



Report Identification Number: SV-18-057

Prepared by: New York State Office of Children & Family Services

Issue Date: Mar 11, 2019

(Report was reissued on: Mar 19, 2019)

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 17 year(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 09/20/2018
Initial Date OCFS Notified: 09/21/2018

Presenting Information

An SCR report was received on 9/20/2018 regarding the death of the teenager. The report stated he had an undiagnosed medical condition that involved acid reflux and as a result had difficulty breathing. The teenager could not eat solid food for the few weeks leading up to his death. The mother and parent substitute were aware of the medical concerns and delayed seeking additional medical attention. The child allegedly died as a result of not receiving medical care. The family also had an open Foster Care case at the time of the fatality. The teenager and his 15yo SS were living with their mother on a trial discharge.

Executive Summary

This report concerns the death of the 17-year-old male. Westchester County Department of Social Services (WCDSS) received an SCR report regarding the death on 9/20/2018. There were concerns that the teenager had been ill for an extended period of time and the SM and PS delayed in seeking medical care, resulting in his death.

The teenager was residing with his mother and siblings (ages 20, 15 and 13) on a trial discharge at the time of his death. The child returned to the home in June of 2018 and was in WCDSS custody since December of 2015. The teenager and his mother had an open Preventive Services case and they were also receiving after care services from a voluntary agency.

At the initial home visit following the fatality, WCDSS found the home to be dirty and pose a possible hazard to the SS. As a result of a safety plan agreed upon by WCDSS and the SM, the 13yo and 15yo SS went to stay with the MGF until the mother could arrange for them to be seen medically and clean the home. WCDSS also made a visit to the MGF's home and assessed the environment to be safe for the SS. The SS returned home after the SM was able to clean the home and the SS were seen by a doctor and medically cleared.

The teenager had been ill in the preceding weeks. He was experiencing rapid weight loss, vomiting, weakness and difficulty ambulating without assistance. He had been to the hospital twice in that time and was advised to follow up with his pediatrician and a gastroenterologist. The SM did not take the teenager for the recommended appointments and his condition worsened. In the 4 weeks before his death, the after care agency spoke with the WCDSS Preventive worker about the teenager's worsening symptoms. On 8/29/18, WCDSS called the SM and after discussing the teenager's medical concerns, they advised her the teenager needed to be taken to the hospital right away and provide a copy of the medical discharge instructions to the after care worker. WCDSS then updated the after care program of the conversation with the mother and it was agreed the after-care worker would go to the home and facilitate the SM bringing the teen to the doctor. The after care worker went to the home and the SM gave them the paperwork from the SC's previous hospital visit on 8/22/18. The progress notes clearly showed the SM had not taken the SC for medical attention that day, as was agreed. There was no documentation in the case record that WCDSS followed up with the SM or the after care program to determine if the teenager was taken for medical attention. Additionally, there was no documentation that either agency had face-to-face contact with the teenager after 8/22/18. In consideration of the history of the SM's medical neglect of the teenager and his 15-year-old sibling, it would have been appropriate for both agencies to closely monitor the SC's medical care after being informed of his rapidly progressing illness and symptomology.

The ME performed an autopsy and had not issued a formal cause of death for the teenager at the time of this writing, but discussed the autopsy findings with WCDSS. The child presented with a set of symptoms that required "significant medical intervention", and also had significant Vitamin B deficiencies. The child also had a malformation of the



Wernicke's area of the brain and a rash covering his back. The ME reported that a worsening ability to walk, ataxia and loss of balance are all symptoms of his deficiencies. The ME found that although previously diagnosed with acid reflux, the teenager had minimal signs of the condition.

LE did conduct an investigation, and there were no criminal charges filed as a result.

WCDSS appropriately substantiated the allegations of DOA/Fatality, LM, IG and IF/C/S against the SM regarding the deceased child, in addition to LM for the 15yo SS and IF/C/S for both SS. WCDSS continued to provide the family Preventive Services at the conclusion of the investigation. Additionally, counseling was provided

PIP Requirement

WCDSS will submit a PIP to the Spring Valley Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the WCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, WCDSS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

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.

