



**Report Identification Number: SY-16-005**

**Prepared by: Syracuse Regional Office**

**Issue Date: 8/22/2016**

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:** 1 month(s)

**Jurisdiction:** Onondaga  
**Gender:** Female

**Date of Death:** 07/13/2015  
**Initial Date OCFS Notified:** 02/04/2016

## Presenting Information

The LDSS was informed of the death of the SC by the BM on 7/13/15. The SC was born premature on 6/9/15 and she was diagnosed with Trisomy 18, a genetic disorder. The preventive services referral was made to the LDSS due to the SC having "multiple anomalies", including heart and liver issues and apnea. Upon her birth, it was not expected that the SC would survive and the family was provided with Hospice Services. The SC passed away 7/13/15, at home. It was presumed that the SC passed away as a result of her congenital birth defects associated with Trisomy 18. The LDSS notified OCFS of the death of the SC on 2/4/16 via OCFS form 7065. The preventive services case was open at the time of the SC's death. No autopsy was performed in this case.

## Executive Summary

The SC was born on 6/9/15, and was diagnosed with Trisomy 18, a genetic disorder that can cause defects of the heart and lungs. It was not expected that the SC would live very long, as most children born with Trisomy 18 have a life expectancy of only a few days or possibly a week, and the majority are stillborn. Despite this, the BM and BF decided to take the child home with them, when she was able to be released from the hospital. Due to the SC's medical needs, and her short life expectancy, the family was provided with Hospice Services. In addition to the SC's medical needs the BM and BF were caring for the SC's three siblings and a preventive services referral was made to assist and support the family. The BM wanted to return to work to assist the family financially and was in need of daycare services for all three siblings and the SC. The LDSS and the preventive services contract agency were to assist in obtaining daycare services, and to assist and provide support around any further identified issues.

On 7/7/15, the preventive services case was opened. On 7/13/15, the BM notified the LDSS CM that the SC had passed away. The LDSS and the CP from the preventive services contract agency met with the family following the fatality to continue in their attempts to provide services to the family. The LDSS did not document any further inquiry into the circumstances of the SC's death, and it was presumed that the SC died from complications of her diagnosed Trisomy 18. The BM was offered mental health/grief counseling services, and the family was connected with daycare services. The LDSS notified OCFS of the death of the SC on this open preventive services case on 2/4/16.

The SC's death certificate lists the cause of death as "Trisomy 18". No autopsy was performed in this case. The LDSS case record does not include any information as to what medical issues the SC presented with, what information the BM or BF could provide as to what occurred around the time of the SC's death to inform whether the death was related to the SC's medical condition, and if an assessment was completed to determine if the circumstances of the SC's death would require a report to the SCR. No collateral contacts were made regarding the death of the SC.

On 7/23/15, the LDSS and the preventive services CP assessed the safety of the SC's surviving siblings. Services were provided to the family following the fatality, including day care services, assistance with funeral expenses, and mental health services to the BM.



## 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:

NA

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

### Explain:

The preventive services case was open for almost a year following the fatality. The preventive services contract agency CP provided a variety of services to the family, and had frequent collateral and supervisory contact. The preventive services contract agency CP made frequent contact with all involved in the case. Case was closed due to completion of the family's goals.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Requirement to Report Death of a Child receiving CPS or Preventive Services
<b>Summary:</b>	The LDSS did not notify OCFS of the death of the SC on this open preventive case until approximately eight months following the death of the SC.
<b>Legal Reference:</b>	06-OCFS-LCM-13
<b>Action:</b>	The LDSS will review the procedures for the reporting of a death on an open CPS or Preventive Services case. The LDSS will formulate a plan to maintain that notifications are made according to regulation on all cases involving the death of a child on an open CPS or Preventive Services case.
<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	Following the death of the SC, the LDSS did not adequately assess for the safety of the surviving siblings within 24 hours. There was no documented assessment if the conditions of the SC's death may have warranted the need for a report to the SCR.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	The LDSS will formulate a plan to more timely and adequately assess the safety of the surviving siblings of a child fatality during an open Preventive Services case and review the circumstances of a child death on an open Preventive Services case to determine if those circumstances require a report



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

to the SCR.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 07/13/2015

**Time of Death:** 08:35 PM

**County where fatality incident occurred:**

ONONDAGA

**Was 911 or local emergency number called?**

Unknown

**Did EMS to respond to the scene?**

Unknown

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

**Child's activity at time of incident:**

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

**Did child have supervision at time of incident leading to death?** Unable to determine

**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	No Role	Female	1 Month(s)
Deceased Child's Household	Father	No Role	Male	33 Year(s)
Deceased Child's Household	Mother	No Role	Female	39 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)

### LDSS Response

On 7/13/15, the LDSS was informed that the SC had passed away. The SC was born with Trisomy 18, a genetic disorder that can cause anomalies in the heart, liver and lungs. The SC was not expected to live very long, and was sent home with her parents and siblings with Hospice Services. Following the SC's death, the LDSS did not gather information around the circumstances of the SC's death to assess whether an SCR report was warranted. There was little further documented discussion around the death of the SC, and it was presumed that the SC passed away from the medical issues caused by



