



Report Identification Number: NY-15-047

Prepared by: New York City Regional Office

Issue Date: 12/8/2015

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 05/31/2015
Initial Date OCFS Notified: 06/10/2015

Presenting Information

According to the OCFS notification received from Coalition for Hispanic Families (CHFS), on 4/22/15 the BM gave birth to a male child in a Brooklyn hospital. According to the medical doctors, the child was born with a medical health condition and was having difficulty breathing on his own. The recommendation was for the infant to be transferred to Long Island Jewish Hospital (LIJ) for further examination and treatment. The infant underwent heart surgery at LIJ on 4/28/15. Following the surgery, the SC's health became fragile and some of his organs did not function properly. The medical team met with the parents on 5/28/15 and explained that from a medical lens, there was not much more that could be done. Unfortunately, he passed away on 5/30/15 around 11:00am.

Executive Summary

The SC was born prematurely on 4/22/15 in a Brooklyn hospital. Due to his highly complex medical health condition, he was transferred to a facility in Long Island where he underwent surgery on 4/28/15. The SC remained in ICU on a ventilator and was prescribed multiple medications.

During the week of 5/25/15, the SC's health deteriorated significantly. Per the documentation, the child's death occurred on 5/31/15. The death certificate signed on 5/31/15, indicated the cause of death was due to Natural Causes; the SC was 1 month and 9 days old.

The family has ACS-CPS history from 2006, 2009, 2010 and 2014. The family's most current involvement with CPS occurred via an SCR report of 9/22/14. The allegations were EdN of the 15-year-old male surviving sibling by the BM. CPS investigated and concluded there was sufficient credible evidence to support the allegations and the report was Indicated. CPS attempted to refer the family to PPRS but it was rejected due to their housing issues. CPS then re-referred the family for crisis intervention services through ACS' Family Preservation Program (FPP); the family received FPP services from 9/29/14 to 6/12/15. During this time, FPP assessed the family needed additional supports and referred them for PPRS services through Coalition for Hispanic Families Services (CHFS) in February 2015.

CHFS began PPRS with the family on March 10, 2015 that remains ongoing to date. From 3/10/15 to 6/12/15, FPP collaborated with CHFS in delivering supportive services to the family; FPP terminated services on 6/12/15. The family agreed to services due to the 15-year-old male surviving sibling's truancy, academic performance needs of the 8-year-old, and the medically fragile health condition of the 2-year-old that was similar to the subject child's.

The family's service plan included case management, casework counseling, and parent training. CHFS collaborated with the hospital social workers, shelter case managers, and other service providers regarding services for the 8 (male), 15 (male), and medically fragile 2 (female) -year-old surviving siblings. Referrals included assisting the family with medical equipment, resources, entitlement benefits, housing, academic performance and attendance. The agency also referred the family to a medically fragile preventive program for monitoring and to support the medical needs of the 2-year-old surviving sibling.

According to CONNECTIONS, from the date of the case opening in March 2015 the CP conducted face-to-face



casework contacts with the parents and services-recipient children in the shelter at least twice monthly. Collateral contacts and ongoing communication occurred with ACS FPP, Shelter staff, and Hospital social workers.

The PPRS agency offered bereavement counseling to the family after the SC's death. The parents did not formally enroll in bereavement counseling, choosing to discuss their feelings with the case planner. The documentation stated the family was contemplating relocating to the parent's native homeland in South America.

The agency offered financial assistance to the family to assist with funeral expenses. However, the hospital referred the family to the NYC Human Resources Administration (HRA) that provided the financial assistance; funeral arrangements were completed and the SC's interment occurred on 6/9/15.

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? N/A
 - Safety assessment due at the time of determination? N/A

Determination:

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

Explain:

There was no SCR report that alleged DOA/Fatality for the deceased child; therefore no CPS investigation.

