



**Report Identification Number: BU-15-012**

**Prepared by: Buffalo Regional Office**

**Issue Date: 2/24/2016**

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

| 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    |
| 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                  |
| CPR-Cardio-pulmonary Resuscitation                |  |                                       |
| 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-Others                             |                                       |
| 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 |  |                                       |

## Case Information



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

**Report Type:** Child Deceased  
**Age:** 6 year(s)

**Jurisdiction:** Erie  
**Gender:** Female

**Date of Death:** 03/21/2015  
**Initial Date OCFS Notified:** 03/23/2015

## Presenting Information

On 03/18/2015 a report was received by the State Central Registry with allegations of Inadequate Guardianship and Lack of Medical Care against subject mother with respect to subject child. Subject child requires an inhaler to control her asthma and it was reported that the subject child did not have her inhaler for a long period of time and that the subject mother failed to administer the inhaler when the subject child had been ill recently. As a result, the subject child's lungs collapsed on 03/17/2015 and subject child was in a medically induced coma. On Friday, 03/20/2015, a brain scan was completed and the findings showed no brain activity. This morning, the biological subject mother called to inform LDSS that the subject child was subsequently taken off life support and passed away.

## Executive Summary

On 03/18/2015, Erie County CPS received an SCR report with allegations of Inadequate Guardianship and Lack of Medical Care against subject mother (SM) pertaining to subject child (SC) having asthma and SM failing to use the inhaler daily as prescribed, failing to seek medical treatment, and as a result SC's lungs collapsed and the child was hospitalized in a medically induced coma. The subject child subsequently died on 03/21/2015 during this open case investigation.

The Caseworker reviewed the case history, contacted the report source, the subject, made contact with all the surviving children, assessed the home and risk factors, and made appropriate collateral contacts including family, Police, first responders, medical providers, and the Medical Examiner.

First responders reported upon their arrival the subject child not conscious, making CPR efforts, and then transporting subject child to the hospital ER. Subject child was reported to have gone without oxygen for 15-20 minutes. Subject child regained a pulse at the hospital, but subsequently died 03/21/15 following testing showing no brain activity and life support was removed.

Subject mother reported on 03/16/15 subject child complained of chest pain and she gave subject child a nebulizer treatment and subject child then went to sleep. The following morning subject child continued to complain about chest pain and began wheezing. Subject mother reported she then sat subject child up on the couch with her nebulizer and went to Rite Aid, leaving her brother to care for subject child, while she went to get a pump handle for subject child's Flovent. While gone, subject mother reported she received a phone call from her brother that subject child stopped breathing and he called 911. SM had a history of closed UNF reports involving her marijuana use, however; she reported quitting smoking due to subject child's asthma. There were no reports of marijuana use or odors in relation to this report. Subject mother also, reportedly, in the past, gave up a pet cat in response to subject child's allergy to the pet.

The attending Physician reported subject child appeared well cared for, that the medical situation is not unusual for an asthmatic child, and that subject mother appeared to have followed through with appropriate treatment and that onset of the emergency incident could have occurred rapidly as reported. No SCR report was received regarding the fatality. Pediatric offices and family members also reported no concerns with subject mother's care of any of the



children.

The Erie County Medical Examiner performed an autopsy with initial findings of no evidence of trauma or injury and that subject child's death was likely from the medical cause related to her asthma condition. The Medical Examiner reported samples taken are not likely going to be helpful in determining if SC was given her medications because the specimens were taken several days after subject child being in the hospital. No final Medical Examiner autopsy report was available at the time of this fatality report review.

On 08/04/15 the allegations of IG and Lack of Medical Care against subject mother were UNFOUNDED and the case was closed with no further services necessary. Basis of findings: Subject mother did have the medications for the subject child and appeared to be administering them to subject child giving subject child treatments in the time leading up to subject child's hospitalization. Police are not pursuing charges. Hospital reports subject mother's actions as reasonable and are not making an SCR report. Services were offered and declined by subject mother. The surviving children appear safe.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? 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

Explain:

Casework activity appears appropriate with case circumstances.