Explain:

The Preventive Services case remained open at the time of the investigation closing, as the trial discharge for the 15yo SS was extended 6 months.

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: 09/20/2018

Time of Death: 06:33 AM

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

Unknown

County where fatality incident occurred:

Westchester

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	17 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	40 Year(s)
Deceased Child's Household	Sibling	No Role	Male	20 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	15 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	13 Year(s)
Other Household 1	Father	No Role	Male	35 Year(s)
Other Household 2	Mother's Partner	Alleged Perpetrator	Male	34 Year(s)

LDSS Response

On 9/30/2018, WCDSS received an SCR report regarding the death of the teenager. WCDSS promptly contacted the source of the report, DA, LE and the ME. WCDSS also had an open Preventive Services case with the family at the time of the fatality. The teenager and his 15yo SS were living with their mother and SS (ages 13 and 20) on a trial discharge from residential placement. The teenager was taking medication for a MH issue, but had recently run out of some of the



prescriptions. WCDSS went to the home and assessed the safety of the 15yo and 13yo SS.

The SM explained in the weeks leading up to the teenager's death he had been to the hospital. The SC was taken to the ER on 7/11/18 by his PGM and diagnosed with acid reflux. He was given medication for nausea and reported when it ran out his condition worsened. The SM said in late August the teenager was again brought to the hospital. During that visit he was given intravenous fluids for hydration and diagnosed with severe acid reflux. He was again given anti-nausea medication. The discharge instructions stated the child should see a doctor for a follow-up visit within 2 days. The SM never took the child for follow up medical attention and reported that she was having challenges with health insurance when attempting to schedule an appointment with the doctor. The SM stated 2 weeks before the teenager's death she had told the Preventive worker and aftercare worker that she was having challenges with the child's health insurance and this prohibited her from scheduling a medical appointment. The aftercare worker denied knowledge of these issues and this was not documented in the case record as having been discussed prior to the fatality. There was no discussion about the SC's medical condition at a court appearance on 9/6/18.

The SM stated she went to work at about 4:50PM on 9/19/18, and had prepared food for the SC before leaving. The SM acknowledged the other children could access their own food, but the SC was ill and unable to ambulate well. When the SM left, the 13yo was in the living room with the SC. The SM returned home at 5:30AM on 9/20/18 and greeted the SC, still in the living room of the home. The teenager did not respond and she went to look at him. The teenager's eyes were open, but the SM could not see his pupils, and his breathing was shallow. The SM called 911 and first responders came to the home. The 15yo, 13yo and 20yo SS were sleeping when the teenager was found and they had no knowledge of his death prior to the SM informing them. The PS arrived home from work at midnight on 9/20/18, and reported the mother arrived later in the morning. The PS was sleeping in the bed and the mother went to bed when she got home. He awoke to the mother screaming when she discovered the teenager unresponsive. The PS said the 13yo SS had told the SM the SC did not seem right and that prompted the SM to get out of bed and check on him. The PS noted the teens neck was warm, but his chest and extremities were ice cold.

The PS resided in the teen's home, but explained he lived in Brooklyn a portion of the summer and had not been living at the teen's home full time in the weeks before his death. The PS stated he had taken the SC to the ER on 8/22/18. The PS explained he had been rapidly losing weight, was vomiting frequently and was unsteady on his feet. The SM asked him to take the child to the ER as she had to work, and the PS had no knowledge that he had been to the ER a few weeks prior. The PS described having to carry the teenager to the cab and also assist him with standing to use the bathroom, due to his severe weakened physical state. The doctor told the PS that the teenager's symptoms were normal for a child with acid reflux and blood tests were done. The PS gave the discharge paperwork to the SM. The PS told the child the ER doctor said the teen was to see his doctor in a few days and follow up at the ER in 2 weeks. It is not clear why the teen was told to follow up at the ER. The PS followed up with the SM a few days later to inquire if she had made an appointment for follow up care and the SM was waiting for corrected insurance cards to arrive in the mail.