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

N/A

Required Actions Related to the Fatality

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

Issue:	Timeliness of completion of FASP
Summary:	Per the FASP Approval report for this case, the Reassessment FASP was due 4/24/15. CHFS submitted and approved it on 4/21/15. The ACS Case Manager approved it on 5/8/15, the system approval date.
Legal Reference:	18 NYCRR 428.3(f)(5)
Action:	ACS must submit a corrective action plan to OCFs within 45 days that identifies it's actions to



NYS Office of Children and Family Services - Child Fatality Report

address the identified issue. The plan must include ACS' policy/procedures regarding Timeliness of FASP approval. ACS must also meet with pertinent program staff and inform OCFS of the date of the meeting, who attended, what was discussed, and the action plan.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/31/2015

Time of Death: 10:58 AM

County where fatality incident occurred: NASSAU

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

Is the caretaker listed in the Household

Composition? No

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

Total number of deaths at incident event:

Children ages 0-18: 01

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	1 Month(s)
Deceased Child's Household	Father	No Role	Male	49 Year(s)
Deceased Child's Household	Mother	No Role	Female	39 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)

LDSS Response

On 6/1/15 the Coalition for Hispanic Services (CHFS) CP was notified by ACS FPP of the SC's death. On 6/2/15, FPP and the CP conducted a HV with the BM, BF, 15, 8, and 2-year-old surviving siblings to support and assist the family as well as conduct safety and risk assessments of the siblings.

The CP met with the family and inquired whether they were comfortable talking about their loss. The BF was appreciative for the support received from the hospital, SW, FPP, PPRS, and other service providers. BF stated he was present when the SC passed and had questions regarding the cause of death for which a response was pending from the medical staff. He said an autopsy was requested; no report was received at the time. BF stated the BM was having a difficult time emotionally with the SC's death. The CP assisted the parents with completing documentation for new schools for the 15-year-old, and relevant consent forms. BM signed a HIPPA consent form to allow FPP to follow up on the autopsy report. The CP offered assistance regarding funeral arrangements but the hospital SW had referred the parents to the NYC Human Resources Administration (HRA) for said assistance.

The CP and FPP assessed the 15-year-old male sibling and discussed his academic status, curfew issues, and the possibility of marijuana experimentation. The medically-fragile 2-year-old female sibling was also assessed; she was recently discharged from hospital and the hospital SW collaborated with the CP and FPP to provide supportive services as well as requesting an Early Intervention (EI) evaluation. The hospital SW contacted the shelter management regarding obtaining an air conditioner for the family as the 2-year-old needed a temperature controlled environment. The 8-year-old male sibling was assessed; he spoke about his new school, interactions with teachers and peers. The CP and FPP performed appropriate safety and risk assessments of the siblings.

The family received financial assistance from HRA to cover the SC's funeral expenses – interment occurred on 6/9/15.

The CP amended the family's services plan to include referral to a Family Treatment and Rehabilitation (FTR) preventive program due to child substance use and truancy issues. FPP concluded its involvement with the family on 6/12/15.

On 6/18/15, the CP met with the shelter case manager and BM regarding independent housing search.

On 7/14/15, the CP conducted a HV during which the 3 siblings were assessed. Ongoing monitoring of academic performance and attendance of the 15 and 8-year-old occurred.

On 7/29/15 CP met with the BF and 2-year-old in the shelter's conference room; the child was observed with her feeding machine and BF stated the child could benefit from home attendant services.

On 8/13/15 the CP conducted a HV and met with the shelter case manager who informed the BF was taking more initiative searching for apartments, the air conditioning request was approved, the BM was approved for City FEPS (Housing Voucher), Link 2, and Temporary Base Rental Assistance (TBRA) programs, and the shelter's housing specialist assisted BM with her apartment search. The CP also assessed the 15, 8, and 2-year-old siblings during this HV.

On 8/21/15, the CP discussed housing with BM and provided assistance with academic placement information for the siblings. The CP received signed consent forms to be used for obtaining updates regarding the 2-year-old sibling's transfer from a Manhattan to Queens Hospital, as well as follow-up regarding the SC's autopsy request. A list of bereavement counseling services were given to the BM. CP offered referral for home care for the 2-year-old sibling.