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:** 03/21/2015

**Time of Death:** Unknown

**Date of fatal incident, if different than date of death:** 03/17/2015

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

**County where fatality incident occurred:**

ERIE

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

Yes

**Time of Call:**

12:51 PM

**Did EMS to 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: Sitting on couch with nebulizer.

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

**Is the caretaker listed in the Household**

**Composition?** No

**At time of incident supervisor was:** Unknown if they were impaired.

**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 | 6 Year(s)  |
| Deceased Child's Household | Mother         | No Role | Female | 28 Year(s) |
| Deceased Child's Household | Sibling        | No Role | Female | 3 Year(s)  |
| Deceased Child's Household | Sibling        | No Role | Female | 5 Year(s)  |

### LDSS Response

On 03/18/2015, Erie County CPS received an SCR report with allegations of Inadequate Guardianship and Lack of Medical Care against subject mother (SM) pertaining to subject child (SC) having asthma and SM failing to use the inhaler daily as prescribed, failing to seek medical treatment, and as a result SC's lungs collapsed and the child was hospitalized in



a medically induced coma. The subject child subsequently died on 03/21/2015 during this open case investigation.

On 03/18/2015, the CW initiated the investigation reviewing the case history, contacting the report source, the subject, and having contact with all the children. During the investigation, appropriate collateral contacts were made including family, friends, Police, first responders, medical providers, and the Medical Examiner.

The Uncle that was with SC at the time she stopped breathing, reported SM left the home to go to the store for medication and while SM was gone, SC was struggling to keep the nebulizer up to her face so he tried to help her. He stated that SC pushed the nebulizer away from her face and began to spit before she started to turn blue and stopped breathing. He reported calling 911 and attempting CPR per 911 operator instructions. He reported no care concerns by SM.

First responders reported that upon arrival the SC was not conscious, the home was very dark, and they took the SC out of the home to the ambulance and began CPR efforts. They were unsure how long SC went without oxygen and transported SC to the hospital ER. The hospital reported SC's "down time" was about 15-20 minutes and that SC regained a pulse at the ER. SC subsequently died 03/21/15 following testing showing no brain activity and life support was removed. The attending Physician reported SC appeared well cared for, that the medical situation is not unusual for an asthmatic child, and that SM appeared to have followed through with appropriate treatment and that onset of the emergency incident could have occurred rapidly as reported. The hospital made no SCR report regarding the fatality.

SM was interviewed and denied the report allegations. SM reported on 03/16/15 SC complained of chest pain and SM gave SC a nebulizer treatment and SC then went to sleep. The following morning SC continued to complain about chest pain and began wheezing. SM reported she then set SC up on the couch with her nebulizer and went to Rite Aid, leaving her brother to care for SC, while she went to get a pump handle for SC's Flovent. While gone, SM reported she received a phone call from her brother that SC stopped breathing and he called 911.

Pediatric offices reported appropriate care by SM, SC and surviving children as up-to-date on medical needs, and no significant concerns regarding care of the children.

Police reported no suspicions regarding SC's death and felt SM's actions as reasonable. No charges were made. The Erie County Medical Examiner performed an autopsy with initial findings of no evidence of trauma or injury and that SC's death was likely from the medical cause related to her asthma condition. ME reported samples are not likely going to be helpful in determining if SC was given her medications because the specimens were taken several days after SC being in the hospital. No final Medical Examiner autopsy report was available at the time of this fatality report review.

On 08/04/15 the allegations of IG and Lack of Medical Care against subject mother were UNFOUNDED and the case was closed with no further services necessary. Basis of findings: Subject mother did have the medications for the subject child and appeared to be administering them to subject child giving subject child treatments in the time leading up to subject child's hospitalization. Police are not pursuing charges. Hospital reported subject mother's actions as reasonable. Services were offered and declined by subject mother. Surviving children appear safe.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner



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

## Multidisciplinary Investigation/Review

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

Comments: Erie County does not have an OCFS approved Child Fatality Review Team.

## 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 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"/> |
| Coordination of investigation with law enforcement?                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Additional information:

Case note entry and case documentation appears timely.

## 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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: |                                     |                                     |                                     |                          |
| Within 24 hours?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input 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"/> |



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

|   |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

## 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"/> |

## 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 and 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 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"/> |

### Explain as necessary:

There were no removal of surviving children in this case as the result of the report/ investigation or for reasons unrelated to this fatality.