After a review of the medical records following the death, WCDSS noted that upon discharge at both ER visits it was documented that the teenager should follow up with his regular doctor. The SM failed to seek continued medical intervention and follow medical recommendations.

WCDSS contacted the PGM regarding the teen's death. The PGM had last seen the teenager 1 month before his death and reported he was eating and well. She stated the mother had made her aware he wasn't feeling well in August and she advised the SM to bring him to the hospital. The SM told her she did not have taxi money, and the PGM suggested she call an ambulance. WCDSS made numerous attempts to speak with the teenager's father, but were unsuccessful. The biological father did not have consistent contact with the teenager or either SS. WCDSS and the voluntary agency unsuccessfully attempted to engage the father in service planning for the teen and the 15yo SS during their previous placement. The father was not considered a reliable resource for the teenager or his siblings.

Official Manner and Cause of Death



Official Manner: Pending

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)? Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: The initial CFRT review of the case was on 10/1/18.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049129 - Deceased Child, Male, 17 Yrs	049130 - Mother, Female, 40 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
049129 - Deceased Child, Male, 17 Yrs	049135 - Mother's Partner, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
049129 - Deceased Child, Male, 17 Yrs	049130 - Mother, Female, 40 Year(s)	DOA / Fatality	Substantiated
049129 - Deceased Child, Male, 17 Yrs	049130 - Mother, Female, 40 Year(s)	Lack of Medical Care	Substantiated
049129 - Deceased Child, Male, 17 Yrs	049135 - Mother's Partner, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
049129 - Deceased Child, Male, 17 Yrs	049130 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Substantiated
049129 - Deceased Child, Male, 17 Yrs	049135 - Mother's Partner, Male, 34 Year(s)	Lack of Medical Care	Unsubstantiated
049132 - Sibling, Male, 15 Year(s)	049130 - Mother, Female, 40 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
049132 - Sibling, Male, 15 Year(s)	049130 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
049132 - Sibling, Male, 15 Year(s)	049130 - Mother, Female, 40 Year(s)	Lack of Medical Care	Unsubstantiated
049133 - Sibling, Female, 13 Year(s)	049130 - Mother, Female, 40 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated

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

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

Fatality Risk Assessment / Risk Assessment Profile

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



Child Fatality Report

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 or 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" 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"/>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



Other	<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? Yes

Explain:

Grief counseling and children's bereavement group referrals.

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

Explain:

Funeral assistance, housing and food assistance, grief counseling and preventive services to provide oversight and assistance.

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? 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? Yes

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/28/2015	Sibling, Female, 10 Years	Mother, Female, 37 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 12 Years	Mother, Female, 37 Years	Educational Neglect	Substantiated	
	Sibling, Male, 12 Years	Mother, Female, 37 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 14 Years	Mother, Female, 37 Years	Lack of Medical Care	Substantiated	

Report Summary:

An SCR report was received that alleged the 15yo SS (12 years old at the time of the report), was illegally absent from school 11 times out of a possible 38 days at the time. The report stated the absences were negatively impacting the SS overall education. The mother was aware of the attendance concerns and was failing to correct the situation.

Report Determination: Indicated

Date of Determination: 12/21/2015

Basis for Determination:

During the investigation WCDSS learned the 15yo SS and the subject child had mental health concerns that required treatment, and the mother was not ensuring they made their medical appointments or took medication as prescribed. The



15yo SS and subject child were having trouble behaving at school and were frequently suspended. The mother failed to attend school meetings regarding their educational plans. The mother was also found to have a history of mental health concerns and illicit drug use. The 13yo SS was attending school, but reported to have poor hygiene and that impacted her interaction with her peers. At the case conclusion the 15yo SS and subject child were removed.

OCFS Review Results:

WCDSS had an open Preventive Case with the family, and at the time of this investigation, the family was receiving court ordered services. A violation of the court order was filed by Preventive services, leading to a removal of 2 of the children. At the case closing, the family continued to receive Preventive Services, in addition to foster care services.

