



Report Identification Number: NY-20-092

Prepared by: New York City Regional Office

Issue Date: Mar 12, 2021

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: 16 year(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 09/25/2020
Initial Date OCFS Notified: 09/29/2020

Presenting Information

OCFS received notification of the child's death via the 7065 Agency Reporting Form. It stated that the 16-year-old child was involved in a car accident on the morning of 9/26/20; she, and three other passengers died in the accident.

Executive Summary

This fatality report concerns the death of a 16 yo female child (SC). Per case documentation, on 9/29/20 the PPRS Case Planner (CP) received an email from an official at the SC's school regarding media reports of a fatal accident that possibly involved the SC. The CP telephoned the school official who stated BM confirmed that the SC had died. The CP immediately conducted a home visit (HV), and met with the BM who confirmed the death. The BM stated the SC was at a friend's home on 9/25/20 and was given a car ride home when the driver got into an accident on the parkway. There were 4 individuals in the car; 3 (2 individuals and the SC), died. The CP offered condolences to the family.

In adherence with SSL 20(5), OCFS formally requested the SC's autopsy report from the Medical Examiner. Per the autopsy report, the SC died on 9/25/20 at 2:40am, with multiple blunt force injuries. The BM informed the CP that the BF paid for the SC's funeral costs; the funeral service was on 10/2/20, and the interment was on 10/3/20.

At the time of the SC's death, the family was receiving PPRS. CPS concluded an 2/5/19 SCR report investigation on 4/5/19, assessed the family would benefit from PPRS, and opened a services case on 4/23/19. In the interim, CPS maintained CW contacts with the family, and referred the family to a preventive provider. On 6/11/19, CPS and the CP successfully conducted a Joint Home Visit (JHV) with the BM and SC. During the visit, the BM signed the application for services. The SC asked for help transferring to a recovery school and summer employment. The BM asked for assistance with rent arrears; she had another Housing Court hearing on 6/14/19. The CP completed alcohol and drug screening checklists with the BM and SC, assessed the family needed housing assistance re rent arrears, and that the SC needed a bed as well as educational advocacy. CPS concluded their involvement with the family on 6/14/19.

During the services period, the CP administered drug screening of the SC at a 12/5/19 HV; the results were negative for drugs and alcohol. The CP provided school transfer advocacy, and monitored the SC's school attendance and academic performance. Also provided were casework counseling, community resources list to BM for rent and utility bill arrears, referrals for mental health services/therapy for the SC, referral for recreational activities for the SC, & furniture (bed and dresser) for the SC.

Family Team Conferences (FTC's) were scheduled and convened with the BM and SC on 10/31/19 and 5/20/20. The CP also completed suicide and trauma assessments, as well as a complex trauma exposure screening of the SC. Ongoing well-being, risk and safety assessments of the SC occurred.

From the time the services case was assigned to the PPRS agency in June 2019, the CP (bilingual Spanish-English), appropriately engaged the BM and SC in their preferred language, as well as engaged in diligent efforts to maintain the required CW contacts throughout the life of the services case. Particularly during the COVID-19 pandemic, most contacts occurred via phone call, videoconference and text.

However, there were minimal contacts with the BF and 3 adult (2 males, 1 female) siblings (SS). For the few contacts the CP had with the BF and 2 adult male SS', they were cursory, not qualitative. Also, familial resources/supports referred to in the case notes were not fully identified nor were efforts made to engage them. The BM received HHA services; there was no record of a collateral contact with the provider.



Following the SC's death, the CP discussed and offered the BM bereavement/individual counseling referrals and a list of mental health providers in her community. In addition, the BM received preventive services that included some in-person home or virtual/video visits up to case closure on 11/13/20.

OCFS gathered the information for this report from CONNECTIONS, ACS CPS records, Autopsy report, and the preventive services records.

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:

There was no SCR or other report relating to the SC's death. Therefore, there was no CPS investigation.

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:

No minor children or siblings lived in the home. Therefore, the family/case was no longer eligible for PPRS per 18 NYCRR 423. The case was appropriately closed on 11/13/20.

