



Report Identification Number: NY-20-027

Prepared by: New York City Regional Office

Issue Date: Aug 19, 2020

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: 15 day(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 02/19/2020
Initial Date OCFS Notified: 03/06/2020

Presenting Information

According to the OCFS-7065, the newborn infant was admitted to a local hospital on 2/10/20. She received treatment and was then transported to another hospital where she remained until she was pronounced dead on 2/19/20.

Executive Summary

The newborn infant died on 2/19/20. As of 8/19/20, NYCRO had not yet received a copy of the autopsy report.

At the time of the infant's death, the family had open investigations that began on 1/18/20 and 2/11/20. The family also had a services case that was opened on 2/3/20 for the purpose of providing respite care for the SS and monitoring for the family. The BF resided in a foreign country and did not support the family.

The ACS investigation revealed on 2/10/20, at approximately 5:00 PM, the BM was on a public bus with the infant in a carrier on the BM's chest. The infant was facing the BM, and the BM saw blood flowing from the infant's nose. The BM alerted a medical professional who was on the bus. The medical professional initiated CPR, 911 was contacted, and EMS responded and transported the infant to the local hospital. The infant arrived at the hospital at approximately 5:25 PM. Upon arrival at the hospital, medical professionals intubated the infant and at approximately 8:30 PM, they transferred her to another hospital. She was placed on life support and medical professionals listed her condition as critical and unstable. She remained in the pediatric intensive care unit until she was pronounced dead.

During an interview with ACS, the BM said on 2/10/20 she took the infant to a wellness medical appointment. Per the BM's account, following the appointment and while awaiting the bus, she placed a hat on the infant's head and covered her with a blanket due to the cold weather. She said the infant was crying and when they entered the bus the temperature was hot so she removed the hat and blanket, and pulled the zipper down the infant's jacket. She said a few minutes later the infant suddenly stopped moving and there was blood in her nose. The BM said a medical professional contacted 911 and administered CPR to the infant until EMS responded.

ACS interviewed medical professionals who had examined the infant in the hospital on 2/10/20. The professionals said the infant reportedly stopped breathing and possibly suffered a brain injury caused by lack of oxygen when the BM and infant were on the bus. ACS obtained medical records from the hospital and noted the cause of death was listed as medical conditions to be confirmed by the ME.

LE had an open investigation regarding the infant's death and an assigned detective informed ACS that the infant was in a carrier on the BM's chest and there was a blanket over the infant's head. According to LE's account, the case was treated as an accident, there appeared to be no criminality and there were no arrests.

According to ACS progress notes, the BM had a history of mental health concerns. ACS discussed the mental health concern with hospital professionals and was informed the BM was appropriately grieving. The BM then attended a service planning meeting with ACS at the respite provider agency on 2/28/20, and during the meeting she agreed to continue respite care for the SS.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Services Cases. The information regarding the



infant's death was reported to OCFS under Chapter 485 of the Laws of 2006.

ACS held a Family Team Conference for a final discharge meeting regarding the SS on 4/24/20. The BM, ACS and provider agency participated in the conference. The participants noted the BM complied with services to manage loss of the infant, and to obtain reunification with the SS. The BM sought permanent housing, obtained employment and contacted resource relatives. ACS discharged the SS from respite care, returned him to the BM on 4/24/20, and closed the services case on 5/13/20.

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 were no allegations regarding the fatality.

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: 02/19/2020

Time of Death: 05:17 PM

Date of fatal incident, if different than date of death:

02/10/2020

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

05:00 PM



County where fatality incident occurred: Queens
 Was 911 or local emergency number called? Yes
 Time of Call: Unknown
 Did EMS respond to the scene? Yes
 At time of incident leading to death, had child used alcohol or drugs? N/A

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: 1
 Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	15 Day(s)
Deceased Child's Household	Mother	No Role	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

LDSS Response

Following the infant's death, ACS contacted the shelter and interviewed personnel on 2/19/20. According to the shelter, on 2/10/20 prior to the time the infant experienced the medical emergency, the BM expressed reluctance to travel by bus as she said she had some medical discomfort. The personnel observed the BM feed the infant, the infant was active, and the BM exited the shelter and took the infant to the scheduled medical appointment.

ACS visited the hospital and observed the BM on 2/19/20. ACS noted the BM was aware of the infant's death and she was in distress. ACS interviewed an assigned medical professional, who said the infant's cause of death was due to medical conditions.

On 2/20/20 ACS received the records for the 911 call pertaining to the infant's 2/10/20 medical emergency. Per ACS progress notes, an unrelated individual was on the scene and contacted 911, EMS appropriately provided CPR instructions, and there were no suspicions about the 911 call.

