

**Report Identification Number: NY-14-135**

**Prepared by: New York City Regional Office**

**Issue Date: 6/1/2015**

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.

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

## Abbreviations

<b>Relationships</b>		
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
<b>Contacts</b>		
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		
<b>Allegations</b>		
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 Supervision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
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:** 10 year(s)

**Jurisdiction:** Manhattan  
**Gender:** Male

**Date of Death:** 12/08/2014  
**Initial Date OCFS Notified:** 12/10/2014

## Presenting Information

The mother was the biological mother of the ten-year-old child and guardian to the fifteen-year-old child. On 12/3/14, the ten-year-old child had a severe asthma attack and went into cardiac arrest. Earlier on 12/3/14, the mother left the child with the fifteen-year-old child while she went to get the child's prescription filled. The fifteen-year-old child had to give the child a breathing treatment. The child became increasingly ill and the fifteen-year-old child called 911. He also called the mother and told her what was happening. When EMS responded, they were unable to get into the door of the apartment. The door would only open 5 or 6 inches. EMS went upstairs and found the ten-year-old kneeling on the floor giving himself a breathing treatment. The child walked downstairs then collapsed and went into cardiac arrest. The child was taken to Beth Israel Hospital where was hospitalized. The child was pronounced dead on 12/8/14 at 4:15 AM.

## Executive Summary

The ten-year-old male child died on 12/8/14. The autopsy listed the cause of death as Acute Exacerbation of Chronic Bronchial Asthma and the manner of death was Natural.

The allegations of the 12/10/14 report were DOA/Fatality, IG, and MN of the child and IG of the fifteen-year-old child by the mother. ACS added to the report the allegation of IF/C/S of both children by the mother.

ACS' investigation revealed on 12/3/14, the child had a medical treatment in school. The nurse told the mother to give the child another treatment in four hours. At about 3:20 PM, when the fifteen-year-old surviving child arrived home from school he observed the child who seemed fine. At about 5:50 PM, the mother returned home from work and the child told her he was wheezing. The mother said she did not hear the wheezing but she gave the child a treatment and he seemed fine. The mother informed the children that she had to leave the home to obtain the prescribed medication. She said at the time she left the home to go the pharmacy, the child accompanied her to the doorway but remained in the home. ACS found child weighed 220 pounds.

According to the mother, the surviving child contacted her by telephone and said the child was wheezing. She told the surviving child to take the child out of his room, take off his shirt, and walk with him downstairs where there was more air. The surviving child gave him another treatment. While on the second treatment, the child told the surviving child he was hungry. The surviving child left the child alone and went to the corner store to buy food while the child continued receiving the treatment. The surviving child observed the child's condition did not improve as the child stated he could not breathe. The surviving child called 911. He also contacted the mother and informed her he had contacted 911 and Emergency Medical Services (EMS) responded to the home. EMS instructed the surviving child to bring the child down the stairs. He went upstairs but told EMS he was unable to move the child.

EMS noted it was difficult to gain access to the apartment as there was clutter behind the door and the door opened eight to ten inches or less. EMS informed ACS that an individual could only enter the home in single file or sideways. EMS explained that the child tripped twice due to the home condition and clutter. Prior to transport to the hospital, cardiopulmonary resuscitation was only performed on the child by the second responding EMS team. The child spoke with EMS when he was in his room kneeling on his bed and he refused to go with them. EMS denied the child stated

he could not breathe or move.

During a 12/15/14 conference, the family made informal arrangements for the surviving child to reside at the mother's adult daughter's home. On 1/12/15, during a home visit, the mother said the surviving child would remain in the home as she said the home condition improved. The family received Family Preservation Program intervention services. The surviving child continued to reside with the mother. The NAC documentation showed in May 2015, ACS referred the family for more intensive services.

On 5/6/15, ACS substantiated the allegations of the report. ACS based the determination on findings which showed the ten-year-old child was diagnosed with severe asthma and other medical condition. The child's physician noted the long history of poorly controlled Asthma and not taking medication as prescribed. The child was prescribed several medications accompanied by a space chamber but failed to use the space chamber with the inhaler. The physician stressed the importance of using the space chamber with the medications which are orally inhaled and explained that without the chamber the medication dosage would not be properly inhaled into the body. The physician provided ongoing education to the mother regarding the child's asthma, other pre-existing condition and the failure to take his medication as prescribed.

