



**Report Identification Number: NY-18-071**

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

**Issue Date: Jan 07, 2019**

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

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

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

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

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

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

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

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



## Abbreviations

| <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    |
| FM-Foster Mother                                  | SS-Surviving Sibling                        | PS-Parent Sub                         |
| CH/CHN-Child/Children                             | OA-Other Adult                              |                                       |
| <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                  |
| CPS-Child Protective Services                     |   |                                       |
| <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-Other                               |                                       |
| <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 | TANF-Temporary Assistance to Needy Families | FC-Foster Care                        |
| MH-Mental Health                                  | ER-Emergency Room                           | COS-Court Ordered Services            |
| OP-Order of Protection                            | RAP-Risk Assessment Profile                 | FASP-Family Assessment Plan           |
| FAR-Family Assessment Response                    | Hx-History                                  | Tx-Treatment                          |
| CAC-Child Advocacy Center                         | PIP-Program Improvement Plan                | yo- year(s) old                       |
| CPR-Cardiopulmonary Resuscitation                 |   |                                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 13 year(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 07/09/2018  
**Initial Date OCFS Notified:** 07/10/2018

## Presenting Information

The 7/10/18 SCR report alleged the SC (age 13 years) died on 7/9/18 due to consequences of a medical condition. The SC had a medical condition, required medicine and was supposed to be examined by the medical specialist every 3 to 4 months. The SM and step-father failed to follow through with the SC's medical appointments. The adults in the home failed to ensure the SC followed her medically recommended diet. The report alleged the SC's death was a result of the parents' failure to follow medical recommendations. The SC's adult siblings, 8-year-old SS, and infant nephew had unknown roles.

## Executive Summary

This 13-year-old SC died on 7/9/18. According to the attending physician there were no physical signs of abuse observed. The ACS case record reflected the SC's cause of death was listed as Diabetic Ketoacidosis and the manner was listed as natural.

On 7/10/18, the SCR registered a report that included the allegations of DOA/Fatality, IG, and LMC of the SC by the SM, SF, and step-father. At the time of the SC's death, there was an open CPS investigation regarding the SC.

ACS findings showed that on 7/1/18, the SC became ill and received care at a medical urgent care center. The attending physician gave the SC medication to treat her symptoms and diagnosed the SC with a stomach virus. The SC went to sleep the night of 7/1/18 and awoke on 7/2/18 complaining of illness. The SM reported that on 7/2/18, the SC stated she was ill. The SM monitored her symptoms at 4:03 P.M. by checking the SC's insulin levels which appeared high; thereafter, the SM administered an insulin shot and gave the SC a meal. The SM checked the SC at 5:00 P.M. and found the SC unresponsive. The SM contacted 911 at 5:13 P.M and awaited EMS arrival; however, the step-father picked the SC up and transported the SC by car to the hospital until he observed an EMS truck. EMS transported the SC to Lincoln Hospital Medical Center. The step-father reported that he received a phone call from the SM notifying him that the SC was unresponsive.

ACS staff interviewed the SC's adult male sibling who said the family was out of the home when the SC became ill; therefore, the SM escorted the SC to an urgent care center at 7:30 P.M. The adult male sibling said the SC was ill the morning of 7/2/18 and became unresponsive in the afternoon. ACS learned from medical professionals that the SC was transferred to Morgan Stanley Children's Hospital on 7/2/18, as her medical condition had deteriorated.

ACS contacted the Morgan Stanley Hospital and learned from medical staff that two brain tests were conducted on the SC, and the staff declared the SC was brain dead on 7/7/18. ACS learned that the SC was prescribed medications for her condition. The medical staff reported contacting the SC's medical specialist and learned that the SC rarely attended her appointments and was often brought in by the SF.

ACS learned that the medical specialist attempted to engage the SF in educational sessions about the SC's medical condition; however, their efforts were unsuccessful. The medical specialist had concerns regarding the SC's compliance with medical appointments and her diet. ACS found that the SC did not meet with the school nurse as needed during the school year.