The CP engaged in outreach to ACS' Office of Preventive Technical Assistance (OPTA) for assistance with a transfer request to an FTR/Medically Fragile Preventive Program for the family. The case remains open for services with CHFS.



NYS Office of Children and Family Services - Child Fatality Report

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

Comments: N/A

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

N/A

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"/>



NYS Office of Children and Family Services - Child Fatality Report

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Placement Activities in Response to the Fatality Investigation

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

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Referral for Home Care services

Additional information, if necessary:

The CP offered assistance with funeral arrangements to the family who stated the hospital social worker had referred them to the NYC Human Resources Administration (HRA) that provided financial assistance with funeral costs.

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 medically fragile 2-year-old sibling was supported through case planning activities. Referral was offered for home care services. The case was referred to a Medically Fragile Preventive Program to accommodate the family's needs.

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

Explain:
Bereavement counseling and housing assistance were offered to the family. The CP provided ongoing casework counseling and support to the family

History Prior to the Fatality

Child Information

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



Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/23/2013	5192 - Sibling, Male, 8 Years	5196 - Mother, Female, 36 Years	Lack of Supervision	Unfounded	No
	5193 - Sibling, Male, 15 Years	5196 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	5192 - Sibling, Male, 8 Years	5196 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	5192 - Sibling, Male, 8 Years	5196 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	5193 - Sibling, Male, 15 Years	5196 - Mother, Female, 36 Years	Lack of Supervision	Unfounded	
	5192 - Sibling, Male, 8 Years	5196 - Mother, Female, 36 Years	Lack of Supervision	Unfounded	
	5193 - Sibling, Male, 15 Years	5196 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	5193 - Sibling, Male, 15 Years	5196 - Mother, Female, 36 Years	Lack of Supervision	Unfounded	

Report Summary:

The report alleged IG and LS of the then 5 and 12 year-old male siblings by the BM. The narrative stated the male children were left at home after school close up to 6 PM daily. That the BM locked them out of the apartment and there was no supervision so the children were in the hallway of the building where they engaged in graffiti writing, breaking tiles, etc. The BM was aware but ignored the situation.

Determination: Unfounded

Date of Determination: 05/08/2013

Basis for Determination:

CPS determined that the allegations of IG and LS, were Unsub against the BM in regards to the then 5 and 12 year-old male siblings. There was no evidence to support the concerns. The report's closure reason was: Closed, No Services Required.

OCFS Review Results:



NYS Office of Children and Family Services - Child Fatality Report

ACS-CPS appropriately investigated the allegations and concluded there was no credible evidence to support that the children were locked out of the home and/or were unsupervised by the BM.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/24/2014	5212 - Sibling, Male, 15 Years	5211 - Mother, Female, 39 Years	Inadequate Guardianship	Far-Closed	No

Report Summary:

The report alleged IG of the now 15 year-old male sibling by the BM. The Intake narrative stated that in the past school year the then 14 year-old male child had excessive school absences. As a result he was struggling academically. Alternative school and services were offered the BM; however she was not responsive and failed to take appropriate measures to address the child's academic performance. Consequently he was failing all subjects.

OCFS Review Results:

ACS appropriately assessed that the family would benefit from FAR. Due to FAR engagement and intervention strategies utilized by CPS, the 14 year-old male sibling's academic performance and attendance improved. Overall the family's functioning stabilized at time CPS concluded its' involvement with the family on 5/22/14 .

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/22/2014	5205 - Sibling, Male, 15 Years	5207 - Mother, Female, 36 Years	Educational Neglect	Indicated	No
	5205 - Sibling, Male, 15 Years	5207 - Mother, Female, 36 Years	Educational Neglect	Indicated	

Report Summary:

The report alleged EdN of the then 14 year-old male sibling by BM. The narrative stated the child had not attended school for the year that commenced on 9/4/14. As a result the child was failing academically. The BM was aware; however did not address the matter. The child had a history of poor attendance.