## 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?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

**Was the decision to close the case appropriate?** 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

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	The ACS case record reflected an event occurred on 12/15/14 but was not entered until 4/29/15.

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<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timely/Adequate 24 Hour Assessment
<b>Summary:</b>	On 12/15/14, ACS completed the 24-Hour safety assessment for the 12/10/14 fatality report.
<b>Legal Reference:</b>	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Assessment as to need for Family Court Action
<b>Summary:</b>	During the 12/10/14 investigation, ACS did not seek a Family Court Legal Services consultation to ascertain whether Family Court action was needed.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(vi)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 12/08/2014 **Time of Death:** 04:15 AM

**Date of fatal incident, if different than date of death:** 12/03/2014

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

**County where fatality incident occurred:** MANHATTAN

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

**Time of Call:** 08:08 PM

**Did EMS to respond to the scene?** Yes

**At time of incident leading to death, had child used alcohol or drugs?** N/A

**Child's activity at time of incident:**

- |  |                                  |   |
|--|----------------------------------|---|
| <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: Child was alert |                                  |   |

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**Did child have supervision at time of incident leading to death?** No - but needed

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

**Total number of deaths at incident event:**

**Children ages 0-18:** 001

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	10 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	54 Year(s)
Other Household 1	Other Child	Alleged Victim	Male	15 Year(s)

## LDSS Response

On 12/10/14, ACS observed the home condition. ACS' staff interviewed the mother who said on 12/3/14, the school nurse told her the child visited her office three times for treatment. The nurse said the child was fine. The nurse instructed her to give the child another treatment in four hours. At about 5:50 PM, she arrived home from work and the child told her he was wheezing. The mother said she gave him a treatment and he seemed fine. She told the fifteen-year-old surviving child she had to go to the pharmacy for approximately 30 minutes. While she was in pharmacy, the surviving child contacted her and said the child was wheezing. The mother instructed the surviving child to take the child out of his room, take off his shirt, and walk with him downstairs where there was more air. She said the surviving child gave the child a treatment. He called again and told her he called 911 and EMS responded to the home. The mother acknowledged she had been hoarding for about two years. She disclosed she had a clinical condition and had been receiving treatment. Also, she had rental arrears and was in Housing Court.

The surviving child provided information which was similar to the mother's account. The surviving child added that at the time the mother left the home to go to the pharmacy, the child was still on the treatment. He observed the child continued to breathe heavily so he gave the child another treatment and notified the mother who told him to open a window. The child was hungry so the surviving child went to the store to purchase food, leaving the child alone. When he returned, he called 911 and then contacted the mother. EMS responded and told him to bring the child down the stairs but he was unable to move the child. The child was halfway out the door when EMS called for another unit. There was nothing blocking the door from opening. The mother had trained him on the method of giving the child the prescribed medication and he had given the treatment many times.

On 12/11/14, EMS informed ACS that they received a call regarding a ten-year-old child who had an asthma attack. EMS noted there was clutter behind the door and the door opened nine inches or less. EMS could only enter the doorway in single file or sideways. The child tripped twice but did not fall. There were many items on the stairs leading to the second level and only a small path on the stairs. A treatment and oxygen was provided and CPR was performed by the second responding paramedic team. The child only spoke to them when he was in his room and he refused to go with them. EMS denied the child said he could not breathe or move.

ACS obtained medical records which showed 5/14/14, the child had a medical examination during a follow-up visit from ER admittance from 5/8/14 to 5/10/14. He was seen for a preexisting medical condition and asthma. The child had a

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history of asthma, poorly controlled and not using the aero chamber. ACS obtained a medical consultation which showed the child had poorly controlled moderate to severe asthma; he did not consistently take prescribed medication or use the spacer with the inhaler. The physician had referred the child to medical specialists for additional care.

On 12/15/14, during a conference, the family discussed informal arrangements for the surviving child to reside with the mother's adult daughter. ACS implemented the Family Preservation Program services. On 1/12/15 during a home visit, the mother said the surviving child would reside in her home. ACS noted that the living room was organized and there was a clear walkway around the living room. The stairs were clear of any items. However, the kitchen remained the same. The surviving child's room was clutter free but bags were piled inside one of the closets. NAC provided homemaking services twice a week. On 4/30/15, the mother began parenting training and the case was transferred to Children's Aid Society agency for more intensive preventive services.

