

Report Identification Number: NY-14-082

Prepared by: New York City Regional Office

Issue Date: 1/5/2015

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

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<p>Relationships BM = Biological Mother OC = Other Child MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother BF = Biological Father FM = Foster Mother MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child SF = Surviving Father FF = Foster father DCP = Day Care Provider</p>
<p>Contacts LE = Law Enforcement EMS = Emergency Medical Services DC = Day Care</p>	<p>CW = Caseworker Dr = Doctor CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner ME = Medical Examier FD = Fire Department</p>
<p>Allegations L/B/W = Lacerations/Bruises /Welts B/S = Burns / Scalding PD/AM = Parent's Drug Alcohol Misuse M/FTTH= Malnutrition/Failure-to-Thrive LS = Lack of Supervision OTH/COI = Other</p>	<p>FX = Fractures S/D/S = Swelling/Dislocation /Sprains CD/A = Child's Drug/Alcohol Use P/Nx = Poisoning/ Noxious Substance IF/C/S = Inadequate Food/Clothing /Shelter Ab = Abandonment</p>	<p>II = Internal Injuries C/T/S = Choking/Twisting /Shaking MN = Medical Neglect XCP = Excessive Corporal Punishment IG = Inadequate Guardianship SO = Sex Offender</p>
<p>Miscellaneous LDSS = Local Department of Social Service</p>	<p>IND = Indicated ACS = Administration for Children's Services</p>	<p>UNF = Unfounded NYPD = New York City Police Department</p>

Case Information

Report Type: Child Deceased
 NY-14-082

Jurisdiction: Queens

Date of Death: 07/11/2014

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Age: 3 month(s)

Gender: Female

Initial Date OCFS Notified: 07/15/2014

Presenting Information

The OCFS notification was received from Safe Space preventive services agency. It stated that on 7/1/2014 the CP contacted the MGM who informed that on 6/29/14 the SC's eyes had turned yellow and she was taken to the emergency room at Brookdale Hospital that day. The treating doctor stated the child had Jaundice and they were conducting additional tests. On July 7, 2014 the CP contacted the MGM for update and was informed the SC was diagnosed with Hemophagocytic Lymphohistiocytosis (HLH), and was waiting for an organ transplant. On 7/11/14 the CP visited the family and SC at the hospital; the doctor said the child's prognosis was not good and she was not expected to survive beyond that night. On 7/14/14 the MGM reported to the CP that on the night of 7/11/14 about 11:30 pm, the family made the decision to take the child off life support and she died.

Executive Summary

This three-month-old female child died of an inherited genetic disease, Hemophagocytic Lymphohistiocytosis (HLH). When the child's liver began to 'fail', the 16-year-old BM was tested to see if she could be a donor; the BM did not match, and the child died before a match could be found. The family's compliance with medical requests was confirmed by the attending physician, hospital staff, and was documented in the case record.

According to the child's death certificate dated 7/11/14, her death was from Natural Causes, and her remains were released to a community funeral home for burial. No autopsy was conducted.

On 7/16/14, the SCR received a report classified as Additional Information (Add Info). CPS conducted an investigation and interviewed the attending hospital physician who reported the child's death was not related to child abuse or maltreatment. CPS engaged in collateral contacts with the CP and CP's supervisor on 7/17/14 and was informed the family was at the child's funeral. On the same date, CPS conducted a home visit and interviewed the MGGM who informed the entire family was at the cemetery. Upon the family's return home from the deceased child's burial, CPS conducted interviews with the MGM and BM.

The preventive agency CP appropriately provided advocacy, support, casework counseling, and referrals as needed to the family. This included participating in meetings and a conference scheduled by CPS for the family.

CPS convened an Elevated Risk Conference at which the family and CP participated. Concerns discussed included truancy and substance use by the 15-year-old MU. In adherence to the service plan agreed to the participants, CPS appropriately referred the family to an intensive preventive services provider and conducted a joint home visit with the JCCA CP, Safe Space CP, and the family on 8/25/14. CPS closed their intervention with the family on 9/11/14. Safe Space transferred planning responsibility to JCCA, Brief Strategic Family Therapy (BSFT) program on 10/14/14.