Determination: Indicated **Date of Determination:** 11/21/2014

Basis for Determination:

CPS determined there was credible evidence to support the allegation of EdN against the BM that was SUB. The child had missed 25 days of school due to being out of the country when school started. That BM was aware school started and purchased tickets for the child to stay there for a month; she also did not notify the school. The child also had an IEP. As a result of his excessive absences, he missed class and homework assignments, causing him to fall back academically.

OCFS Review Results:

ACS CPS investigated the allegations and concluded that the child was educationally neglected by the BM.

However, given the child's historical academic performance and attendance issues, CPS did not document confirming the then 14 year-old male sibling had traveled to a South American country in September 2014; with whom he resided with there; and exactly when he returned to the US. CPS also did not document discussion with the child regarding the purpose and reason for his travel during the academic year. Similarly, there was no record of discussion by CPS with family members; particularly the BM.

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



NYS Office of Children and Family Services - Child Fatality Report

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

A 2/9/06 SCR report alleged EdN of the now 15-year-old male sibling by the BM. He was absent from school 20 times and late 18 times. CPS found the child had 100% attendance that corroborated the MGM and BM's accounts; the parent substitute listed was not known to the family; and the case address was incorrect. The report was UNF and closed on 4/10/06.

8/18/09 SCR report alleged IG and LS of the then 9 and 2 year-old male siblings and 8-year-old male child by BM and her sister -- BM of the 8-year-old. Both adults were not home when the older children placed the 2-year-old in the bathtub and turned on the water. No one was injured. NYPD intervened and removed the children who were then released to their fathers. NYPD arrested and charged the BM and MA with Endangering the Welfare of a Child. On 8/20/09 CPS convened a Child Safety Conference with the BM, MA, and BFs; the children were released to their mothers. CPS concluded BM and MA left the children alone for an undetermined period and did not provide appropriate adult supervision. There was no documented referral for PPRS or other services by CPS; the report was IND and closed on 10/16/09.

On 5/20/10 Brooklyn Family court judge requested a Court Ordered Investigation (COI). The then 10-year-old male sibling's BF requested modification of a custody order to full custody. CPS contacted BM and BF who reported the 7/14/10 court hearing was adjourned to 8/24/10. CPS closed the COI on 7/21/10; no outcome was documented.

Known CPS History Outside of NYS

There is 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: 02/19/2015

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

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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? According to CONNECTIONS, the Reassessment FASP due date was 4/24/15. It was launched on 3/12/15 and final				



NYS Office of Children and Family Services - Child Fatality Report

approved on 5/8/15.

Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

An ACS-contracted preventive services agency provided services to the family. At time PPRS services started, ACS' Family Preservation Program (FPP) provided intervention services to the family.

Required Action(s)

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

Yes No

Preventive Services History

On 2/5/15 ACS FPP referred the family for preventive services with Coalition for Hispanic Families because there was no availability for a medical fragile program in the community of residence. The then 1-year-old female surviving sibling was a medically fragile child who was discharged from hospital in January 2015. On 2/24/15 FPP and the Case Planner (CP) conducted a joint home visit; the family signed for services on 3/10/15.

The CP assessed the family had other service needs that included assistance with rent arrears, housing court activity, and eviction. The services plan included case management, casework counseling, and parent training. Casework contacts were made face-to-face at least twice a month at the home or hospital with the SC and now 2, 8, & 15-year-old siblings, BM, BF, and/or collaterals.

Following the SC's death, the hospital social worker referred the BM to NYC Human Resources Administration (HRA) for assistance regarding funeral arrangements. The agency also offered assistance that the family refused, stating they did not require further assistance. However, the family was referred for bereavement counseling to several community providers.

The preventive services case remains open for ongoing services and monitoring of the family by Coalition for Hispanic Family Services.

Required Action(s)



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

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Additional Local District Comments

N/A

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