



**Report Identification Number: NY-15-099**

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

**Issue Date: 5/17/2016**

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

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

## Case Information



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

**Report Type:** Child Deceased  
**Age:** 4 year(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 12/09/2015  
**Initial Date OCFS Notified:** 12/09/2015

## Presenting Information

The OCFS-7065 Form, which was completed by the New Alternatives for Children (NAC) agency, showed that the child had a serious pre-existing medical condition. The child received prescribed medication for his medical condition. The child and his female sibling temporarily resided with the father in Florida from 10/31/15 through 12/3/15. Following these children's return to the Bronx, the mother reportedly took them to an urgent care medical center where they received evaluation and were released to the mother's care on 12/3/15. The mother observed the 4-year-old child seemed very ill and she took him to the hospital Emergency Room on 12/8/15. The child was admitted to the hospital where he remained until he was pronounced dead on 12/9/15. The mother contacted NAC staff and provided notification of the child's death on 12/9/15.

## Executive Summary

This 4-year-old medically fragile male child died on 12/9/15. The ME listed the cause of death as complications of chronic Granulomatous disease and the manner as natural.

The NAC preventive services program submitted to NYCRO the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive cases. The information regarding this child's death was reported to OCFS under Chapter 485 of the Laws of 2006.

ACS was in the process of investigating the 12/8/15 SCR report when the agency learned of the child's death. ACS included the information in the open CPS investigation case for further exploration.

The ACS findings showed that the child had a very serious pre-existing medical condition which required medical examinations every three months and prescription medication to fight infection. He needed developmental monitoring and he received therapeutic services in school. The child and female sibling were in the father's care in Florida from 10/31/15 through 12/3/15. When the father returned the child and sibling to the mother on 12/3/15, she observed both children were ill. The mother took them to a medical specialist who assessed the sibling on 12/3/15. The 4-year-old child did not receive medical assessment and the mother scheduled a 12/8/15 medical appointment for him.

The child was in school when the staff observed he was ill on 12/7/15. The school staff contacted the MGF who picked up the child from school and took him to the mother. The mother observed the child's condition had worsened and she took him to the hospital emergency room (ER) for medical treatment on 12/8/15. The ER staff found the child was in critical condition. The child was admitted to the hospital where he remained until he was pronounced dead on 12/9/15.

ACS obtained legal consultation on behalf of the female sibling on 12/11/15. ACS alleged the father was unable to provide care of the sibling. ACS explained that the deceased child and sibling were in the father's care for an approximate 30-day period during which the children lost weight and appeared unkempt. It was unknown whether the father gave both children the prescribed medical care. The ACS attorney did not accept the case for filing in Family



Court because there was not enough evidence to tie the parents' behavior to the illness and eventual death of the child. There was no evidence that the father did not give the child his medicine. The attorney noted that the autopsy results might assist with the assessment of culpability.

According to the ACS case record, the staff made diligent efforts to obtain the results of the autopsy. The ME did not provide preliminary findings about the cause and manner of the child's death.

ACS staff visited the home and found the family had a sufficient supply of food and the home conditions were satisfactory. The NAC staff continued to provide case management services to the mother and female sibling. The results of medical consultation reflected the female sibling had a pre-existing medical condition. The sibling's medical records showed the mother was attentive to the child's needs and there was unknown history with the father. The mother expressed interest in domestic violence counseling. The father continued to reside in Florida.

As of 4/29/16, the case remains open for PPRS under the NAC agency supervision.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
o 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:

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 [x] No

Fatality-Related Information and Investigative Activities

Incident Information



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

**Date of Death:** 12/09/2015

**Time of Death:** 04:02 AM

**County where fatality incident occurred:** BRONX

**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?** N/A

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

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: The child was in the hospital.

