

Report Identification Number: NY-14-100

Prepared by: New York City Regional Office

Issue Date: 3/4/2015

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.

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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-plumonyary 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	MN-Medical Neglect	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 Suprevision
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

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Report Type: Child Deceased
Age: 8 year(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 09/06/2014
Initial Date OCFS Notified: 09/08/2014

Presenting Information

OCFS' notification of the child's death was received from preventive services agency, Good Shepherd Services (GSS) on 9/9/14. The narrative stated the SC was in the Dominican Republic (D.R.) with his legal guardian (PGM); they traveled there for vacation prior to start of child's school. That, on the morning of 9/8/14, the Prevention Director, Supervisor, and Case Planner was informed of the death of the SC that occurred in the D.R. by the PGM's niece via phone. The niece reported that on 9/6/14 the SC, PGM, BF, and other family members had gone to a nearby river in the D.R. for a 'going away' party for the SC and PGM. Both were planning to return to New York on 9/7/14. On 9/6/14, the SC went swimming and accidentally drowned; the PGM was still in the D.R. The niece stated there were plans to bury the SC in the D.R. The PGM's return to NY was unknown at the time.

Executive Summary

The Subject Child (SC) resided with his PGM who was granted custody of him by Bronx Family Court on 6/11/13. According to the case record, the SC and PGM traveled to the Dominican Republic (DR) in August 2014. On 9/8/14, Good Shepherd Services (GSS) Preventive Services program was notified via telephone that the SC had drowned in the DR during a family party at a river. GSS provided OCFS with a translated and notarized copy of the SC's Extract Act of Death Certificate. The cause of death was Mechanical Asphyxia by Drowning. The SCR was contacted regarding the SC's death on 9/7/14; this was classified as Additional Information (ADD) in CONNECTIONS. CPS unsuccessfully attempted to contact the source of the ADD on multiple occasions. CPS had phone and face to face contact with BM, PGM, three of the SC's siblings, the SC's school, and GSS CP. All activities were documented in the Family Services Stage.

The BM had an extensive history with ACS originating in her own childhood and continuing into adulthood with 16 CPS investigations, 11 of which were Indicated. The CPS investigations were thorough and respectful. The now 15 Year Old (Y.O.) sibling and SC were placed in foster care from 7/5/06 to 6/13/09. During placement BM visited with the children consistently and completed services - DV counseling, parenting skills classes, and individual counseling. BM also had a now 16 year old female child and now 13 Y. O. old male child who live with relatives.

In January 2013, BM sent SC to live with his PGM because she could not manage his behavior. BM did not provide medication for the SC's diagnosed mental health condition. This resulted in an SCR report that was Indicated by CPS. The PGM filed for custody in Bronx Family Court on 1/17/13 and was awarded custody of the SC on 6/11/13. The PGM requested services to assist with caring for the child and was referred to preventive services (PPRS) by CPS.

The SC and PGM received casework counseling, case management, and mental health services from Sauti Yetu Center for African Women, Puerto Rican Family Institute, and Good Shepherd Services. Transfers between the PPRS agencies were appropriate based on family circumstances, residences, and need. The agencies conducted transition meetings and joint home visits to promote seamless hand-offs. In adherence with the standards for preventive services, GSS appropriately closed the services case; there were no children living in the PGM's home.

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? Unable to Determine

Determination:

- Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? Unable to Determine

Explain:

There was no SCR report that alleged DOA/Fatality for the SC.

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.

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: 09/06/2014

Time of Death: Unknown

Was 911 or local emergency number called? Unknown

Did EMS to respond to the scene? Unknown

At time of incident leading to death, had child used alcohol or drugs? Unknown

Child's activity at time of incident:

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

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

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	Deceased Child	No Role	Male	8 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	49 Year(s)

LDSS Response

Good Shepherd Services was informed of the SC's death via telephone on 9/8/14 by PGM's relative. On the same date the CP spoke with the PGM and other family members. The CP maintained telephone contact with the PGM until her return to the U.S. on 9/22/14. The CP offered bereavement counseling to the PGM who informed she begun services with a community provider as suggested by school staff. The CP accompanied the PGM to a meeting with ACS on 10/3/14, provided individual counseling and ongoing support to the PGM until case closure on 11/13/14. The case was closed appropriately; the agency submitted all required documents (OCFS 7065 and ACS notification documents) to OCFS timely.

A call made to the SCR on 9/7/14 reporting the SC's death was accepted and designated as Additional Information (ADD). CPS followed up the ADD and interviewed the PGM, BM, SC's school, medical and mental health providers. CPS consulted with ACS' domestic violence and medical consultants regarding familial issues and dynamics. CPS was advised to follow-up with grief counseling for the surviving siblings; there was no documentation in the case record that occurred. CPS confirmed the PGM was engaged in individual counseling and a bereavement support group with the community provider.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

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

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to
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				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"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input 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 documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Other refers to mental health provider

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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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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"/>

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:

Only the SC lived in the home.