## 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 | Offered, | Offered, | Needed | Needed | N/A | CDR |
|----------|----------|----------|----------|--------|--------|-----|-----|
|----------|----------|----------|----------|--------|--------|-----|-----|



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

|                                      | After Death              | but Refused                         | Unknown if Used          | but not Offered          | but Unavailable          |                                     | Lead to Referral         |
|--------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Economic support                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" 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 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:**  
 Services were offered, but were declined by subject mother. Regarding counseling for the surviving children, subject mother felt this would only serve to remind the children of their sibling's death.

**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?** No

**Explain:**  
 Services, including counseling, were offered, but were declined by subject mother. Subject mother felt counseling would only serve to remind the children of their siblings death.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** No

**Explain:**  
 Services were offered and declined by subject mother.

## History Prior to the Fatality



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

## Child Information

**Did the child have a history of alleged child abuse/maltreatment?** Yes  
**Was there an open CPS case with this child at the time of death?** 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?** Yes

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

| Date of SCR Report | Alleged Victim(s)                      | Alleged Perpetrator(s)          | Allegation(s)           | Status/Outcome | Compliance Issue(s) |
|--------------------|--|---------------------------------|-------------------------|----------------|---------------------|
| 08/21/2012         | 7405 - Deceased Child, Female, 3 Years | 7401 - Mother, Female, 25 Years | Inadequate Guardianship | Unfounded      | No                  |
|                    | 7405 - Deceased Child, Female, 3 Years | 7401 - Mother, Female, 25 Years | Lack of Medical Care    | Unfounded      |                     |

### Report Summary:

8/21/12 SCR report with allegations of IG and Lack of Medical Care against subject mother involving subject child. Subject mother does not consistently attend to the medical needs of subject child. SC has eczema and asthma. SM treats the eczema inconsistently which makes the condition worse. Re: The asthma, SM had a cat for a long time although SC was allergic to it. SM also does not use SC's inhaler as often as needed. SC recently had scabies and was scratching herself constantly. SM did not believe the scratching was due to anything other than eczema and refused to take SC to a Doctor despite the itching being so severe SC could not sleep. Roles of siblings ages 3 and 1 unknown.

**Determination:** Unfounded

**Date of Determination:** 09/25/2012

### Basis for Determination:

Subject child was found to be receiving appropriate medical care by a dermatologist for Eczema. Subject mother has prescription crème and inhaler for SC's eczema and asthma. SM cooperated with SC testing for allergies and removed family cat when SC was found to be allergic. SM was unable to register SC for pre-school due to a lack of available slot. SM has support from maternal grandparents. SM declined offered services and denied any need for any child care other than family. Children appear safe. Case closed with no further CPS intervention necessary.

### OCFS Review Results:

OCFS review found no apparent concerns. Appropriate case contacts and collateral contacts were made.

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

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

There are three CPS SCR reports that occurred more than three years before the fatality that involved the subject child and/or subject child's siblings and subject mother as perpetrator.

05/12/12 SCR report UNFOUNDED with allegations of IG and parent D/D misuse against subject mother stemming from



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

SM and SC sibling testing positive for marijuana upon birth. Mother reported stopping usage two months before child's birth. Children were up-to-date with medical care. Home appeared appropriate. Paternal GM resource involved. Services offered and declined. Children appeared safe.

3/23/11 SCR report UNFOUNDED with allegations of Inadequate food/clothing/shelter, IG, and Parent D/A misuse against subject mother involving subject child and sibling. Subject mother observed as sober during drop-in home visits. Children reported observing no drugs or drug use in the home. Children appeared healthy. Food supply observed as adequate. Children up-to-date with medical care. Children did not have soiled diapers, clothing, or have diaper rashes. Subject mother was cooperative. Children appeared safe at this time.

1/14/10 SCR report UNFOUNDED with allegations of IG and Parent D/A misuse against subject mother involving subject child and sibling. On 12/15/09 subject mother gave birth to subject child's sibling with a positive toxy for marijuana. Sibling child did not test positive. Appropriate supplies for child care observed in home. Pediatrician reported no concerns.

### Known CPS History Outside of NYS

There is no known CPS history for this family outside New York State.

### Services Open at the Time of the Fatality

### Required Action(s)

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

Yes  No

### 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.

### Casework Contacts

|   | Yes                      | No                       | N/A                                 | Unable to Determine      |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Were face-to-face contacts with the child in the child's placement location made with the required frequency? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### 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