**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:** 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	Aunt/Uncle	No Role	Male	14 Year(s)
Deceased Child's Household	Deceased Child	No Role	Male	4 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	60 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	61 Year(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Month(s)
Other Household 1	Father	No Role	Male	24 Year(s)

### LDSS Response

ACS staff observed the female sibling and engaged the 14-year-old MU in the home on 12/9/15. The sibling was alert and in her pack n' play there were blankets and stuffed animal toys. The ACS staff reminded the mother about safe sleep practices for the sibling. During the visit, the mother attended to the sibling's needs in a satisfactory manner. The ACS staff discussed with the mother the circumstances of the child's death, service planning and the parents' relationship. The mother expressed observable grief while explaining the child's hospitalization and eventual death. The MU appeared to have received adequate care in the home.



ACS addressed the family history of domestic violence and the parents' child custody and visitation case. ACS learned the family had resided in Florida but the mother returned to the maternal grandparents' home in the Bronx after the parents' relationship ended in December 2014. The mother obtained an order of protection against the father on 10/31/15. Prior to the child's death, the parents' child custody case included an arrangement for the father to take care of the child and sibling for a two-week period beginning 10/31/15. The father did not return the children after the two-week period, the mother obtained an order for him to produce the children and he returned them through Family Court on 12/3/15.

ACS staff interviewed the father on 12/11/15. He said in May 2014, the mother attempted to kill him in the presence of the child. He described other altercations which had occurred between the parents and he claimed the mother did not provide appropriate care of the children. He explained that the mother sometimes missed the child's medical appointments. ACS followed up with the relevant Florida agencies.

The case record showed LE had interviewed the mother and determined there was no arrest regarding the child's death. LE confirmed that the death was referred for an autopsy.

ACS reviewed the child's medical history which showed the primary Dr. said the mother made the 12/8/15 appointment for the child but did not give the impression that the child was very ill. The Dr. explained even with daily dosage of medication, the child could become very ill; however, it was difficult to determine if missing medication would have attributed to his death. According to the Dr., it did not appear that the mother's actions caused the symptoms the child exhibited. The child's medical specialist described the mother as a motivated parent. This specialist did not have concerns about the mother.

During an interview with ACS staff, the school staff said on 12/7/15 the child was ill, the MGF picked up the child at approximately 1:30 p.m. and the staff recommended that he needed to be examined by a physician. ACS staff interviewed an attending Dr. who said the child had been very ill and needed urgent treatment. The ACS documentation showed the child had an older sibling who died in 2010 of a similar illness. The Dr. did not have information about the older sibling. The pharmacist stated the mother did not pick up prescribed medication dated 12/1/15 and two dated 12/3/15 for the child.

The legal consultant recommended ACS obtain information about the custody and visitation proceedings and the child's diagnosis at the time he was admitted to the hospital on 12/8/15. The medical consultation showed the female sibling's medical condition had improved since 12/3/15. The consultant recommended follow up medical care for the child in six months and bereavement counseling for the mother.

NAC continued to monitor the family. The father did not attend the 1/15/16 hearing; the mother received temporary custody of the sibling and the legal case was adjourned to April 2016. The mother maintained stable home conditions and the father continued to reside in Florida. During a 3/23/16 visit the staff observed the female sibling did not have visible marks or bruises.

## 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



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

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

Comments: There is no OCFS approved Child Fatality Review Team in New York City.

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

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



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

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

Explain:

The family received case management services.

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

Explain:

The mother received referral for domestic violence services.

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment?

Yes



Was there an open CPS case with this child at the time of death? Yes  
 Was the child ever placed outside of the home prior to the death? No  
 Were there any siblings ever placed outside of the home prior to this child's death? No  
 Was the child acutely ill during the two weeks before death? Yes

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/08/2015	8836 - Sibling, Male, 7 Years	8831 - Mother, Female, 23 Years	Lack of Medical Care	Indicated	Yes
	8836 - Sibling, Male, 7 Years	8832 - Father, Male, 24 Years	Lack of Medical Care	Indicated	
	8838 - Sibling, Female, 5 Months	8832 - Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	8838 - Sibling, Female, 5 Months	8832 - Father, Male, 24 Years	Lack of Medical Care	Unfounded	
	8836 - Sibling, Male, 7 Years	8832 - Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Unfounded	

### Report Summary:

The 12/8/15 SCR report alleged that the father had visitation with the 4-year-old child and 5-month-old sibling for one month at his home in Florida. The father returned the children to the MGM in the Bronx prior to a Family Court hearing on 12/3/15. The report also alleged the father whispered to the MGM the children needed to go to the hospital because they were ill. The father did not seek immediate medical care for the children, who were severely dehydrated and had lost weight, upon the children's arrival in New York State. The 4-year-old child had a pre-existing medical condition and he was admitted to the hospital. The sibling received treatment in the hospital.