The family continues to receive ongoing preventive services with JCCA.

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? No
 - 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

There was no SCR report alleging DOA/Fatality; therefore, no CPS investigation.

Was the decision to close the case appropriate? N/A

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.

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: 07/11/2014

Time of Death: 10:46 PM

County where fatality incident occurred: MANHATTAN

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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

Child's activity at time of incident:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: On life support | | |

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.

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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	Aunt/Uncle	No Role	Male	10 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	15 Year(s)
Deceased Child's Household	Deceased Child	No Role	Female	3 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	34 Year(s)
Deceased Child's Household	Mother	No Role	Female	16 Year(s)

LDSS Response

On 7/14/14 the CP received a call from the MGM stating that the SC had died on 7/11/14; the MGM provided the funeral arrangements. The CP stated Safe Space could help pay some of the funeral costs if they received a copy of the bill; there was no further documentation regarding this in the record. The CP's supervisor, Site supervisor, and CP attended the child's wake on 7/16/14 and funeral on 7/17/14. The MGM, deceased child's mother, maternal uncles, and other family members including the deceased child's BF were seen at the funeral and condolences were offered. The CP assessed all the minor children to be safe. After the funeral, the MGM told the CP the Mt. Sinai hospital social worker had arranged for bereavement counseling for the BM and BF, and they had an appointment on 7/18/14.

On 7/16/14 the SCR received an Additional Information report regarding the SC's death. On same date CPS documented the information reflected the child died on 7/11/14 at Mt. Sinai Medical Center, and the caretakers (BM and MGM) acted appropriately the entire time. There was no suspicion of abuse or neglect that contributed to the child's death.

On 7/17/14, CPS conducted a home visit and met with the MGGM who informed that everyone was at the child's funeral; they would be returning to the house along with the other mourners after the burial. CPS waited for the family to return from the burial and upon their return, conducted interviews with the MGM and BM, and visually assessed the the two maternal uncles (MU); the deceased child's BF and two MU's refused to be interviewed by CPS. The CPS worker told MGM it was important for the parents to attend bereavement counseling arranged by hospital, and to also receive genetic counseling.

On 7/17/14, CPS contacted the CP supervisor requesting scheduling of an Elevated Risk Conference (ERC) to "ensure the family received the support they need".

On 7/18/14, CPS contacted and interviewed the Mt. Sinai doctor who treated the deceased child. The doctor stated that the child died from an inherited genetic disease.

On 7/18/14 the CP contacted the MGM to inquire if the BM kept the bereavement counseling appointment. The MGM stated she was not able to take BM; she had to go to housing court that morning because she was fighting eviction. The CP asked the MGM for a copy of the death certificate and autopsy report.

On 7/22/14 CPS contacted the MGM and told her she had to bring the two MU's to the CPS office to be interviewed

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regarding the death of their niece. The MGM then contacted the CP and asked for support. On 7/24/14 the CP and MGM went to CPS' office with the 11 year-old MU who was interviewed; the 15 year-old MU refused to go. The MGM was asked about service needs.

On 7/30/14 CPS conducted home visit with the MGM at the family's temporary residence - MGM's sister's home. The MGM stated she was waiting for assistance from Public Assistance (PA) and approval for her new apartment from Section 8. MGM stated PA did not pay their portion of the rent, thus the eviction proceedings occurred; they moved to her sister's to avoid the Marshall placing their belongings out of the home.

On 8/4/14 an ERC was held at Safe Space with the MGM, BM, two MU's, CPS and CP. The Service plan: CP and CPS to refer the family to an intensive preventive program; CP to refer the family to Brookdale Hospital for an assessment; CP and Ms. Lopez to meet with Dept. of Ed. for home schooling consultation; BM and MGM to keep Brookdale appointment; MGM to make sure the children participated in education programs; the family to continue participating in therapeutic services; CP to refer the 15-year-old MU to Outreach; CP to contact ACS OPTA or other resources for beds for the MU's; the 15-yr-old MU would refrain from substance use and participate in a substance abuse program until completion; and the MGM to collaborate with her children's schools.