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

Explain:

PGM received individual counseling.

History Prior to the Fatality

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? No

Was the child ever placed outside of the home prior to the death? Yes

Were there any siblings ever placed outside of the home prior to this child's death? Yes

Was the child acutely ill during the two weeks before death? No

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)
03/14/2012	1503-Sibling,Female, 15 Years	1501-Mother,Female, 33 Years	Inadequate Guardianship	Unfounded	No
	1503-Sibling,Female,	1501-Mother,Female,	Parents Drug / Alcohol	Unfounded	

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15 Years	33 Years	Misuse	
1507-Sibling, Male, 6 Years	1501-Mother, Female, 33 Years	Inadequate Guardianship	Unfounded
1507-Sibling, Male, 6 Years	1501-Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unfounded
1508-Sibling, Female, 4 Years	1501-Mother, Female, 33 Years	Inadequate Guardianship	Unfounded
1508-Sibling, Female, 4 Years	1501-Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

The allegations were IG and PDRG against BM and BF for the 1, 3, and 10-year-old SS.

The report alleged BM smoked marijuana to the point of impairment in the presence of and while caring for 1, 3, and 10 year-old siblings. According to the report, the BM repeatedly hit the children with a belt; it was unknown if the children ever sustained any injuries; BM was often out of control and forcefully hit the children.

Determination: Unfounded

Date of Determination: 05/10/2012

Basis for Determination:

CPS determined the allegations were Unsubstantiated. CPS conducted home visits and observed the children for marks and bruises; none were found. CPS also assessed the home to be safe and appropriate. The children appeared to be cared for appropriately by both parents. CPS referred both parents for random drug screening; the results were negative. The children did not report they were hit by their parents as a form of discipline; their privileges are taken away and they have to stay in their rooms. CPS interviewed school staff and medical providers. SC gave conflicting information about being hit in the home.

OCFS Review Results:

CPS conducted a thorough investigation and based on available evidence appropriately Unfounded the report. CPS visited the case address, interviewed the children separately at school, and referred BM and BF for drug screenings that were negative. SC reported he had been hit but was uncertain when it occurred. CPS interviewed collaterals including school staff and extended family and determined the children were adequately cared for. SC's school expressed concern about his behavior and the BM agreed to have child evaluated. CPS discussed preventive services with BM who declined.

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)
10/10/2012	1513-Deceased Child, Male, 8 Years	1510-Mother, Female, 33 Years	Excessive Corporal Punishment	Unfounded	No
	1513-Deceased Child, Male, 8 Years	1510-Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	1513-Deceased Child, Male, 8 Years	1510-Mother, Female, 33 Years	Lacerations / Bruises / Welts	Unfounded	
	1513-Deceased Child, Male, 8 Years	1511-Mother's Partner, Male, 40 Years	Excessive Corporal Punishment	Unfounded	
	1513-Deceased Child, Male, 8 Years	1511-Mother's Partner, Male, 40 Years	Inadequate Guardianship	Unfounded	
	1513-Deceased Child, Male, 8 Years	1511-Mother's Partner, Male, 40 Years	Lacerations / Bruises / Welts	Unfounded	

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1514-Sibling,Male, 6 Years	1510-Mother,Female, 33 Years	Excessive Corporal Punishment	Unfounded
1514-Sibling,Male, 6 Years	1510-Mother,Female, 33 Years	Inadequate Guardianship	Unfounded
1514-Sibling,Male, 6 Years	1511-Mother's Partner,Male, 40 Years	Excessive Corporal Punishment	Unfounded
1514-Sibling,Male, 6 Years	1511-Mother's Partner,Male, 40 Years	Inadequate Guardianship	Unfounded

Report Summary:

The report alleged BM and BF regularly punch the children with excessive force and strike the children as a form of punishment. The SC was recently punched in the back with excessive force by his parents and currently had marks on his face from being struck by them.

Allegations of EXCP and IG were Unsubstantiated against BM and youngest child's BF on behalf of the SC and his SS now aged 15, and 4 . LABW was also Unsubstantiated against BM and youngest child's BF on behalf of the SC.

Determination: Unfounded

Date of Determination: 11/24/2012

Basis for Determination:

The allegations of IG, EXCP and LBAW were unsubstantiated against BM and BF due to no credible evidence. CPS interviewed all family members and did not observe any unusual marks or bruises on the CHN. CPS observed 4 small marks on SC's face and neck that appeared to be mosquito bites. SC's Pediatrician reported he did see mosquito bites in the same location the week before the SC picked at; the doctor reported no concerns for any of the CHN in the home. SC reported being hit by parents in the past and that the marks on his face were caused by them. SC changed his story and also blamed his younger brother for the marks. SC was prescribed medication for a mental health condition.