ACS contacted the SF who was incarcerated on Riker's Island. The SF reported that he had no concerns about the care the



SM provided the SC. The SF said he had knowledge of the SC’s medical condition and was aware that the SC did not maintain a healthy diet.

On 9/28/18, ACS substantiated the allegations of DOA/Fatality, LMC and IG of the SC by the SM and step-father on the basis the SM and stepfather did not follow-up on the SC’s medical care. ACS unsubstantiated the allegations of DOA/Fatality, IG and LMC of the SC by the SF on the basis of no credible evidence. The SF was incarcerated and not able to provide direct care to the SC.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

### Explain:

ACS gathered sufficient information to make a determination for all allegations identified during the 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:

ACS obtained relevant information from the attending physicians, EMS, LE, medical and investigative consultants, SM, SF and step-father.

## Required Actions Related to the Fatality

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

|               |   |
|---------------|---|
| <b>Issue:</b> | 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. |
|---------------|---|



|                         |   |
|-------------------------|---|
| <b>Summary:</b>         | ACS completed the 30-day Fatality Report more than 30 days after the due date. ACS approved the 30-day report on 09/7/18.   |
| <b>Legal Reference:</b> | CPS Program Manual, Chapter 6, K-2  |
| <b>Action:</b>          | ACS must submit a PIP within 45 days that identifies the action the agency will has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed. |
| <b>Issue:</b>           | Timely/Adequate 30-Day Safety Assessment  |
| <b>Summary:</b>         | ACS did not complete a 30-day safety assessment document.   |
| <b>Legal Reference:</b> | CPS Program Manual, Chapter 6, K-2  |
| <b>Action:</b>          | ACS must submit a PIP within 45 days that identifies the action the agency will has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed. |

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 07/09/2018

**Time of Death:** 11:55 AM

**Date of fatal incident, if different than date of death:**

07/02/2018

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

05:00 PM

**County where fatality incident occurred:**

Bronx

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

Yes

**Time of Call:**

05:13 PM

**Did EMS respond to the scene?**

Yes

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

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**At time of incident supervisor was:** Not impaired.

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

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality



| Household                  | Relationship         | Role                | Gender | Age        |
|----------------------------|----------------------|---------------------|--------|------------|
| Deceased Child's Household | Adult Sibling        | No Role             | Female | 19 Year(s) |
| Deceased Child's Household | Adult Sibling        | No Role             | Female | 25 Year(s) |
| Deceased Child's Household | Deceased Child       | Alleged Victim      | Female | 13 Year(s) |
| Deceased Child's Household | Mother               | Alleged Perpetrator | Female | 44 Year(s) |
| Deceased Child's Household | Other Child - nephew | No Role             | Male   | 4 Month(s) |
| Deceased Child's Household | Sibling              | No Role             | Male   | 8 Year(s)  |
| Deceased Child's Household | Stepfather           | Alleged Perpetrator | Male   | 37 Year(s) |
| Other Household 1          | Father               | Alleged Perpetrator | Male   | 43 Year(s) |
| Other Household 2          | Adult Sibling        | No Role             | Male   | 24 Year(s) |

### LDSS Response

ACS interviewed the SS, SM, SF, step-father and medical personnel. ACS observed the SS and SC's nephew and found these children did not have observable marks or bruises. ACS observed the home was tidy and there were no hazardous conditions. The family had a portable crib for the nephew. The neighbors reported there were no concerns regarding the subject family.

The ACS staff interviewed the medical specialist who provided care of the SC. ACS learned that the SC's medication had not been managed well by the SM and step-father. ACS verified that the SC missed several medical appointments.

On 7/10/18, ACS learned from the medical staff that the SC was scheduled to visit the medical specialist every 2-3 months. The medical records reflected the SC's condition was not properly managed for 3-4 months.