**Determination:** Indicated

**Date of Determination:** 02/26/2016

### Basis for Determination:

According to the ACS case record, the deceased child had a surviving male half sibling with the same name. The surviving half resided with his mother in another household. ACS added that surviving half sibling to the household composition in error. ACS substantiated the allegation of LMC of that child, and this action was also an error. Further, ACS failed to add the 4-year-old deceased child to the case.

ACS unsubstantiated the allegations of IF/C/S of the children and LMC of the female sibling by the father on the basis of lack of credible evidence to support the allegations.

### OCFS Review Results:

ACS staff visited the hospital and learned the 4-year-old child was in the Pediatric Intensive Care Unit on 12/8/15. The Dr. informed ACS staff that the child was in a critical unstable condition. Subsequently, ACS learned the child died on 12/9/15. The staff observed the sibling and minor MU and found they received adequate care.

The mother said, other than being dehydrated, the child did not have other signs of illness. She said she maintained contact with the child's Dr. and scheduled an appointment for 12/8/15. The father said he provided good care of the



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children while they were in his care. ACS did not include the deceased child in the household composition.

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

**Issue:**

Appropriateness of allegation determination

**Summary:**

ACS added to the report and substantiated the allegation of LMC of the half sibling in error. Further, In the Investigation Conclusion Summary, ACS did not include the include the 4-year-old deceased child who was listed as a maltreated child in the 12/8/15 SCR report.

**Legal Reference:**

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

**Action:**

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

**Issue:**

Adequacy of case recording

**Summary:**

During the investigation of the 12/09/15 report, ACS did update CONNECTIONS household to include the 4-year-old child.

**Legal Reference:**

18 NYCRR 428.5(c)

**Action:**

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/07/2015	9064 - Sibling, Male, 7 Years	8891 - Mother, Female, 22 Years	Lack of Medical Care	Unfounded	Yes
	9064 - Sibling, Male, 7 Years	8891 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

The 7/7/15 SCR report alleged that the mother was aware the 4-year-old had a pre-existing medical condition that raised the risk of him contracting a life threatening condition. The child was supposed to see a medical specialist every three months and missed appointments with this Dr. in April and March. The child was also supposed to see his Dr. for follow up visits and missed an appointment that was scheduled for 7/7/15. The mother had a history of not following up with appointments and forgetting to get the child's medications refilled. The child had to receive two different medications daily in order to ensure his body was able to fight bacteria.

**Determination:** Unfounded

**Date of Determination:** 08/26/2015

**Basis for Determination:**

The 7/7/15 report was unfounded and legally sealed.

**OCFS Review Results:**

The mother said she missed two appointments because of her pregnancy. ACS assessed the mother did not understand the



seriousness of the child's condition. The mother gave birth to a female infant in July 2015. The ACS staff observed the hospital discharge document and noted the newborn's test results were normal. The family had supplies for the newborn and the mother received safe sleep education. The father resided out of New York State.

The Specialist verified the mother took the 4-year-old child to the appointments and filled the prescriptions in July 2015. ACS did not add the 4-year-old child to CONNECTIOS records nor notify the MGF of the existence of the 7/7/15 report.

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

**Issue:**

Adequacy of case recording

**Summary:**

The child had a 7-year-old surviving male half sibling who resided with his custodial parent. ACS added that child to the case and assigned a role of Non-confirmed Maltreated to that child in error. Further, ACS failed to add to the 7/7/15 report the 4-year-old child who was actually listed as the alleged maltreated child.