Required Actions Related to the Fatality

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

Issue:	Confidentiality of reporters
Summary:	CPS identified the source/reporter of the 2/15/19 SCR report in the CONNECTIONS FSS stage progress notes dated 6/11/19.
Legal Reference:	SSL 422(4)(A); 05-OCFS-ADM-02
Action:	ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. ACS must include its policies regarding identifying the source of an SCR report in the FSS documentation. ACS must meet with its CPS staff to address this issue, and inform OCFS of the date of the meeting, who attended, what was discussed and the action plan.



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/25/2020

Time of Death: 02:40 AM

County where fatality incident occurred:

Westchester

Was 911 or local emergency number called?

Unknown

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? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 2

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	16 Year(s)
Deceased Child's Household	Mother	No Role	Female	37 Year(s)
Deceased Child's Household	Sibling	No Role	Male	23 Year(s)

LDSS Response

Per case documentation, on 9/29/20 the CP received a telephone call concerning a newspaper article about a fatal car crash that took place a week earlier. The article mentioned an individual deceased victim and residence who was suspected to be the SC. The CP was unaware of the incident; the most recent HV with the SC and BM occurred on 9/24/20. The CP was subsequently able to confirm that the SC was indeed a fatal victim of the reported car accident.

The CP immediately made numerous unsuccessful attempts to reach the BM via phone calls and text on 9/29/20 but subsequently made a HV that date meeting with an adult male sibling, his girlfriend and the BM. The CP extended condolences for the loss of the SC. The CP observed family members in the home lending support to the BM who appeared to be visibly devastated by the passing of her daughter. The CP inquired about funeral expenses, and the BM stated the BF was paying the funeral expenses; the family did not need any support at the time. The CP informed BM that she would check-in with her; and the agency was available to assist her. The BM informed the CP that the SC's wake was scheduled on 10/2/20 and the burial on 10/3/20. During a well-being check-in with the BM on 10/7/20, she confirmed the SC's funeral occurred as indicated. On the same date, the CP also left voicemail message for the school official informing



of the SC's funeral and that the services case would be closed.

The CP conducted several check-in/well-being phone/video conference calls with the BM. The final contact occurred on 10/27/20. In those casework contacts, the CP recorded that the BM continued to receive home health aide services while she recovered from ongoing medical treatments, disability benefits and public assistance. The BM continued working to resolve rent and electricity bill arrears. A Relapse Plan begun with the SC and BM was completed on 10/30/20. However, the CP did not document efforts to qualitatively engage/contact the BF, SS's or any family resource/supports.

There were no minor children living in the home following the SC's death. Therefore, the services case was appropriately closed on 11/13/20.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external 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: There is no OCFS-approved Child Fatality Review Team.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

N/A

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 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 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 minor children/siblings living in the home at time of, and following the SC's death.



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

Explain:

On 9/29/20, the CP met with the BM and extended condolences for the loss of her daughter/the SC. The BM declined assistance with funeral costs; she said the BF was paying for the SC's funeral. The CP discussed bereavement counseling, and provided a list of MH clinics to the BM who said she will utilize when ready.

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? 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)
01/07/2020	Deceased Child, Female, 16 Years	Mother, Female, 37 Years	Educational Neglect	Unsubstantiated	No
	Deceased Child, Female, 16 Years	Father, Male, 49 Years	Educational Neglect	Unsubstantiated	

Report Summary:

An SCR report was received which alleged EdN of the SC by the BM and BF. Per the narrative, the SC was absent a total of 60 days resulting in her being behind with schoolwork. The SC was failing, earning no school credit, and was ultimately at risk of academic delay.

Report Determination: Unfounded

Date of Determination: 03/07/2020

Basis for Determination:

CPS determined that the allegation of EdN was Unsub against the BM and BF. The appropriate collaterals were contacted and interviewed. CPS gathered sufficient credible information and found that the SC was registered and attending an alternate school. However, the BM and BF did not inform the SC's former school; the SC was still enrolled in that school. The report was UNF.

