtain information. At the time of the visit, the BM was home. The BM explained that she, the BF, and child were in the home on 5/9/19. That the SC woke at approximately 8:00am, and they completed their daily routine. She was uncertain exactly when, but he began seizing. He stopped breathing and his eyes were shut. The BF called 911; EMS arrived, began administering CPR, and transported the SC via ambulance to Kings County Hospital ER. After approximately 3 hours, the SC was pronounced dead. The BM stayed with him; he was then placed in the hospital’s morgue. The BM said that the doctors informed her the SC passed because of "his sickness".

Executive Summary

This fatality report concerns the death of a 5-year-old male child that occurred on 5/9/19. The NYC Office of Chief Medical Examiner’s office issued a report to OCFS dated 6/7/19, that stated an external examination of the SC’s body occurred; no autopsy was performed. Per the report, the place of death was Kings County Hospital; Date/Time of death was 5/9/19 at 09:26am. The SC was diagnosed with a degenerative medical health condition with no specified life expectancy by his medical provider(s). The Kings County Hospital Center medical record stated the SC's Preliminary Cause of Death was Cardiac Arrest.

At the time of the SC's death, his family had an open preventive services (PPRS) case with Heartshare St. Vincent’s Services (HSVS) Special Medical preventive program.

Per case documentation, the SCs health regressed from the age of two. As time progressed, the medical providers determined that the SC needed a Nasogastric tube (G-Tube) insertion for feeding due to him being underweight, and his throat was compromised. The BF and BM refused to consent to the medical procedure. On 5/27/18 a maltreatment report was generated by the SCR; it alleged IG, LMED and M/FTTH of the SC by both parents. During CPS’ investigation, the SC was admitted to the hospital on 6/14/18 for treatment of his medical condition. A Child Safety Conference (CSC) was convened with both parents 6/15/18, and it was decided the family would be referred for PPRS. The family was referred for PPRS with HSVS on 7/12/18. CPS determined the allegations were SUB against both parents, and concluded the investigation on 7/25/18. The BM signed for PPRS on 7/27/18.

Following the PPRS case opening on 7/27/18, the CP met regularly with the BM, BF, and SC in the home. The CP documented collateral contacts with the SC's medical and other service providers. The CP provided advocacy on behalf of the parents with collaterals that included medical equipment supplies, obtaining a special wheelchair, securing transportation for keeping appointments, and navigating medical insurance issues. The CP confirmed the SC’s academic school setting and conducted school visits. The CP also conducted hospital visits after being informed of the SC’s hospitalization. The CP continuously assessed for child safety and risk, and maintained positive engagement with both parents during face-to-face and/or phone contacts. Some service referrals included parenting training for parents with medically fragile children, and home health care services for medically fragile children.

Following notification of the SCs death on 5/10/19, the HSVS CP and supervisor conducted a home visit (HV) on same date. During the visit, condolences were offered and bereavement services discussed with the parents which they declined;



stating their pastor would provide same. However, referral for bereavement counseling with a community based provider was provided to the BM. HSVS staff provided ongoing supportive counseling to the family.

Due to no other children in the home, a Service Termination Conference (STC) was scheduled and held on 6/11/19 at the case address. The PPRS case was appropriately closed in CONNECTIONS on 7/9/19.

OCFS gathered the information for this report from CONNECTIONS, ACS CPS records, the NYC Office of Chief Medical Examiner, PPRS records, and interview with the PPRS CP and agency Program Director.

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:

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:

N/A

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: 05/09/2019

Time of Death: 09:26 AM



County where fatality incident occurred: Kings
 Was 911 or local emergency number called? Yes
 Time of Call: 08:30 AM
 Did EMS respond to the scene? Yes
 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

At time of incident supervisor was: Not impaired.

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	5 Year(s)
Deceased Child's Household	Father	No Role	Male	55 Year(s)
Deceased Child's Household	Mother	No Role	Female	44 Year(s)

LDSS Response

On 5/10/19 at 3:00PM, CPS contacted Heart Share St. Vincent's (HSVS) program director and informed of the SC's death. On same date, the SC's death was reported to the SCR; it was coded as Additional Information.

On 5/10/19, ACS CPS followed protocol and contacted the local NYPD precinct and a detective was assigned to the case/fatality. A joint home visit (JHV) was arranged with the detective; it occurred on 5/11/19 and was unsuccessful. On same date, the NYPD detective contacted the HSVS supervisor for case information; the supervisor described the services the family received, including treatment and care the SC received. The detective indicated there were no criminal concerns.

On 5/11/19, the HSVS supervisor contacted Kings County Hospital Pediatric ER and obtained information regarding circumstances of the SC's medical treatment up to his death. Staff reported there were no safety concerns regarding the SC's care. The supervisor was referred to the hospital's Medical Records Dept. to request the physical records.

On 5/12/19, CPS called the detective to arrange another JHV. The detective informed CPS the SC's death was not considered a Homicide; that the Medical Examiner confirmed the SC died from 'natural causes' due to his pre-existing medical health condition.

On 5/12/19, CPS (ECS) attempted a Home Visit (HV).

