



Report Identification Number: NY-21-070

Prepared by: New York City Regional Office

Issue Date: Dec 06, 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: 4 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 06/18/2021
Initial Date OCFS Notified: 06/18/2021

Presenting Information

On 6/18/2021, the SCR registered initial and duplicate reports regarding the SC's death. The reports alleged at approximately 9:00AM on 6/18/21, the BM found the SC unresponsive in his crib. The BM then put the SC into his stroller, wearing a diaper, and walked a few blocks before calling 911 at 9:33AM. When FDNY arrived at the scene, the SC was unresponsive, cold to the touch, and blue in color. FDNY started CPR on the SC. EMS also arrived and continued CPR from the scene to the hospital. The SC was pronounced deceased at the hospital at 9:48AM. The BM did not have any explanation for the SC's death. The SC died while in the care of the BM.

Executive Summary

This fatality report concerns the death of a four-month-old male subject child (SC) that occurred on 6/18/2021 while in his BM's care. At the time of writing this report, the autopsy report was pending; however, the ME's preliminary findings did not reveal any trauma to the SC. The SC was the only child in the BM's care.

At the time of the fatality, the BM and the SC resided in a New York City Department of Homeless Services (NYCDHS) family shelter. The BF lived at a different address and was not involved as a caretaker in the SC's life.

On 6/18/2021, ACS received the report and commenced the CPS fatality investigation within the mandated timeframe. ACS obtained information from the BM, the BF, the paramour, ME, hospital staff, NYCDHS staff, LE, service providers and other key collaterals regarding the cause and circumstances of the SC's death. ACS' case documentation reflected at approximately 9:00AM on 6/18/2021, the BM found the SC unresponsive in his crib. The BM then exited the case address and walked about three blocks away from the case address with the SC in the stroller. The BM passed a traffic agent and other pedestrians; however, she did not seek assistance for the SC until she called 911 at 9:33AM. FDNY responded to the scene moments later and started CPR on the SC. EMS arrived and continued CPR on the SC in the ambulance from the scene to the hospital, where medical staff pronounced him deceased at 10:00AM. The information obtained did not reveal any suspicions regarding the SC's death. LE did not make any arrest and closed the criminal investigation pending the ME's report.

On 8/17/2021, ACS substantiated the allegations IG, and LMC of the SC by the BM on the basis of some credible evidence. The BM admitted she misused marijuana and alcohol in the presence of the SC the day before the incident. The BM being under the influence of drug and alcohol while the SC was in her care placed the SC in imminent danger of serious harm or death considering the SC's age. Additionally, the BM failed to take the SC for a medical check-up despite being told to do so by ACS. Also, ACS viewed the video footage from the shelter where the BM was seen at approximately 9:26AM on 6/18/2021, exiting the building with a stroller. She passed by NYCDHS staff on her way out of the shelter but did not ask for help after she found the SC unresponsive. The BM failed to call 911 until 9:33AM after walking several blocks with the SC who was unresponsive in his stroller.

ACS unsubstantiated the allegation of DOA/FATL of the SC by the BM due to lack credible evidence. The ME stated the BM's account of events leading up to the SC's death was consistent with the time of death recorded. There was no evidence of choking found in the SC's airways, and there was no evidence of suffocation.

ACS offered bereavement counseling and funeral services to the BM and the BF.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

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:

There were no other children in the BM's care.

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: 06/18/2021

Time of Death: 10:00 AM (Approximate)

Time of fatal incident, if different than time of death: 09:00 AM

County where fatality incident occurred: Bronx

Was 911 or local emergency number called? Yes

Time of Call: 09:33 AM

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

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



Other

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: **Not Reported**

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	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	No Role	Male	43 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)

LDSS Response

On 6/18/2021, ACS contacted hospital staff, LE, and NYCDHS staff. The hospital staff did not report any physical injuries on the SC. The SC did not look malnourished. There was stool in the SC's diaper which appeared normal. The BM did not appear incoherent or under the influence of alcohol or substances when she arrived at the hospital with the SC and EMS. LE did not deem the SC's death suspicious and no arrests would be made pending the ME's report. NYCDHS staff did not report any unusual interaction between the BM and the SC prior to the fatality. The staff stated the BM did not have any other children in her care.

On 6/19/2021, the service provider reported having a conversation with the BM on 6/17/2021, and she denied any suicidal/homicidal ideation. The BM did not report any concerns for the SC at the time.

On 6/21/2021, the BM provided an account of the incident which was consistent with the information that was already known. She stated she did not ask shelter staff for help or call 911 immediately she found the SC unresponsive because "she did not want anyone in her business." She admitted she and her paramour used marijuana and alcohol the night before the incident. The BM denied the SC was sleeping on the same surface with other persons or objects at the time of the incident. She also denied any suicidal or homicidal ideations. ACS advised the BM to call 911 immediately should thoughts of suicide or a clinical health crisis arise.