OCFS Review Results:

Based on available evidence the report was Unfounded. CPS interviewed all family members separately including collateral contacts. CPS observed the children for unusual marks and bruises. SC was observed to have marks on his face and at different times stated his younger brother or parents made the marks. SC also said he had been hit by parents when he was younger. CPS determined that child did not appear credible due to his changing story. CPS contacted SC's pediatrician who stated child had been seen recently and that the marks were mosquito bites that child picked. SC had been diagnosed with a mental health condition in the months before.

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)
02/07/2013	1521-Deceased Child,Male, 8 Years	1517-Mother,Female, 33 Years	Inadequate Guardianship	Indicated	No
	1521-Deceased Child,Male, 8 Years	1517-Mother,Female, 33 Years	Lack of Medical Care	Indicated	

Report Summary:

The report alleged BM dropped SC at PGM's home and did not return. BM failed to make a care plan for SC and did not send prescribed medication. PGM was unable to get prescriptions filled and BM was not cooperating to provide information. As a result SC was unable to concentrate in school and was a danger to self and others due to his behaviors. Allegations of IG and LMED were Substantiated against BM on behalf of the SC.

Determination: Indicated

Date of Determination: 04/04/2013

Basis for Determination:

BM sent SC to reside with PGM in January 2013 without sending his prescribed medications. BM did not make any efforts to obtain medication or give PGM the information to do so. BM sent a letter making PGM SC's guardian and

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PGM filed for custody in Bronx Family Court. BM did not appear to understand SC was her responsibility until the court decision and made excuses why she could not get the medications. PGM sought assistance from SC's school and got the correct medications. CPS offered services to BM who denied wanting or needing services.

OCFS Review Results:

CPS conducted a family team meeting with BM and used "straight talk" to highlight the fact that three of her seven children resided outside of her home with relatives. CPS offered preventive services to BM in an effort to address underlying issues and prevent the possible placement of the children in her care.

CPS also referred PGM to preventive services to increase her protective capacity and provide skills in parenting special needs children.

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)
02/11/2014	1527-Sibling,Female, 15 Years	1525-Mother,Female, 33 Years	Inadequate Guardianship	Indicated	No
	1527-Sibling,Female, 15 Years	1525-Mother,Female, 33 Years	Lack of Medical Care	Indicated	
	1527-Sibling,Female, 15 Years	1525-Mother,Female, 33 Years	Lack of Supervision	Unfounded	
	1528-Sibling,Male, 6 Years	1525-Mother,Female, 33 Years	Inadequate Guardianship	Unfounded	
	1528-Sibling,Male, 6 Years	1525-Mother,Female, 33 Years	Lack of Supervision	Unfounded	
	1529-Sibling,Female, 4 Years	1525-Mother,Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	1529-Sibling,Female, 4 Years	1525-Mother,Female, 33 Years	Inadequate Guardianship	Unfounded	
	1529-Sibling,Female, 4 Years	1525-Mother,Female, 33 Years	Lack of Supervision	Unfounded	
	1530-Sibling,Male, 2 Years	1525-Mother,Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	1530-Sibling,Male, 2 Years	1525-Mother,Female, 33 Years	Inadequate Guardianship	Unfounded	
	1530-Sibling,Male, 2 Years	1525-Mother,Female, 33 Years	Lack of Supervision	Unfounded	

Report Summary:

The report alleged that BM, the sole caretaker of children ages 15, 6, 3, and 2 was unable to adequately care for the children. At least 3-5 times a week, the mother would go to her bedroom and leave the 3 & 2 year-old children unsupervised for long periods of time. During that time, the children do not eat or drink and as a result, they look thin and malnourished. On regular occasions, the mother allowed the 15 year-old to be the caretaker of the children for long periods of time. Due to the 15 year-old mental health issues and suicide attempts, she was not an appropriate caregiver for the children; she required a higher degree of supervision herself.

Determination: Indicated **Date of Determination:** 03/27/2014

Basis for Determination:

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CPS determined that the SCR report was Indicated; the closure reason was Case Open-CPS Required. The now 15 Y.O. surviving sibling had made "three outcry suicide attempts" in the preceding months and had a diagnosed mental health condition; BM stopped administering her the prescribed medication without consulting the mental health provider and child was no longer attending therapy. CPS visited the home multiple times and determined that basic needs of food, clothing and shelter were being met for all children in the home.

OCFS Review Results:

The investigative records did not reflect that CPS interviewed the SC or his guardian (PGM). BM had two other children living outside the home and during the investigation CPS only interviewed the now 13 Y. O. male sibling and the PGM. CPS reviewed the family's history that revealed BM's long history of ACS involvement beginning with Indicated reports some of which the BM was a confirmed maltreated/abused child.