On 7/11/18, ACS received information which showed EMS received a call at 5:13 P.M., arrived on scene at 5:20 P.M and left the scene at 5:27 P.M. EMS arrived at the hospital at 5:30 P.M. ACS reviewed the EMS records and learned that the SC's breathing rate was slow, her skin color was normal, and her eyes were sluggish. EMS noted the SC was unconscious. EMS found the SC lying in the back seat of the step-father's car. EMS documented that there were no negative signs of trauma.

On 7/19/18, ACS interviewed the staff assigned to the SC's primary care physician. The staff said there were no concerns regarding the SC and SS's care. ACS verified that a medical specialist provided care to the SC to treat her pre-existing medical condition.

On 7/23/18, ACS obtained a legal consultation with Family Consultation Legal Services (FCLS). The FCLS attorney reviewed the case and determined there was cause of medical neglect of the SC; however, there was no cause of medical neglect for the SS. FCLS directed the CPS team to follow up on additional questions.

On 7/31/18, ACS held an Initial Child Safety Conference (ICSC) and determined the family did not need Family Court intervention. ACS referred the family for mental health bereavement counseling, educational assessment for the minor SS, and parenting skills. ACS requested a PPRS referral for medical preventive services to assist with the needs of the minor SS.

On 8/13/18, ACS conducted a joint home visit with Children's Aid Society Preventive Services. ACS offered the SM a referral for PPRS and she accepted the services. The family was referred to a community based agency for bereavement services. A service referral was made for the SS to assist with the SS's developmental needs.

### 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 investigation conducted by a Multidisciplinary Team (MDT)?**No

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

**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 New York City Region.

**SCR Fatality Report Summary**

| Alleged Victim(s)                       | Alleged Perpetrator(s)                | Allegation(s)           | Allegation Outcome |
|---|---------------------------------------|-------------------------|--------------------|
| 048645 - Deceased Child, Female, 13 Yrs | 048648 - Stepfather, Male, 37 Year(s) | DOA / Fatality          | Substantiated      |
| 048645 - Deceased Child, Female, 13 Yrs | 048650 - Mother, Female, 44 Year(s)   | Lack of Medical Care    | Substantiated      |
| 048645 - Deceased Child, Female, 13 Yrs | 048658 - Father, Male, 43 Year(s)     | Lack of Medical Care    | Unsubstantiated    |
| 048645 - Deceased Child, Female, 13 Yrs | 048648 - Stepfather, Male, 37 Year(s) | Inadequate Guardianship | Substantiated      |
| 048645 - Deceased Child, Female, 13 Yrs | 048658 - Father, Male, 43 Year(s)     | Inadequate Guardianship | Unsubstantiated    |
| 048645 - Deceased Child, Female, 13 Yrs | 048650 - Mother, Female, 44 Year(s)   | Inadequate Guardianship | Substantiated      |
| 048645 - Deceased Child, Female, 13 Yrs | 048650 - Mother, Female, 44 Year(s)   | DOA / Fatality          | Substantiated      |
| 048645 - Deceased Child, Female, 13 Yrs | 048658 - Father, Male, 43 Year(s)     | DOA / Fatality          | Unsubstantiated    |
| 048645 - Deceased Child, Female, 13 Yrs | 048648 - Stepfather, Male, 37 Year(s) | Lack of Medical Care    | Substantiated      |

**CPS Fatality Casework/Investigative Activities**

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>All children observed?</b>                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>When appropriate, children were interviewed?</b>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Alleged subject(s) interviewed face-to-face?</b>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>All 'other persons named' interviewed face-to-face?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Contact with source?</b>                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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

**Fatality Safety Assessment Activities**

|  | Yes                                 | No                                  | N/A                      | Unable to Determine      |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: |                                     |                                     |                          |                          |
| Within 24 hours?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| At 7 days?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days?  | <input 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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

**Explain:**  
 ACS did not submit the safety assessment document that was required within 30 days of notification of the 7/10/18 SCR report.