On 6/22/2021, the BF reported he did not know that the SC passed away. The BM told him the SC was asleep when he called her earlier that same day. The BF stated his last physical contact with the SC and the BM was on 5/5/2021, because the BM had denied him access to the SC. He did not have any concerns for the SC in the BM's care. ACS offered the BF burial assistance and bereavement counseling.

On 6/22/2021, the BM's prior ACS worker reported that a casework visit with the BM and the SC at the shelter was conducted on 6/17/2021. The worker did not observe any physical injuries to the SC or have any concern regarding the SC's care at that time.



On 6/23/2021, the LE reported the SC was already deceased when LE arrived at the scene. The BM did not seem incoherent or appear to be under the influence.

On 6/23/2021, the BM's paramour denied any physical contact with the BM and the SC on 6/17/2021. He also denied being in the presence of the SC.

On 6/23/2021, the ME stated the preliminary findings did not reveal any trauma to the SC pending further tests.

On 6/25/2021, the attending Dr. at the time of the SC's birth reported that the SC was born 28 weeks premature and had respiratory issues at birth. He spent three months in the neo-natal intensive care unit (NICU). The SC was breathing on his own when he was discharged from the NICU and was not prescribed medication. He also did not require any specialists appointments upon discharge.

Between 6/25/2021 and 8/16/2021, ACS made multiple case work contacts with the BM and other collaterals. ACS did not obtain any new information regarding the SC's death. The ME's report remained pending. ACS referred the BM for a drug screening, but she failed to submit to the drug screening.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

Comments: There is no OCFS approved Child Fatality Review Team in New York City.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057552 - Deceased Child, Male, 4 Mons	057553 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
057552 - Deceased Child, Male, 4 Mons	057553 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
057552 - Deceased Child, Male, 4 Mons	057553 - Mother, Female, 24 Year(s)	Lack of Medical Care	Substantiated

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"/>



Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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 surviving siblings.

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

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)
05/24/2021	Deceased Child, Male, 1 Days	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	No

Report Summary:

The SCR report alleged on 5/24/21, the BM engaged in a verbal dispute that escalated into a physical altercation with another adult in the presence of the SC. During the altercation, the BM kicked and punched the other adult. The other



adult, threw a glass at the mother, which shattered on the wall above the SC as he was sitting in the stroller. The other adult also attacked the BM with an eyebrow razor, cutting her on her back. The SC was not injured during the physical altercation.

Report Determination: Indicated

Date of Determination: 07/23/2021

Basis for Determination:

ACS substantiated the allegation on the basis that some credible evidence existed. ACS' decision to substantiate the allegation of the report was consistent with the information obtained during the investigation. ACS obtained evidence which revealed the BM was willing to engage in physical argument in the presence of the SC, where the SC might have been injured.

OCFS Review Results:

The report was initiated in a timely manner and there was evidence of home visits and contact with the subject of the report. ACS provided the appropriate notices. Additionally, there was evidence of supervisory involvement. On 6/18/2021, the SCR registered a subsequent report in which the SC died while the BM was the sole caretaker of the SC. The BM had admitted drinking while being the sole caregiver of the SC was a further indication of her lack of good judgement.

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)
01/21/2021	Deceased Child, Male, 1 Days	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

Report Summary:

The SCR report alleged on 1/21/2021, the BM gave birth to the now deceased SC and at the time of delivery, she tested positive for marijuana. The SC did not test positive for any substances, but he was born extremely premature with respiratory distress syndrome and chronic lung disease.

Report Determination: Unfounded

Date of Determination: 03/18/2021

Basis for Determination:

The SC did not test positive for any substances. The BM completed substance abuse program. The SC had not been in the BM's care since birth and was hospitalized in the NICU due to medical conditions with an unknown discharge date. ACS determined the BM's marijuana use was not affecting her ability to care for the SC. There were no other children in the BM's care

OCFS Review Results:

ACS initiated the investigation of the report and made contact with the family and medical personnel; however, ACS did not complete a Plan of Safe Care for the newborn and parent. ACS provided the appropriate notices to the family.

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

Issue:

Failure to complete, document, and monitor a Plan of Safe Care

Summary:

There was no documentation to reflect ACS created or asked the hospital if a Plan of Safe Care was completed for the SC.

Legal Reference:

17-OCFS-LCM-03 & 18-OCFS-LCM-06

Action:

ACS must meet with the staff involved in this investigation, inform NYCRO of the date of the meeting, who attended, what was discussed, and submit a Performance Improvement Plan within 45 days that identifies what action it has taken or will take to address this issue



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

The family did not have any known CPS history outside of New York State.

Services Open at the Time of the Fatality

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: 06/01/2021

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

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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