CPS appropriately directed BM to take 15 Y.O. to the hospital for a mental health evaluation given the past suicide attempts and missed medication.

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

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

The BM has extensive CPS history as a child and an adult prior to the birth of the SC.

SCR report of 5/18/06 alleged EXCP, IG, LABW by BM and parent substitute against the now 15 Y.O.; 6 Y.O.; and 4 Y.O. siblings. The report was Indicated and Closed CPS Required on 8/24/06.

SCR report of 6/15/06 alleged IG by BM against the now 15 Y.O. sibling. The report was Indicated and Closed CPS Required on 3/7/07.

On 7/5/06, ACS filed an Article X Petition in Bronx Family Court on behalf of the SC and the now 15 Y. O. SS. The children were remanded to ACS' custody. BM's other children now 16 (female) and 13 (male) years old resided out of the home. According to the case record the 16 Y.O. lived with a relative since 2004 and at the 7/5/06 hearing was paroled to this relative with ACS supervision. The 13 Y.O. BF had custody of him as of 2004. At the hearing on 7/10/06, the remand was continued for the SC and now 15 Y.O. sibling; they were placed in a kinship foster home through Abbott House.

SCR report of 12/20/10 alleged INFCS and IG by BM and parent substitute against the now 15 Year old (Y.O.) female, 6 Y.O. male, 4 Y.O. female siblings and the SC. CPS found there were no safety concerns; that elevated risk existed and referred the family for preventive services. The report was Unfounded and Closed No Services Required on 2/28/11. SCR report of 12/30/11 alleged IG by BM against now 6 Y.O. male surviving sibling; it was Unfounded and closed on 2/29/12.

Known CPS History Outside of NYS

The family has no known CPS history outside 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: 03/29/2013

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

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

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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: Not applicable.				

Required Action(s)

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

Yes No

Preventive Services History

Children's Aid Society (CAS) provided preventive services to the family from 11/14/11 to 3/20/12. BM filed a Person In Need of Supervision (PINS) petition in Staten Island family court for the now 15 Y.O. sibling and was referred to CAS' Functional Family Therapy (FFT) program. CAS provided casework & family counseling & referred SC for a MH evaluation. CAS assessed that all goals were met and closed the case.

Per a 2/7/13 SCR report, the BM sent the SC to live with the PGM without his medications and did not make arrangements for PGM to obtain them. PGM requested services from CPS to help with the SC's behavior; she filed for custody of the SC on January 17, 2013. CPS referred the PGM to Sauti Yetu general preventive for casework counseling, mental health services, and immigration assistance. The PGM was involved with housing court prior to signing for services, was evicted, and moved from the Bronx to a shelter in Brooklyn. The case was transferred to Puerto Rican Family Institute (PRFI) on 2/24/14. PRFI provided the referred services until the family obtained housing in the Bronx. The case was then transferred to Good Shepherd Services (GSS) on 7/21/14. GSS provided ongoing services up to and post the SC's death. Due to no other children in the home, the case was appropriately closed on 11/13/14.

Family Assessment Service Planning (FASP)

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

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"/>

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Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

The SC and now 15 Y.O. sibling were placed in kinship foster care with a maternal cousin (MC) from 7/5/06 - 11/19/07. In 11/07, the children were placed in non-kinship care until trial discharged to BM in 6/11/09. The BM completed DV counseling, anger management, parenting skills training and individual counseling prior to the trial discharge. The children were final discharged to BM on 12/11/09.

An SCR report of 6/27/08 alleged IG by the BM against a male child born 6/24/08. CPS convened an ERC with BM, CPS and the CP; all parties agreed to court ordered supervision, and the newborn would remain in BM's care. CPS filed Article X petition in Bronx family court on 8/12/08; the judge dismissed the petition with no supervision.

SCR report of 11/10/08 alleged EXCP, IFCS, IG, and LABW by the foster parent against another foster child in the home; the SC and 15 Y.O. sibling had no role. The report was Unfounded and closed on 1/6/09.

SCR report of 3/13/09 alleged IG, B/S, EN by the foster parent against the now 15 Y.O. sibling and another foster child; the SC had no role. ACS' Corrective Action Plan required the agency to re-evaluate the foster home; lower capacity to no more than 3 children; foster parent and backup were to receive training. The report was Unfounded and closed on 5/13/09.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)

Date Filed:	Fact Finding Description:	Disposition Description:
01/17/2013	There was not a fact finding	CustodyGuardianship assigned to relative or non-relative (Article 6 non-foster care)
Respondent:	None	
Comments:	BM sent SC to live with PGM because she could not handle his behavior. The PGM filed an Article 6 petition in Bronx Family Court on 1/17/13 and a temporary order of custody was granted. On 6/11/13 the final order of custody was granted to PGM upon consent of the child's bio-father, child's attorney, and default of BM.	

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