OCFS Review Results:

CPS contacted the SC's school and confirmed that the SC was registered in and attending an alternate school. Also, the CPS confirmed the family was actively receiving PPRS with the CP/provider.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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Child Fatality Report

02/05/2019	Deceased Child, Female, 16 Years	Mother, Female, 37 Years	Childs Drug / Alcohol Use	Substantiated	No
	Deceased Child, Female, 16 Years	Mother, Female, 37 Years	Educational Neglect	Substantiated	
	Deceased Child, Female, 16 Years	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 16 Years	Mother, Female, 37 Years	Lack of Supervision	Substantiated	
	Deceased Child, Female, 16 Years	Father, Male, 49 Years	Childs Drug / Alcohol Use	Substantiated	
	Deceased Child, Female, 16 Years	Father, Male, 49 Years	Educational Neglect	Unsubstantiated	
	Deceased Child, Female, 16 Years	Father, Male, 49 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 16 Years	Father, Male, 49 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

An SCR report was received which alleged CD/A, EdN, IG and LS of the SC by the BM and BF. The narrative stated the SC (then 15 yo) had out-of-control behaviors and was not listening to her BM and BF. The child stayed out on the streets as late as 1 or 2 am, unattended. Sometimes the child was out of the home unattended overnight. The child was smoking hookah and abusing alcohol to impairment. The parents had no control over her and were unable to take corrective measures. The child was not going to school either; her academic future was at stake.

Report Determination: Indicated**Date of Determination:** 04/06/2019**Basis for Determination:**

After a thorough investigation, CPS determined the allegations of CD/A, EdN, IG and LS were Sub against the BM; Only the allegation of CD/A was Sub against the BF. The appropriate collaterals were contacted and interviewed. CPS gathered sufficient information that supported the Sub allegations. The investigation was IND and a family services case was opened.

OCFS Review Results:

CPS met their investigatory requirements. Safety and Risk assessments were completed, notification letters were provided, and all subjects of the report and collaterals were interviewed. CPS appropriately assessed that the family could benefit from PPRS and referred the family for services with a contracted provider.

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.

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: 06/11/2019

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: 06/11/2019

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 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 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



Child Fatality Report

	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:
 CPS opened the services case in CONNECTIONS on 4/23/19.
 On 6/11/19, an ACS' (LDSS)-contracted, PPRS/voluntary service provider was assigned the CP role in CONNECTIONS. There was no evidence in the case documentation of the PPRS referral date, or that CPS had a discussion with the PPRS agency prior to their (PPRS') involvement with the family.

Required Action(s)

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

Yes No

Issue:	Adequacy of case planning
Summary:	The PPRS did not elicit information regarding familial resources and supports, and did not qualitatively engage the BF or adult SS'. Given the BM's medical health condition, that would've reduced additional stress, and enhanced services progression.
Legal Reference:	18 NYCRR 432.2 (b)(2)
Action:	ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. ACS must include its policies for contracted PPRS providers regarding the importance of family engagement & involvement. ACS ensure the PPRS meet with staff to address this issue, and inform OCFS of the date of the meeting, who attended, what was discussed and the action plan
Issue:	Confidentiality of reporters
Summary:	The PPRS identified the source of an 01/07/20 SCR report in case Progress Notes dated 01/13/20.
Legal Reference:	SSL 422(4)(A); 05-OCFS-ADM-02
Action:	ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. ACS must include its policies for PPRS on maintaining confidentiality of the source of an SCR report in case documentation. ACS ensure the PPRS meet with staff to address this issue, and inform OCFS of the date of the meeting, who attended, what was discussed and the action plan.

Preventive Services History

CPS referred family for PPRS after concluding the investigation of an 2/5/19 SCR report on 4/5/19. The family had no prior PPRS history. CPS assessed the BM would benefit from teen parenting training and the SC, a mentoring program.

The CP and CPS assessed the SC's well-being, safety and risk at each contact. CPS' involvement with the family ended on



6/14/19.

The CP's case activities included: conducting casework contacts via home visits and/or video-conferencing; well-being, safety and risk assessments of the SC; therapy referrals for the BM and SC that included providing a list of mental health clinics to the BM. The CP provided/assisted with referrals for rent and electricity bill arrears; made school visits, monitored school attendance & assisted with the SC's school transfer; administered drug screening of SC; assisted the BM with obtaining a home health aide; requested furniture for the SC that was received; and conducted required FTC's on 10/31/19 and 5/20/20.

During the services period, the CP effectively engaged the BM and SC. The CP's last contact with the SC occurred on 9/24/20, and the BM on 10/27/20.

Following the SC's death, there were no minor children living in the home. Therefore, the PPRS appropriately submitted the services case for closure; it was closed on 11/13/20.

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