Ongoing preventive services continued for the family.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

Comments: N/A

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"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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documentation?				
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Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" 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 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"/>

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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Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to
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	Death	Refused	if Used	Offered	Unavailable		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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:

The MGM asked CP for assistance with funeral costs on 7/14/14 and the CP requested the funeral home bill. No further documentation referenced actions taken around this. The hospital referred the BM for bereavement counseling, however she refused. MGM referred for mental health services. The family was being evicted at the time of the SC's death and the agency provided housing assistance.

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:

Bereavement counseling was offered but the 14 and 10-year-old MU's who did not want counseling. The 16 year-old BM was referred to bereavement counseling by the hospital social worker, but did not attend. CPS referred the family to the Jewish Child Care Association (JCCA) BSFT prevention program and on 8/25/14 a joint home visit occurred with CPS, the JCCA CP and Safe Space CP. CPS then closed their intervention with the family on 9/11/14.

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

Explain:

Bereavement referral was given to the BM and mental health services referral to the MGM.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections
<input type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input type="checkbox"/> Used illicit drugs |
|---|--|

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> Drug exposed
<input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)	Status/Outcome	Compliance Issue(s)
12/20/2011	179-Mother, Female, 14 Years	172-Grandparent, Female, 32 Years	Educational Neglect	Unfounded	No

Report Summary:

The report alleged Educational Neglect (EDNG) and IG by the BM for the then 12-year-old child who was absent from school 15 days and late 27 times. She was repeating the grade and failing all subjects; she cut classes everyday. Also, the child would call the BM and complain of some type of illness or the other and the BM would pick her up from school. The BM was not doing anything to see that the child attended school; the BM encouraged the child to leave school because she collected her whenever called; the child's promotion was in doubt.

Determination: Unfounded **Date of Determination:** 02/17/2012

Basis for Determination:

CPS concluded that the allegations of EDNG and IG against the BM were Unsubstantiated. CPS confirmed the BM was working with the school to make sure the child improved her school performance and attendance. Investigation closure reasons were: Unfounded. Closed - Referred to Community Based Organization.

OCFS Review Results:

CPS documented that a school conference was held on 1/9/12, to address the 12-year-old child's attendance and 'poor' behavior in school; child was in the 6th grade. It was agreed the BM would get the child back in therapy at NY

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Psychotherapy. At time of report closure, the child had appointment for ongoing treatment. The BM also agreed to spend some time in the school with the child to monitor her behavior, the child would also make up missed homework assignments and work diligently so she could graduate Middle School in June.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/27/2012	175-Mother,Female, 14 Years	176-Grandparent,Female, 32 Years	Educational Neglect	Indicated	No
	175-Mother,Female, 14 Years	176-Grandparent,Female, 32 Years	Inadequate Guardianship	Indicated	
	177-Aunt/Uncle,Male, 13 Years	176-Grandparent,Female, 32 Years	Childs Drug / Alcohol Use	Indicated	
	177-Aunt/Uncle,Male, 13 Years	176-Grandparent,Female, 32 Years	Inadequate Guardianship	Indicated	
	178-Aunt/Uncle,Male, 8 Years	176-Grandparent,Female, 32 Years	Inadequate Guardianship	Indicated	

Report Summary:

The SCR report alleged IG, CDRG, and EDNG by BM against children then ages 8, 13, and 14 years-old. The 14 year-old female child went with a peer to another school and beat up another student; the opposing student sustained substantial injuries and the 14-year-old was arrested. She would also get high on marijuana in the home with her 8 and 13 year-old male siblings and peers present. The 14 year-old missed excessive days of school and suffers academically. BM was aware of the situation and allowed the behaviors to continue.

Determination: Indicated

Date of Determination: 04/24/2012

Basis for Determination:

The BM admitted leaving the children in the care of a 17-year-old relative who had a disability and was not an appropriate care giver. This relative's boyfriend gave the 13 year-old male child marijuana to smoke and asked him to purchase marijuana; he tested positive for marijuana. BM admitted not taking the 14 year-old to school on time, causing her to miss several classes. Thus IG, CDRG, and EDNG were Substantiated. The BM denied marijuana use by the 14 year-old who also denied same and tested negative on drug test. Thus, CDRG was Unsubstantiated. IG was Substantiated against the BM for all three children. The report was appropriately closed as Indicated: Case Open- CPS Required.