On 5/13/19, ACS-CPS multi-disciplinary team convened a meeting. Per the Investigative Consultant, the family had no



criminal history. It was concluded that no action needed to be taken because the SC's death was due to natural causes. On same date, the HSVS supervisor faxed HIPAA consent to Kings County Hospital, and received the SC's medical records. CPS also attempted another HV on this date.

On 5/14/19 the following occurred: CPSS II contacted the ME's office and received information. The CPSS II also contacted the Emergency Medical Team (EMT) liaison and left message requesting information. CPS referred the case to the Brooklyn DA per protocol; CPS was informed no action needed to be taken regarding the SC's death. CPS contacted the PPRS CP to get a status update and was informed a HV was planned on same date with the parents to discuss funeral arrangements. CPS conducted a successful HV with the parents and asked them to sign HIPAA consent which they refused to do stating they did not care about a Neglect report; they did not want ACS' help.

On 5/15/19, CPS contacted the SC's pediatrician, pulmonologist, and neurologist. CPS also obtained an internal medical consult on same date.

On 5/21/19 the HSVS CP attended the SC's funeral service and burial.

On 6/11/19, a Service Termination Conference (STC) was convened by the CP to close the case; there were no children or surviving siblings in the home. Participants included: BM, the CP, and CP's supervisor.

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: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: Not applicable. There is no OCFS approved Child Fatality Review Team (CFRT) in NYC.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input 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:

Progress notes documented in CONNECTIONS by CPS and PPRS.



Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

N/A

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? N/A



Explain:

There were no SS's or other children living in the home.

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

Explain:

The CP continued to provide support and casework counseling to 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?	N/A
Was the child acutely ill during the two weeks before death?	No

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)
05/27/2018	Deceased Child, Male, 4 Years	Mother, Female, 44 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 4 Years	Mother, Female, 44 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 4 Years	Mother, Female, 44 Years	Malnutrition / Failure to Thrive	Substantiated	
	Deceased Child, Male, 4 Years	Father, Male, 55 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 4 Years	Father, Male, 55 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Male, 4 Years	Father, Male, 55 Years	Malnutrition / Failure to Thrive	Substantiated	

Report Summary:

The Intake report alleged M/FTTH, LMED and IG of the SC by the BM and BF. Per the report narrative, the SC (4) was diagnosed with a medical condition. The SC was underweight, his throat was compromised, had low muscle tone, he hadn't gained weight, and was aspirating food. It was recommended that he get a nasogastric tube (G-Tube) to feed; the BM and BF were refusing to consent to the procedure or follow through with the medical recommendations. As a result, the SC was not medically stable and there was food in his lungs.

Report Determination: Indicated **Date of Determination:** 07/25/2018

Basis for Determination:

CPS concluded the allegations of IG were Sub against the BM and BF. That medical professionals discussed with them the SC needed a G-tube due to him not being able to swallow food and so that he could consume the appropriate amount



of calories for weight gain; they continuously refused. The parents were given all the information on the procedure, but refused treatment. Also, they stopped taking the SC to therapy; BF said it was too far to travel. LMED was Sub against the BM who refused to sign consent permitting the hospital to have the G-tube inserted in the SC. M/FTTH was Sub against both parents who were aware the SC was not gaining weight even though they reported feeding him at home.

OCFS Review Results:

From 5/27/18 to 7/25/18, CPS appropriately conducted an investigation of the SCR report allegations. On 6/15/18, a CSC was held and Safety Plan-Interventions were put in place. At time the SC was discharged from hospital on 6/29/18, referral was made to VNS for home health services, PT and OT. On 7/12/18, CPS submitted a referral to PPRS; as well as an application for HRA- home care. CPS' INV included interviews with the subjects of the report, collaterals (Doctors, Nurses, Social Workers). CPS ordered an appropriate bed for the SC, assisted with getting the SC's medical equipment, and monitored follow-up with medical appointments.

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

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

The family does not have CPS history more than three years prior to the SC's death/fatality.

Known CPS History Outside of NYS

The family does not have 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: 07/27/2018

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: 07/27/2018

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
 Heartshare-St. Vincent's Services (HSVS), Medically Fragile Preventive Services Program provided services to the family.

Preventive Services History

CPS investigated an SCR report of 5/27/18 that concluded on 7/25/18. During the investigation, CPS assessed that the family would benefit from PPRS and referred the family to HeartShare St. Vincent's Services (HSVS), Medically Fragile preventive program on 7/12/18. On 7/18/18, a JHV occurred with the SC, BM, and BF. Initially the parents were resistant



to accept PPRS as they felt it duplicated pre-existing services. However, the HSVS CP provided a descriptive explanation of program services to the BM who signed the application for services on 7/27/18.

The HSVS CP successfully engaged the family, made numerous referrals, and provided advocacy that included coordinating and assisting with various medical providers, systems, and services. When needed, the CP assisted with appointments related to the SC's medical care, concrete needs, academic support and finances. The CP's casework contacts with the SC and parents as well as collaterals, exceeded the required standard. Case documentation qualitatively described casework activities that included assessments of services needed and actions taken to address identified issues or concerns. The parents provided appropriate care of the SC as corroborated by collateral providers. Following the SC's death, the case no longer met eligibility criteria for PPRS due to no children living in the home; it was appropriately closed on 7/9/19.

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

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