On 2/20/20, ACS received and reviewed records from the hospital. The records showed an attending physician pronounced the infant dead, the patient death criteria were "based upon brain death," the preliminary cause was accident brain death, and the case was referred to the ME.

ACS referred the SS for Early Intervention services on 2/25/20, and the BM and SS attended a service plan meeting at the respite service provider agency on 2/28/20. The result of the meeting was as follows; continue respite/foster care for the



SS, BM to comply with services and supervised visits, ACS to offer grieving therapy and provide legal intervention. The progress notes did not include additional information about the legal intervention that was referenced during the meeting.

On 2/3/20, ACS received the BM's hospital records that were requested for the purpose of addressing allegations concerning the BM's mental health history. The documentation showed in 2012 the BM received mental health treatment that addressed her prior abuse, in 2018 she received treatment for depression (without thoughts to hurt herself or the SS), and on 1/18/20, she was transported to the hospital where she was examined and released. According to the records, the BM had no suicidal and no homicidal ideation, and she was not prescribed medication.

On 3/4/20, ACS contacted the funeral home, discussed payment for expenses and forwarded relevant documents for burial assistance. ACS case record did not include the burial date for the infant.

Between March and May of 2020, ACS established face-to-face contact with the BM, visited the SC in the respite provider's home, and obtained information from the shelter staff. ACS obtained records that verified the BM received individual counseling, bereavement and mental health services. ACS observed the SS and found he was free of marks/bruises and appeared healthy. The shelter informed ACS that the BM maintained open communication with personnel and was compliant with shelter rules. Prior to closing the case, ACS held a telephone conference with shelter and was informed there were no concerns about the care the BM provided the SS and the BM agreed to participate in support services.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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: There is no OCFS approved Child Fatality Team in NYC.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Fatality Safety Assessment Activities



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

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

The family was already receiving services.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain as necessary:
 The Family Services Progress Notes showed the SS temporarily resided in the home of a respite provider.

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input checked="" type="checkbox"/>	<input 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 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 SS received respite care.



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

Explain:

The BM received individual counseling and bereavement.

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? Yes
- Was the child acutely ill during the two weeks before death? Yes

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/11/2020	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 7 Days	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 7 Days	Mother, Female, 26 Years	Internal Injuries	Unsubstantiated	

Report Summary:

On 2/11/20 report alleged, on 2/10/20 the BM left home with the newborn infant in a chest carrier and went to an appointment. While on the bus, the BM noticed the infant suffocating at some point for an unknown amount of time and the infant was bleeding from the nose. It was suspected the infant was in an inappropriate position in the carrier to cause the infant to suffocate and bleed from the nose. The role of the SS was unknown.



Report Determination: Unfounded

Date of Determination: 03/18/2020

Basis for Determination:

ACS unsubstantiated the allegations of the report on the basis of no credible evidence. ACS noted that the BM made proper arrangements for the SS. ACS added that the infant was pronounced dead on 2/19/20, and the medical professional provided records that showed the infant's cause of death was not by abuse or maltreatment.

OCFS Review Results:

ACS was investigating the 1/18/20 report when the SCR registered the 2/11/20 report. ACS consolidated the 1/18/20 and 2/11/20 investigations. During an ACS interview on 1/19/20, the BM said she was overwhelmed with her pregnancy, supervision of the SS and housing needs. She discussed her history of DV, mental health and lack of resources.

ACS received information from the BM, medical professionals, LE, and shelter staff. The findings showed, on 2/10/20, the BM wore a carrier with the infant facing her chest, and the BM placed the infant in a carrier, which was not appropriate for placing newborn infants. ACS placed the SS in a respite care but did not clarify the timeframes and legal act

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

Issue:

Required data and official documents

Summary:

ACS did not update the case record to reflect the dates the SS received respite and foster care services. The documentation showed ACS "placed" the SS on 2/3/20, filed an Article Ten Neglect petition on 3/12/20, and discharged the SS from foster care on 4/24/20. The progress notes did not discuss the dates the SS was removed from the BM's care, LDSS custody and legal actions.

Legal Reference:

428.3(b)(2)(i)

Action:

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

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

There is no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was 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: 02/03/2020

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: 02/03/2020

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



Child Fatality Report

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

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

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

Additional information, if necessary:

The ACS case record reflected the SS received respite care with a provider agency beginning 2/5/20.

Preventive Services History

ACS opened a preventive services case for the family on 2/3/20. ACS provided respite to the SS to enable the BM to receive hospitalized care following the infant's birth. The family received case management, monitoring of medical needs, housing and support services. ACS completed the required number of casework contacts to meet the program requirements. The SS was in respite care at time ACS received notification of the infant's death.

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