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Trisomy 18. The LDSS notified OCFS of the fatality on this open preventive services case on 2/4/2016. The LDSS and preventive services contract agency assessed the safety of the surviving siblings of the SC, via home visits and phone contacts with the BM and BF. The family continued to receive preventive services following the fatality to assist in accessing funeral arrangements, day care services and grief counseling for the BM and BF. The BM accepted grief counseling services, the BF did not. The family was also provided with parent aide services, mental health services, assistance with medical needs, and support and services around the children's education, throughout the preventive services case. The preventive case was closed 5/16/16 after the family had achieved their goals and no longer wished to receive services.

## 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

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Responders</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Pediatrician</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Additional information:

The preventive services case was opened 7/7/15, and the SC passed away on 7/13/15, according to the BM's report to the LDSS CM. No further inquiries were made by the LDSS regarding the circumstances of the SC's death.



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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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" 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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**Explain:**  
 The SC passed away on 7/7/15. There was no assessment of the safety of the surviving siblings within the first seven days. The CM and preventive services CP made a visit to the home on 7/23/15, and met with the family. At that time, they determined the surviving siblings to be safe. There is no documented assessment of the surviving siblings safety prior to that. As this was not an SCR report, there is no safety assessment in the Connections system.

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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"/>
<b>Explain as necessary:</b> No children removed due to the fatality.				

## Legal Activity Related to the Fatality

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



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## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**

The family was in need of day care services for the surviving siblings so the BM could return to work, and appropriate referrals were made by the preventive services contract agency worker.

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

**Explain:**

Financial services for funeral expenses, daycare services and mental health/grief counseling services were offered to the BM and BF. The BM accepted services, the BF did not.



History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
Misused over-the-counter or prescription drugs
Experienced domestic violence
Was not noted in the case record to have any of the issues listed
Had heavy alcohol use
Smoked tobacco
Used illicit drugs

Infant was born:

- Drug exposed
With neither of the issues listed noted in case record
With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Table with 6 columns: Date of SCR Report, Alleged Victim(s), Alleged Perpetrator(s), Allegation(s), Status/Outcome, Compliance Issue(s). Contains two rows of incident data.

Report Summary:

The BM left the SC's two year old and four year old siblings alone and unsupervised at their doctor's office so she could go to the family home to retrieve her cell phone. The BM was gone for about 10-15 minutes, and no one at the doctor's office agreed to supervise the children.

OCFS Review Results:

The LDSS CW completed a family meeting and FLAG with the family. During the FAR case, the CW determined that medical concerns that had been identified were appropriately addressed by the parents. The CW adequately addressed the reported CPS concerns with the family and made appropriate collateral contacts, while working with the family.



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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)
04/15/2013	9969 - Sibling, Male, 4 Years	9967 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	No
	9969 - Sibling, Male, 4 Years	9967 - Mother, Female, 33 Years	Lacerations / Bruises / Welts	Unfounded	

**Report Summary:**  
The SC's sibling age 4 had a mark on his hand from being hit by the BM. Previously this child had a fat lip from being hit by the BM.

**Determination:** Unfounded **Date of Determination:** 05/14/2013

**Basis for Determination:**  
The family's home and all the children were observed. The SC's 4 year old sibling was observed to have two small marks on his hand, which he stated were caused by his 2 year old sibling. Based on the CW's interactions with the children, this was determined to be a plausible explanation. Otherwise, the children were assessed to be in good health, and had no suspicious marks or bruises. The SC's 4 year old sibling denied that the BM had injured him at any point.

**OCFS Review Results:**  
The CW made adequate contact with the family, as well as collateral contacts and appropriately assessed the children to be safe and closed the case. There was insufficient evidence to substantiate the allegations in the report.

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

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

This family was involved in two cases more than three years prior to the fatality. Neither case involved the SC, but involved the SC's siblings. One case, opened in 2011 was tracked FAR, and closed with community services in place. The other case, opened in 2012 was a FAR case that was also closed with community services in place. Both cases had allegations against the BM and BF of Lack of Supervision and IG regarding the SC's 5 year old sibling (age 2 at the time of the reports).

## Known CPS History Outside of NYS

No known history outside of NY state.

## 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: 07/07/2015

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

	Yes	No	N/A	Unable to Determine
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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"/>
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## Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If not, how many days was it overdue?</b> The initial FASP was due 8/7/15, and was completed 9/2/15. The FASP was 25 days overdue.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> In this case, services were provided by a preventive services contract agency.				

## Required Action(s)

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

Yes No

<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	The FASP on the preventive services case open at the time of the fatality was 25 days overdue.
<b>Legal Reference:</b>	18 NYCRR 428.3(f)(5)
<b>Action:</b>	The LDSS will monitor open preventive services cases for the timeliness of the completion of the FASP.

## 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.



## 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

## 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