



Report Identification Number: NY-16-043

Prepared by: New York City Regional Office

Issue Date: 11/29/2016

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	

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	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-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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 12 year(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 04/26/2016
Initial Date OCFS Notified: 05/04/2016

Presenting Information

On 5/4/16, the SCR registered a report alleging that on or about 4/23/16, the 12-year-old SC became ill; he was pale and vomiting blood for two days. The report alleged that the mother was instructed to take the SC to the hospital, but failed to do so; the SC died on 4/26/16. The report noted that the SC suffered from cerebral palsy, was blind, and could not walk or talk. The SC was fed through a feeding tube. There were two other children in the home ages 10 and 15 years old.

The report also alleged that the 15-year old child was assaulted in the past, had clinical issues and the mother (child's MGM) failed to seek services for the child. The report noted that the 15-year-old would do as she pleased to avoid going home and the mother would use physical discipline when the child returned to the home.

The report further alleged the family resided in a home that was in deplorable conditions where the basement had mold and was flooded, and there was no running water in the home.

Executive Summary

The 12-year-old SC died on 4/26/16. The ME's preliminary cause of death is therapeutic complication due to the adhesion and the manner of death natural.

On 5/4/16, the SCR registered a report with allegations of DOA/ Fatality of the SC by the mother, LMC of the SC and the 15-year-old child; L/B/W of the 15-year-old child by the mother, IF/C/S, and IG of the three children by the mother and the three adult siblings. ACS later determined that the two adult siblings were not person legally for any of the three children. The mother of the deceased SC was the grandmother and legal guardian of the surviving children.

According to ACS' investigation, the SC was medically fragile; and had global developmental delays. ACS contacted medical specialists and service providers who attended to the SC and none had concerns about the level of care the mother provided for the SC.

The mother reported that on 4/26/16, sometime between 12:30 P.M. and 1:00 P.M., the SC had a fever of 101 degrees Fahrenheit. The mother thought the SC could be dehydrated; therefore, she gave the SC three ounces of Pedialyte and some Tylenol. At about 6:00 P.M., the SC's temperature was down to 99 degrees Fahrenheit and he appeared to be feeling better. The mother indicated that she gave the SC another dose of Tylenol and continued to check the child. Sometime between 9:00 P.M. and 10:00 P.M., the mother found the SC unresponsive and called 911. EMS responded to the scene and began resuscitation efforts before transporting the SC to Queens Hospital Center where he was pronounced dead. ACS did not ascertain the time of death.

ACS found the family's home was in a deplorable condition; there was standing water in the basement stemming from a sewage issue, a mold infestation and mildew. ACS assessed that these conditions presented a safety hazard for



the surviving children. The matter was addressed with the mother and she arranged for the children to stay with different relatives up until the end of the school year. After the end of the school year, the mother took the surviving children out of state for most of the summer. The mother did not present a plan for providing a safe living environment for the children once they returned.

On 8/18/16, ACS filed an Article 10 Petition of Neglect at the Queens Family Court on behalf of the surviving children based on the conditions of the home. The mother was named as the respondent on the petition. The judge ordered that the mother not return with the children to reside at the case address and ordered ACS to supervise the family. The family relocated to Long Island to stay with relatives, therefore, Suffolk County Department of Social Services (SCDSS) was assigned a secondary.

On 9/1/16, ACS indicated the report against the mother substantiating all the allegations with the exception of the DOA/ Fatality and LMC of the SC and L/B/W of the 15-year-old child.

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?** No

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

Explain:

N/A

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



NYS Office of Children and Family Services - Child Fatality Report

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	The 24 hour safety assessment was not completed timely.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	Timely/Adequate Seven Day Assessment
Summary:	There was no 7-Day safety assessment completed for this report.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	The 30 Day report was not completed timely. In addition, the required 30 Day safety assessment was not completed.
Legal Reference:	CPS Program Manual, VIII, B.2, page 4
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	A determination safety assessment was completed on 8/30/16. However, on 9/1/16, ACS completed a safety assessment with a "Case Closed" type which was not consistent with the case circumstances.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(b)
Action:	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/26/2016

Time of Death: Unknown

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

County where fatality incident occurred:

QUEENS

Was 911 or local emergency number called?