**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"/> |

**Explain:**  
ACS offered the family preventive services through Children's Aid Society.

**Placement Activities in Response to the Fatality Investigation**

|   | Yes                      | No                                  | N/A                      | Unable to Determine      |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Explain as necessary:**  
There was no removal of the surviving children.

**Legal Activity Related to the Fatality**

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

**Services Provided to the Family in Response to the Fatality**

| Services                   | Provided After Death                | Offered, but Refused     | Offered, Unknown if Used | Not Offered              | Needed but Unavailable   | N/A                                 | CDR Lead to Referral     |
|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Economic support           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements       | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Foster care                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills           | <input checked="" 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"/> |



|   |                          |                          |                          |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Early Intervention</b>                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Alcohol/Substance abuse</b>              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Child Care</b>                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Intensive case management</b>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family or others as safety resources</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                | <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 SS received case management services to support his well being.

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

**Explain:**

The parents and caregivers were referred to a medical preventive program for parenting and bereavement counseling.

## History Prior to the Fatality

### Child Information

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

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

| Date of SCR Report | Alleged Victim(s)                | Alleged Perpetrator(s)     | Allegation(s)           | Allegation Outcome | Compliance Issue(s) |
|--------------------|----------------------------------|----------------------------|-------------------------|--------------------|---------------------|
| 07/03/2018         | Deceased Child, Female, 13 Years | Mother, Female, 44 Years   | Inadequate Guardianship | Substantiated      | No                  |
|                    | Deceased Child, Female, 13 Years | Mother, Female, 44 Years   | Lack of Medical Care    | Substantiated      |                     |
|                    | Deceased Child, Female, 13 Years | Stepfather, Male, 37 Years | Inadequate Guardianship | Substantiated      |                     |
|                    | Deceased Child, Female, 13 Years | Stepfather, Male, 37 Years | Lack of Medical Care    | Substantiated      |                     |



# Child Fatality Report

|                                  |                        |                         |                 |
|----------------------------------|------------------------|-------------------------|-----------------|
| Deceased Child, Female, 13 Years | Father, Male, 43 Years | Inadequate Guardianship | Unsubstantiated |
| Deceased Child, Female, 13 Years | Father, Male, 43 Years | Lack of Medical Care    | Unsubstantiated |

**Report Summary:**

The 7/3/18 report alleged the 13-year-old SC had a medical condition and was prescribed medication. The SC was supposed to be examined by a medical specialist every 3-4 months. The SM, step-father, and SF did not follow through with the appointments. The SC was admitted in the hospital due to a medical condition and was declared brain dead. The SC was on oxygen. There were a series of medical issues that took place over the weekend. It was unknown if the medical issues were the cause of the SC's health condition.

**Report Determination:** Indicated**Date of Determination:** 09/28/2018**Basis for Determination:**

On 9/28/18, ACS substantiated the allegations of IG and LMC of the SC by the SM and step-father on the basis the SM and step-father mismanaged the SC's medical condition. The SM and step-father admitted missing the SC's medical appointments. The SM and step-father did not provide the SC with consistent medical care. ACS unsubstantiated the allegations of IG and LMC of the SC by the SF on the basis of no credible evidence.

**OCFS Review Results:**

ACS made face-to-face contact with the SM and step-father and assessed the SS and SC's nephew, and obtained relevant information from medical professionals, school, and relatives pertaining to the allegations. ACS provided the SM and step-father with notification of the report and notice of indication regarding the determination. ACS completed investigative and medical consultations. ACS completed assessments for all members in the household including the SS and SC's nephew.

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

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

The SM was known to the SCR and ACS as a subject in one report dated 9/27/08. The allegations of the 9/27/08 report were IG and LS of two older SS and SC. ACS unsubstantiated the allegations of the report on 12/8/08. The report was unfounded and closed with no services required.

**Known CPS History Outside of NYS**

There was no CPS History outside of NYS.

**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**

There are no Additional Local District comments.

**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