**Legal Reference:**

18 NYCRR 428.5(c)

**Action:**

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

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

The parents were known to the SCR and ACS as the subjects of two 7/11/10 reports. The allegations of these reports were IF/C/S, IG, and M/FTTH of the 3-month-old male sibling by the parents.

The ACS staff observed and interviewed the parents and other family members on 7/12/10. The parents said they took the sibling to the hospital when they observed he appeared ill. The ACS staff obtained information from the hospital medical staff who said the sibling had medical conditions which had not been previously diagnosed. The sibling received medical care in the hospital and was later pronounced dead on 7/12/10. ACS completed the required safety and risk assessments and found the parents did not have other children in their care.

On 9/2/10, ACS unsubstantiated the allegations of the reports on the basis of lack of credible evidence to state that the parents did not provide the minimum degree of care to the sibling prior to his illness and ultimately his death.

The OCFS issued report number NY-15-107 pertaining to the child who died on 7/12/10, pursuant to section 20(5) of the Social Services Law.

### Known CPS History Outside of NYS

ACS staff interviewed an assigned Florida Child Protective Services (CPS) staff who said the agency received a case regarding the family on 11/7/15. This case was opened because the father had an order of protection against the mother. The staff visited the father's home and observed there were adequate sleeping arrangements including a crib for the sibling.

The CPS staff observed there was sufficient prescribed medication for the 4-year-old child. The staff discussed the children's illness and the father said the mother did not always give the child his medication as prescribed. The father said



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he was unable to provide insurance coverage to meet the child's medical needs. The staff checked the medication levels and also observed the children appeared happy during an 11/24/15 home visit.

## 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: 07/10/2015

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

Date the Child Protective Services case was opened: 07/10/2015

## 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input 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"/>
<b>Explain:</b> Although NAC was aware the 4-year-old child was ill, after the 12/4/15 home visit the agency did not follow up to monitor the child's health status.				

## 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



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

## Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Provider

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

**Additional information, if necessary:**  
 The New Alternatives for Children (NAC) agency provided case management services.

## Required Action(s)

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

Yes  No

**Issue:** Adequacy of Preventive Services casework contacts



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<b>Summary:</b>	There were several NAC casework contacts which were not entered within the required 30-day timeframe.
<b>Legal Reference:</b>	18 NYCRR 423.4(c)(1)(ii)(d)
<b>Action:</b>	ACS must obtain from NAC and submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality and inform NYCRO of the date of the meeting, who attended and what was discussed.
<b>Issue:</b>	Adequacy of case planning
<b>Summary:</b>	On 12/4/15, the mother discussed the child's medical status with the case planner and she said she treated the child with Motrin. However, the case planner did not follow up to monitor the child's progress.
<b>Legal Reference:</b>	423.2(b)(2)
<b>Action:</b>	ACS must obtain from NAC submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Preventive Services History

As a result of the 7/7/15 investigation, ACS found the mother did not follow up with the 4-year-old child's medical needs. ACS noted this child had a serious medical condition and he had an older sibling who was diagnosed with similar illness. This older sibling died in 2010. ACS assessed that the family needed support services to maintain family functioning.

ACS involved the mother in developing a service plan which included: continuing mental health services for the mother, Early Intervention screening for the newborn sibling, education services to address the 4-year-old child's developmental needs, and monitoring the medical needs for the child and sibling. The New Alternatives for Children (NAC) agency was assigned case planning responsibility. The NAC staff completed the quantity of casework contacts to meet the program requirements.

According to the Family Services Progress Notes, the children were seen by a medical specialist for illness in New York on 12/3/15. On 12/4/15, the NAC case planner visited the home and the mother discussed the 4-year-old child's symptoms and she said she gave him Motrin. However, NAC did not follow up with the mother to monitor this child's illness and to determine whether the mother needed medical assistance. The NAC staff did not enter several Family Services Progress Notes within the required 30-day timeframe.

## Casework Contacts

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



## Required Action(s)

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

Yes  No

## Foster Care Placement History

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

## 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