Yes



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Time of Call: 10:29 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:

- 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? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	12 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	61 Year(s)
Deceased Child's Household	Other Child	Alleged Victim	Female	10 Year(s)
Deceased Child's Household	Other Child	Alleged Victim	Female	15 Year(s)
Deceased Child's Household	Sibling	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Sibling	Alleged Perpetrator	Male	47 Year(s)

LDSS Response

Following the 5/4/16 fatality report, ACS contacted family members, the NYPD, medical staff, and service providers.

According to ACS' investigation, the mother reported that on 4/26/16, sometime between 12:30 P.M. and 1:00 P.M., the SC had a fever of 101 degrees Fahrenheit. The mother gave the SC Pedialyte and Tylenol and the SC's temperature decreased to 99 degrees Fahrenheit. The mother said the SC appeared to be feeling better and she continued to check the child. The mother stated that around 9:00 P.M. and 10:00 P.M., she found the SC unresponsive. The mother said that she began screaming. The mother's two adult sons who were in the home assisted her with calling 911. ACS interviewed the adult sons who corroborated the mother's account of events leading up to the 911 call.

ACS' EMS liaison indicated that the EMS staff was dispatched to the case address on 4/26/16 at 10:29 P.M. Upon arrival, the SC was not breathing, his extremities were cold and he had no pulse. The EMS attempted resuscitation efforts and transported the SC to Queens Hospital Center where he was pronounced dead.

The mother denied that the SC was vomiting or bleeding prior to this incident. ACS contacted medical and service



providers and none reported that the SC was bleeding or vomiting when he arrived at the ER or prior to his death.

The NYPD made no arrest as there was no criminality suspected involving the SC's death. The ME found no suspicion of abuse or neglect concerning the care of the SC.

ACS made several visits to the case address and found the conditions of the family's home were deplorable and presented a safety hazard for the surviving children. ACS contacted the Housing Preservation Department, and the mold infestation was confirmed by certified mold inspectors. There was no remediation of the mold. The mother indicated that she had taken the landlord to Housing Court, but he had made no efforts to correct the housing issues that had existed for over a year. The mother indicated that she was in the process of purchasing a home and would be moving out of the case address. ACS recommended that, in the interim, the family go to the Prevention Assistance and Temporary Housing intake for assistance, but the mother refused. The mother informed ACS she had the funds to relocate from the case address by June 2016.

The mother arranged for the children to stay with relatives and continued to drive them to school on a daily basis until the end of the school year. The mother then took the children out of state for most of the summer and left the children with relatives. The mother did not present a plan for providing a safe living environment for the children once they returned to NYS.

ACS contacted staff from the schools the surviving children attended and learned that the 15-year-old child had academic, behavioral and attendance problems. There were also concerns that the two surviving children had not received bereavement services to address the loss of their BM. There were also concerns about a recent assault of the 15-year-old child that occurred under the care of the mother.

On 8/18/16, ACS filed an Article 10 Petition of Neglect at the Queens Family Court on behalf of the surviving children based on the deplorable living condition of the home. The mother was named as the respondent on the petition. The judge ordered the mother not return to reside at the case address with the children. Therefore, the mother relocated with the children to Long Island to stay with relatives. ACS linked the family to CPS in Suffolk County where they would be referred for PPRS, bereavement and clinical services, and parenting skills training for the mother.

The autopsy report listed the cause of death as ischemic bowel due to fibrous adhesions from multiple surgeries for the management of cerebral palsy due to perinatal anoxia and the manner of death as therapeutic complication.

On 9/1/16 ACS indicated the report against the mother.

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 investigation.