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

Issue:

Failure to provide notice of report

Summary:

The biological father is listed on the report, yet he was not sent a letter notifying him of the report. It is noted in the case record that the father was not contacted due to a history of severe domestic violence: however he was still legally required to be notified.

Legal Reference:

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

Action:

WCDSS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

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

From March of 2007 through July of 2015, the subject mother was the alleged subject of 16 SCR reports. In that same time period, the biological father was listed as an alleged subject of 4 SCR reports. The number of cases where the mother was substantiated for the following allegations are reflected as such: 5 for inadequate guardianship, 3 for lack of medical care, 2 for educational neglect, 1 for parent drug and alcohol misuse and 1 for inadequate food, clothing and shelter. The father had the allegation of inadequate guardianship substantiated 3 times, and the allegations of lack of medical care, educational neglect and excessive corporal punishment were each substantiated once. These allegations involved one or more of the surviving siblings and the deceased child.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Services Open at the Time of the Fatality

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

Date the preventive services case was opened: 06/21/2018

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"/>



Child Fatality Report

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

Explain:

Initially, the mother was advised to bring the teenager to the ER and provide discharge paperwork. The mother never took the teen for medical care after 8/22/18, despite being advised to do so by both agencies. There was no documentation in the case record that the agencies followed up on the health of the teenager.

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

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input 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"/>
If not, how many days was it overdue? The most recent FASP before the fatality was due on 7/27/2018 and was completed and approved on 8/7/2018.				
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:
 After care services were provided by a Voluntary Agency when the SC and his 15yo SS returned to live with their mother on a trial discharge.

Preventive Services History

There was a voluntary Preventive Services case opened on 4/30/07, as the result of the mother and father not meeting the medical and educational needs of the SC and his sibling (now age 20). The father and mother were provided a parent aide, MH treatment for themselves and the children and case management to monitor school attendance and medical care. Shortly after the case was opened, there was a DV incident and the father left the home after an OP was granted to the mother. The mother then attended DV counseling and also had an intensive case manager for MH. The mother acknowledged she required assistance in meeting the medical, therapeutic and educational needs of the children. The case concluded on 11/12/10, and the children were attending school and therapy appointments regularly. The children were also up to date on medication and medical treatment. The father was not involved in services at the time of the case closing.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care:

Date of placement with most recent caregiver?

06/26/2018

How did the child(ren) enter placement?

Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there supervision of visits as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
The foster care case remained open because the 15yo SS remained on trial discharge in the mother's home.

Required Action(s)

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

Yes No



Issue:	Timeliness of completion of FASP
Summary:	During the open Foster Care case, there were three FASPs completed untimely. The FASP due on 7/27/15 was completed on 9/2/15, FASP due 7/27/16 was completed 8/17/16 and the FASP due 1/27/18 was completed on 1/29/18.
Legal Reference:	18 NYCRR428.3(f)
Action:	WCDSS will complete FASPs by the due date.

Foster Care Placement History

On 7/1/14 a voluntary Preventive Services case opened as the mother was again struggling to balance the MH and educational needs of the SC and his siblings. WCDSS filed neglect against the mother on 12/2/14 because the SC and 15yo SS were not attending school, not receiving MH treatment or medication. The case transitioned to foster care on 1/20/15, when the eldest SS was placed in residential treatment. On 12/10/15 the SC and 15yo SS were placed in a residential program for diagnostic testing. On 7/13/16, the 15yo SS transferred to a residential program, and the SC followed on 8/4/16. On 9/30/16 the now 20yo SS signed himself out of care, as he turned 18 years old and returned to the mother's home. The 13yo SS remained in her mother's home throughout the open case. During the case, the SC and SS received therapy, MH medication, medical care and independent living education. The mother received MH treatment, outpatient drug treatment, parent education and education regarding household management and organization. The 15yo SS returned to the home on a trial discharge on 6/21/18 and the SC on 6/26/18. The trial discharge for the SS extended after the death of the SC, and continued at the time of this writing.

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 Yes No

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