## 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

## Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** The investigation adhered to previously approved protocols for joint investigations.

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

**Comments:** The fatality was not reviewed by an OCFS approved Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
016581 - Deceased Child, Male, 10 Yrs	016582 - Mother, Female, 54 Year(s)	DOA / Fatality	Substantiated
016581 - Deceased Child, Male, 10 Yrs	016582 - Mother, Female, 54 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
016581 - Deceased Child, Male, 10 Yrs	016582 - Mother, Female, 54 Year(s)	Inadequate Guardianship	Substantiated
016581 - Deceased Child, Male, 10 Yrs	016582 - Mother, Female, 54 Year(s)	Lack of Medical Care	Substantiated
016584 - Other Child - Unrelated child, Male, 15 Year(s)	016582 - Mother, Female, 54 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
016584 - Other Child - Unrelated child, Male, 15 Year(s)	016582 - Mother, Female, 54 Year(s)	Inadequate Guardianship	Substantiated

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## 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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

ACS' documentation reflected that an event occurred on 12/15/14 but was not entered until 4/29/15.

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
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## Fatality Risk Assessment / Risk Assessment Profile

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

## 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"/>				
Economic support	<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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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other, specify:** PPRS

**Additional information, if necessary:**  
 The mother received clinical health services. The surviving child was referred for a drug test as there was a concern he utilized marijuana. Also, the surviving child received mental health evaluation.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**  
 The family received PPRS services.

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

**Explain:**  
 The family received PPRS services.

## 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?** Yes  
**Was the child ever placed outside of the home prior to the death?** No

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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)
12/13/2012	2532 - Deceased Child on Report, Male, 8 Years	2531 - Mother, Female, 52 Years	Educational Neglect	Indicated	Yes
	2532 - Deceased Child on Report, Male, 8 Years	2531 - Mother, Female, 52 Years	Inadequate Guardianship	Indicated	
	2533 - Other Child - none, Male, 13 Years	2531 - Mother, Female, 52 Years	Educational Neglect	Indicated	
	2533 - Other Child - none, Male, 13 Years	2531 - Mother, Female, 52 Years	Inadequate Guardianship	Indicated	
	2532 - Deceased Child on Report, Male, 8 Years	2531 - Mother, Female, 52 Years	Lack of Medical Care	Indicated	

**Report Summary:**

The then eight-year old child had significant emotional issues and behavioral problems in school. The child had behavioral outbursts and he tore apart classrooms. The child attempted to leave and successfully left the school building. These issues were ongoing since early last school year. The mother was made aware of these issues and that the child needed a clinical evaluation as a result. The mother did not follow through with getting him evaluated and these issues continued.

**Determination:** Indicated

**Date of Determination:** 02/11/2013

**Basis for Determination:**

ACS observed the home had hazardous living conditions. The home was cluttered with clothing. The mother did not take steps to clean the home. The child did not have an adequate sleeping arrangement due to the clutter. The two children had excessive amounts of school absences. The mother acknowledged the child missed some days at school but disagreed that the amount was excessive. She said she was unable to wake the child in the morning; therefore the then thirteen-year-old child was also late for school. The school staff informed the mother the then eight-year-old child arrived in the school late daily. The eight-year-old child's therapist said she met with the child once.

**OCFS Review Results:**

The investigation was initiated in a timely manner. The ACS staff documented that the home was disorganized and cluttered. The mother seemed to be a hoarder as the apartment was full of clutter. The mother began cleaning the home. During the initial visit, the Specialist was unable to walk in the bedrooms due to the volume of clothing and other items; the clutter was seven feet tall. The Specialist referred the family for home cleaning services. During a Family Team Meeting, the mother agreed to receive Purchased Preventive Services (PPRS) for educational monitoring, clinical health follow-up and evaluations, monitoring the home environment and possible parenting classes.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

During the investigation, ACS was informed that the child, who was then eight years old, received therapeutic services.