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

Comments: There is no OCFS approved Child Fatality Review Team in the NYC Region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
028361 - Deceased Child, Male, 12 Yrs	030281 - Sibling, Male, 22 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
028361 - Deceased Child, Male, 12 Yrs	028363 - Mother, Female, 61 Year(s)	Inadequate Guardianship	Substantiated
028361 - Deceased Child, Male, 12 Yrs	028363 - Mother, Female, 61 Year(s)	Lack of Medical Care	Unsubstantiated
028361 - Deceased Child, Male, 12 Yrs	028363 - Mother, Female, 61 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
028361 - Deceased Child, Male, 12 Yrs	028363 - Mother, Female, 61 Year(s)	DOA / Fatality	Unsubstantiated
028361 - Deceased Child, Male, 12 Yrs	030282 - Sibling, Male, 47 Year(s)	Inadequate Guardianship	Unsubstantiated
028361 - Deceased Child, Male, 12 Yrs	030281 - Sibling, Male, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
028361 - Deceased Child, Male, 12 Yrs	030282 - Sibling, Male, 47 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
028364 - Other Child - niece, Female, 10 Year(s)	030282 - Sibling, Male, 47 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
028364 - Other Child - niece, Female, 10 Year(s)	030281 - Sibling, Male, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
028364 - Other Child - niece, Female, 10 Year(s)	028363 - Mother, Female, 61 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
028364 - Other Child - niece, Female, 10 Year(s)	028363 - Mother, Female, 61 Year(s)	Inadequate Guardianship	Substantiated
028364 - Other Child - niece, Female, 10 Year(s)	030281 - Sibling, Male, 22 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
028364 - Other Child - niece, Female, 10 Year(s)	030282 - Sibling, Male, 47 Year(s)	Inadequate Guardianship	Unsubstantiated
028365 - Other Child - niece, Female, 15 Year(s)	030281 - Sibling, Male, 22 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
028365 - Other Child - niece, Female, 15 Year(s)	028363 - Mother, Female, 61 Year(s)	Lack of Medical Care	Substantiated
028365 - Other Child - niece, Female, 15 Year(s)	028363 - Mother, Female, 61 Year(s)	Inadequate Guardianship	Substantiated
028365 - Other Child - niece, Female,	030281 - Sibling, Male, 22	Inadequate Guardianship	Unsubstantiated



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15 Year(s)	Year(s)		
028365 - Other Child - niece, Female, 15 Year(s)	028363 - Mother, Female, 61 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
028365 - Other Child - niece, Female, 15 Year(s)	030282 - Sibling, Male, 47 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
028365 - Other Child - niece, Female, 15 Year(s)	028363 - Mother, Female, 61 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
028365 - Other Child - niece, Female, 15 Year(s)	030282 - Sibling, Male, 47 Year(s)	Inadequate Guardianship	Unsubstantiated

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 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:				



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Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 The 24 hour safety assessment was not completed timely. There were no 7 or 30 Day Safety Assessments completed for this case.

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 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 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"/>



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Explain as necessary:
N/A

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
08/18/2016	Adjudicated Neglected	There was not a disposition
Respondent:	028363 Mother Female 61 Year(s)	
Comments:	The judge granted court ordered supervision by ACS. The family relocated to Suffolk County; therefore the SCDSS was assigned a secondary role.	

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>



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Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 The family relocated to Suffolk County and the SCDSS has been assigned a secondary role. ACS has requested that SCDSS make referrals for the family to receive bereavement counseling and mental health services, and parenting skills for the mother.

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

Explain:
 No immediate services were needed for the surviving children.

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

Explain:
 There were no immediate services needed.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was there an open CPS case with this child at the time of death?** No
- Was the child ever placed outside of the home prior to the death?** Yes
- Were there any siblings ever placed outside of the home prior to this child's death?** N/A
- 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)
11/22/2013	10864 - Deceased Child, Male, 10 Years	10889 - Mother, Female, 59 Years	Inadequate Guardianship	Unfounded	Yes

Report Summary:
 On 11/22/13, the SCR registered a report alleging that the SC had medical and development issues and the kinship foster mother (KFM) failed to ensure that he attend school on a daily basis. The report alleged that as a result, the SC missed his physical, occupational, feeding, and speech therapy; which caused his condition to decompensate. The report noted that



the KFM would follow up with the SC's medical appointments sporadically and usually with the assistance of outside support.

At the time of this report the SC was under the Custody of the Commissioner of ACS. The SC was residing with a KFM in a pre-adoptive home.

Determination: Unfounded

Date of Determination: 01/20/2014

Basis for Determination:

ACS unsubstantiated the allegation of Inadequate Guardianship of the SC by the KFM citing that there was no information from collateral contacts to support that the SC was neglected medically. However, ACS confirmed that the SC frequently missed the school bus; which prevented him from receiving school based services. ACS noted that the foster care agency (FCA) failed to provide a home health aide to assist the family.