OCFS Review Results:

The family were receiving ongoing preventive services.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/21/2013	182-Aunt/Uncle,Male, 14 Years	181-Grandparent,Female, 33 Years	Educational Neglect	Indicated	No

Report Summary:

Allegations were EDNG and LMC by the BM. The 14 year-old male child missed 33 days of school and was tardy 37 times. As a result, the child was failing academically. BM was aware but failed to correct the problem. Also, the child had asthma; he did not have health insurance. He did not have a nebulizer or asthma medication. As a result, he was having asthma attacks. BM was aware the child needed medication but failed to get medical insurance or treatment. There was suspicion the child may be doing drugs because he appeared to be under the influence of something. The BM

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said the child used to smoke marijuana in the past. BF had physical custody of the child, but he lived with BM.

Determination: Indicated **Date of Determination:** 04/30/2013

Basis for Determination:

CPS found credible evidence to Substantiate the allegation of EDNG against BM for then 14-year-old male child because mother was failing to ensure child attended school. LMC was Unsubstantiated because the child insurance lapsed and BF was working on getting insurance for him. CPS observed that the child had appropriate provisions to address his asthma when needed.

The report was Indicated. Closed - CPS Required. The family were receiving ongoing preventive services from Safe Space.

OCFS Review Results:

No findings.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/02/2013	211-Mother,Female, 15 Years	212-Grandparent,Female, 34 Years	Educational Neglect	Indicated	No
	213-Aunt/Uncle,Male, 14 Years	212-Grandparent,Female, 34 Years	Inadequate Guardianship	Unfounded	
	213-Aunt/Uncle,Male, 14 Years	212-Grandparent,Female, 34 Years	Lack of Medical Care	Unfounded	

Report Summary:

The report alleged LMC and IG by BM for the then 9 year-old male child who had ADHD and was prescribed a daily medication. BM was not giving the child his medication and as a result he was showing self-injurious behaviors; such as scratching himself with a comb. BM and 911 was contacted but the BM refused to allow the child to go to the hospital, stating she would bring him to his primary physician. CPS added allegations of EDNG for the then female 15 and male 14 year-old children upon learning they were not attending school as required.

Determination: Indicated **Date of Determination:** 11/29/2013

Basis for Determination:

EDNG was Substantiated against BM for then 15-year-old child (and BM of the deceased child) because she had not attended school for the school year, and for then 14-year-old child who missed 39 days of school.

CPS determined there was a misunderstanding by the BM concerning why the then 9-year-old male child needed medical attention. The BM thought it was for a scratch on the arm, and she took child to pediatrician for treatment. It was clarified she needed to obtain mental health treatment for the child, which she did. Consequently LMC and IG were Unsubstantiated.The family continued receiving ongoing preventive services with Safe Space.

OCFS Review Results:

Appropriate decisions were made.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/03/2014	218-Aunt/Uncle,Male, 10 Years	216-Grandparent,Female, 34 Years	Educational Neglect	Indicated	No
	218-Aunt/Uncle,Male,	216-Grandparent,Female,	Inadequate	Indicated	

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10 Years	34 Years	Guardianship	
218-Aunt/Uncle, Male, 10 Years	216-Grandparent, Female, 34 Years	Lack of Medical Care	Indicated

Report Summary:

Allegations were EDNG, IG, and LMC by the BM for the then 10 year-old male child who had ADHD and BM did not administer his medication consistently. The child had not been under the consistent care of a medical doctor for months. As a result he was out of control and displayed potentially dangerous behaviors by fighting, climbing, and jumping off furniture. He also missed 33 days of school and his academics were negatively impacted. BM was made aware via phone calls, but did not respond. There seemed to be general negligence regarding the child's schooling.