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However, the ACS case record did not reflect that the service provider was interviewed to obtain additional information. The child also received related services in school but the professional staff was not interviewed regarding the child.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

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

**Issue:**

Assessment as to need for Family Court Action

**Summary:**

During a review on 2/6/13, the supervisor documented that the home was cluttered with bags of clothing stacked in the hallway and bedrooms to the point that the clutter was a hazard and unsafe for the children. ACS should have sought a legal consultation to ascertain the need of Family Court action.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(vi)

**Action:**

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/03/2014	2557 - Deceased Child, Male, 10 Years	2556 - Mother, Female, 54 Years	Inadequate Food / Clothing / Shelter	Indicated	Yes
	2557 - Deceased Child, Male, 10 Years	2556 - Mother, Female, 54 Years	Inadequate Guardianship	Indicated	
	2558 - Other Child - Unrelated child, Male, 15 Years	2556 - Mother, Female, 54 Years	Inadequate Food / Clothing / Shelter	Indicated	
	2558 - Other Child - Unrelated child, Male, 15 Years	2556 - Mother, Female, 54 Years	Inadequate Guardianship	Indicated	
	2557 - Deceased Child, Male, 10 Years	2556 - Mother, Female, 54 Years	Lack of Medical Care	Indicated	

**Report Summary:**

The mother left the home in a deplorable condition: strewn with food garbage, roaches and filth. The home was uninhabitable for the ten-year-old and fifteen-year-old children. The ten-year-old child required breathing treatments. The ten-year-old child suffered from cardiac arrest and was transported by Emergency Medical Services to the hospital.

**Determination:** Indicated

**Date of Determination:** 05/06/2015

**Basis for Determination:**

ACS based the determination on the physician's account which showed the child was diagnosed with asthma and other medical condition. The physician noted the child had a history of poorly controlled asthma and not taking medication as prescribed. The child was prescribed several medications, space chamber and inhaler but failed to use the space chamber with the inhaler. The physician stressed the importance of using the space chamber with the medications which were orally inhaled and explained that without the chamber the dosage would not be properly inhaled into the body. The children resided in deplorable, unsanitary and hazardous home environment which interfered with EMS' response.

**OCFS Review Results:**

The child was hospitalized and died on 12/8/14. Between 12/8/14 and 12/9/14, ACS obtained information from collateral contacts, including: the New Alternatives for Children (NAC) agency and family relatives. The mother admitted she was a hoarder who required assistance. Despite attempted home visits, ACS did not make a successful home visit to observe the physical home conditions until 12/10/15. On 12/9/14, the Emergency Medical Services responders stated that the door to the apartment only opened about eight to ten inches as there was clutter behind the door, including high piles of items which were observed along the walls, in the hall and around the home.

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

**Issue:**

Assessment as to need for Family Court Action

**Summary:**

Although a family arrangement was initially made in which the fifteen-year-old surviving child resided with the mother's adult daughter, ACS did not obtain a consultation with Family Court Legal Services (FCLS) to ascertain whether it was necessary to implement Family Court action regarding service planning for the surviving child.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(vi)

**Action:**

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

During the investigation, ACS inappropriately completed the Seven Day safety assessment. In the safety assessment, ACS selected the Safety Decision which stated safety factors existed but do not rise to the level of immediate or impending danger of serious harm. However, there were safety factors which placed the fifteen-year-old child in immediate or impending danger of serious harm.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

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

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

The mother was known as a subject in five reports dated 4/22/99, 9/4/99, 12/7/06, 5/22/07, and 9/12/08. The 4/2/99, 9/4/99 reports were indicated and the 12/7/06, 5/22/07 and 9/12/08 reports were unfounded. The 4/22/99 and 9/4/99 reports included the allegations of Inadequate Guardianship (IG), Parent's Drug/Alcohol Misuse (PD/AM) and Lack of Supervision. ACS substantiated all the allegations of these two reports. On 7/1/99, ACS closed the 4/22/99 report utilizing Closure Reason: Close-No services required.

During the investigation of the 9/4/99 report, ACS noted on 8/25/99, the mother obtained temporary guardianship of the surviving child (now fifteen years old). On 10/29/99, ACS closed the 9/4/99 case. ACS listed the Closure Reason as lost contact.