OCFS Review Results:

OCFS' review revealed that ACS made relevant contacts with the school staff and medical providers and learned that the SC was not receiving several services due to his poor attendance. The school staff recommended that the SC be placed in a medical facility as he also missed medical appointments. The FCA removed the SC from the KFM's home and placed him at the Blythdale Children's Hospital (BCH) on 11/26/16 noting that it was in the SC's best interest. However, the doctor from BCH indicated that the SC did not need inpatient hospital care. The SC was returned to the foster home on 12/17/16 with a visiting nurse service and a therapist.

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

Issue:

Appropriateness of allegation determination

Summary:

The investigation revealed that there was credible evidence that the SC missed the school bus frequently; which impacted on his ability to receive his services as they were provided at the school. It was unclear whether the KFM was reporting to the FCA the obstacles she had in getting the SC to school. She had no plan to address this issue.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

ACS documented that there were no safety concerns for the SC in the home of the KFM. However, the selected safety decision #4 indicated that the SC was in immediate and impending danger. The safety factors listed did specify how the KFM's level of care or lack thereof, impacted negatively on her ability and/or willingness to care for the SC.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(b)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Timely/Adequate Seven Day Assessment

**Summary:**

The safety decision selected for the 7-Day safety assessment reflected that the SC was in immediate and impending danger of serious harm. However, there were no safety factors listed to support the decision.

Legal Reference:

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

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/21/2013	10885 - Other Child - Niece, Female, 13 Years	10888 - Mother, Female, 58 Years	Excessive Corporal Punishment	Unfounded	Yes
	10885 - Other Child - Niece, Female, 13 Years	10888 - Mother, Female, 58 Years	Lacerations / Bruises / Welts	Unfounded	

Report Summary:

The SCR registered a report alleging that about a month prior to the report; the KFM hit the 13-year-old child with an unknown object. It was alleged that the child sustained a laceration on her arm that was still visible.

At the time of this report, the mother was the KFM to the SC in the fatality report and the MGM to the 8-and 13-year-old children. The KFM was awarded guardianship of the 8-and-13-year-old children after the loss of their BM.

Determination: Unfounded **Date of Determination:** 08/09/2013

Basis for Determination:

ACS unsubstantiated the allegations of Lacerations, Bruises, Welts and Inadequate Guardianship of the then 13-year-old child by the KFM. ACS based their decision on the fact that the KFM denied the allegations, the 13-year-child recanted her allegation noting that the laceration was inflicted by the KFM and other family members noted that the KFM did not hit any of the children in the home.

OCFS Review Results:

NYCRO's review revealed that the 13- year old child explained that the KFM hit her with a cord because a boy had called the home. The child continued to be questioned and later recanted. The child had a laceration on her arm which ACS described as two dark linear lines on the outside of her left forearm alongside a small circular healing scab. These marks were observed by school staff to whom the child reported were inflicted by the KFM. The school staff spoke positively about the child and had no academic concerns. There were no details about the KFM's involvement with the school. A concern arose noting that the child had not received bereavement counseling to address the loss of her BM.

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

Issue:

Failure to Provide Notice of Indication

Summary:

ACS did not issue the NOEs to all the adults in the home.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who



attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Appropriateness of allegation determination

Summary:

ACS had some credible evidence to substantiate the allegations of the report, but did not utilize all the information gathered to indicate the report.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

The source was not interviewed and information gathered from the 13-year-old child and others was not utilized to make an appropriate determination.

Legal Reference:

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

Action:

ACS must meet with the staff involved in this investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

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

According to ACS' case documentation, the mother was known to ACS in two indicated reports dated 1986 and 1990, but CONNECTIONS does not provide details concerning these reports.

From 2006 through 2012, the mother was listed as the subjects of three unfounded reports. The allegations of these reports were IG, L/B/W, EDNG, EXCRP and IF/C/S. The SC listed in these reports were her grandchildren.

Known CPS History Outside of NYS

The family had no known CPS history outside of NYS.

Required Action(s)

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

Yes No



Preventive Services History

There is no record of Preventive Services 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

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