Determination: Indicated

Date of Determination: 04/04/2014

Basis for Determination:

CPS appropriately concluded the allegation of LMC and IG were Substantiated against the BM who did not seek appropriate medical attention for the child. The BM missed multiple appointments until the child's case was closed; thus his psychotropic medication could not be refilled. The BM permitted the child to remain home because she did not have his psychotropic medication. She also failed to send the other siblings to school regularly. Consequently EDNG was Substantiated. The report was Indicated: Case Open - CPS Required. Preventive services agency Safe Space, continued ongoing work with the family.

OCFS Review Results:

N/A.

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

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

SCR report of 5/21/04 alleged IFCS, IG, and EXCP against the BM for children then ages 7 (F), 5 (M) and 4-month-old (M). CPS concluded the allegations were Unsubstantiated in that the BM was providing the children's basic needs and no suspicious marks or bruises were observed on the children. On 7/9/04 the report was Unfounded: Closed - No Credible Evidence.

SCR report of 4/14/2005 alleged IG and LSPVN by the BM against the children then 7, 6, and 1 years-old. It was alleged the BM would leave the home between 9 and 10pm. A 14-year-old child would come and stay over for couple of hours then leave; that was going on for a while. CPS investigated and determined the allegations were Unsubstantiated. On 6/9/05, the report was Unfounded: Closed - No Services Required.

SCR report of 10/7/11 alleged EXCP and LMC by the BF, and INGD by the stepmother against the then 12 year-old male child. The BM, then 13 and 8-year-old children, had no role in this report. CPS concluded EXCP was Substantiated as BF admitted hitting the child; LMC was Unsubstantiated as the child did not require medical attention; IG by the stepmother was Unsubstantiated as she was not present. On 11/29/11 the report was Indicated: Closed - CPS Required.

8/7/12 Court Ordered Investigation (COI) closed 10/17/12. BF filed modification of visitation petition for his 13 year-old son in Kings County Family Court. CPS investigated and submitted the COI report to the court. No further information was documented.

Known CPS History Outside of NYS

The family has 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: 05/30/2012

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
If yes, was the response appropriate to the circumstances?	<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"/>
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"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings/other children in the household as necessary to achieve safety, permanency, and well-being?	<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"/>

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Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? Reassessment FASP was 6 days overdue. Its due date was 11/27/14; was launched on 11/2/14, submitted for approval on 12/2/14, and approved on 12/3/14 by the preventive agency, Jewish Child Care Association (JCCA).				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: On 9/21/12 Safe Space general preventive program began providing services to the family. At time of the SC's death services included Maternal Families weekly home visits to instruct and assist the then 15 year-old SC's mother caring of her newborn; 14-year-old MU with drug treatment; 10-year-old MU with mental health; and assist MGM with housing.				

Required Action(s)

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

Yes No

Preventive Services History

During investigation of the 3/27/12 SCR report, CPS held a Family Team Meeting with the family on 3/20/12 based on concerns regarding the children's wellbeing due to the BM's parental decision making and history of failure to address her children's supervisory needs. (BM was MGM of the deceased child whose mother was then 14-years-old). The BM agreed to accept preventive services and CPS referred the family to Puerto Rican Family Institute (PRFI), East NY general preventive program on 5/16/12; the family accepted services on 5/30/12.

The agency referred the BM for parenting services; she failed to participate in the program. The case planner (CP) provided the family with individual/family counseling, educational support and motivational counseling.

In July 2012, the family relocated to Queens, NY. PRFI assessed the family at home visit on 7/30/12. The CP referred the family to Safe Space general preventive program for ongoing services on 8/28/12. Joint home visit occurred with Safe Space CP on 9/6/12; the family formally accepted services on 9/11/12.

Services provided included mental health referral for the then 14 and 9-year-old children; the BM declined parenting

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classes. On 3/25/14 the then 15 year-old female child gave birth to an infant who died of a medical health condition on 7/11/14. Safe Space continued to provide ongoing services.

Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If not, how many days was it overdue?

Reassessment FASP was 6 days overdue. Its due date was 11/27/14; was launched on 11/2/14, submitted for approval on 12/2/14, and approved on 12/3/14 by the preventive agency, Jewish Child Care Association (JCCA).

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 legal activity as a result of 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