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The 12/7/06, 5/22/07 and 9/12/08 reports included the allegations of IG; Lack of Medical Care; Excessive Corporal Punishment; and Lacerations, Bruises, Welts. The allegations of these three reports were unsubstantiated. ACS referred the family to Community Based Services.

## Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

## Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes**

**Date the preventive services case was opened: 02/04/2013**

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes**

**Date the Child Protective Services case was opened: 02/04/2013**

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

	Yes	No	N/A	Unable to Determine
<b>Did the service provider(s) comply with the timeliness and content requirements for progress notes?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the services provided meet the service needs as outlined in the case record?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did all service providers comply with mandated reporter requirements?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, was the response appropriate to the circumstances?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain:</b> The FSPN did not reflect that the asthma incident of 8/8/13 was addressed with the mother or that NAC was informed. The FSPN did not establish there was follow up about the 8/8/13 asthma incident.				

## Casework Contacts

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

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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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## 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"/>

## 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"/>
<b>If not, how many days was it overdue?</b> The FASP due date was 3/2/15. However, the on 3/11/15, the FASP was completed.				
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"/>
Was the FASP consistent with the case circumstances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**  
 ACS opened the Family Services Stage on 2/4/13. ACS referred the family for preventive services with Edwin Gould (EG) on 2/12/13 and in August 2013, EG transferred the case to New Alternatives for Children (NAC).

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## Required Action(s)

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

Yes    No

<b>Issue:</b>	Mandated reporters appropriately reported suspected abuse or maltreatment of the child
<b>Summary:</b>	Although the NAC progress notes reflected that during a home visit on 5/9/14, the mother burned incense, a fire hazard added to the excessive hoarding, the documentation did not reflect an attempt were made to register a report with the SCR.
<b>Legal Reference:</b>	SSL 413 AND 415
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Adequacy of Preventive Services casework contacts
<b>Summary:</b>	The FSPN reflected on 5/9/14, the NAC supervisor asked the mother about the ten-year-old child's hospitalization due to his asthma. The NAC FSPN did not reflect the hospital staff or child's physician was contacted regarding his medical condition.
<b>Legal Reference:</b>	18 NYCRR 423.4(c)(1)(ii)(d)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	The New Alternative for Children's agency progress notes reflected an event occurred on 8/2/13 but was not entered until 10/7/13.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	On 3/11/15, the NAC agency completed the FASP which was due on 3/2/15.
<b>Legal Reference:</b>	18 NYCRR 428.3(f)(5)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Preventive Services History

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Beginning 2/12/13, the family received preventive services with Edwin Gould (EG) agency. In August 2013, EG transferred the case to New Alternatives for Children (NAC). The family received educational monitoring, monitoring home environment, and clinical health follow-up and evaluations.

A review of the Family Service Progress Notes (FSPN) reflected on 11/25/14, NAC last visited the home. Both children were home during the visit. The NAC staff noted that the conditions of the home continued to be a risk in the case. The area behind the front door had an open space for a safe exit. The staff observed there were piles of bags and clothing in the corner of the hallway. On each floor, clutter was observed along the walls of the hallway leading into the living room. There was space for a clear walk way on one side of the hallway leading towards the front door. In the hallway, there were piles of household items, including: clothing, books, and other small household items stored in black garbage bags. The mother seemed to maintain a clear path from the living room to the kitchen. The piles of bags of clothing in the living room seemed to be about four feet high.

The FSPN reflected home visits were conducted on 10/30/14 and 9/30/14. On 11/30/14, a supervisor review occurred and reflected the ongoing concern was the condition of the home.

## Family Assessment Service Planning (FASP)

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

**If not, how many days was it overdue?**

The FASP due date was 3/2/15. However, the on 3/11/15, the FASP was completed.

## Casework Contacts

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<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

The 5/9/00 investigation reflected on 5/10/00, the now fifteen-year-old child was placed into foster care with Brookwood Child Care agency. His biological mother took him without the permission of his Guardian and did not return within 4-5 hours. The law enforcement staff intervened, he was taken to a hospital and received medical clearance. Despite the mother proving guardianship, he was removed for protective reasons. Based upon the ACS investigation and Family Court

Legal Service consultation, he was discharged and released to the care of his guardian. He was discharged from foster care on 5/16/00.

**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