



Report Identification Number: NY-16-025

Prepared by: New York City Regional Office

Issue Date: 7/6/2016

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
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		

Case Information



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

Jurisdiction: Bronx
Gender: Male

Date of Death: 03/09/2016
Initial Date OCFS Notified: 03/15/2016

Presenting Information

According to OCFS' notification from preventive services agency, Good Shepherd Services (GSS), on 3/9/16 the SC was at home and began experiencing difficulty breathing. He was taken to Montefiore Hospital ER by his father where he was admitted and died the same day. There was no call made to the SCR following the death, and the family had no CPS involvement since 2012. The details of how the child died were unknown at the time of notification.

Executive Summary

On 3/9/16, the 17 y. o. male SC was experiencing breathing difficulties and was taken to the ER at Montefiore Hospital by BF; the SC died at the hospital at 4:34 PM. The SC had a medical condition for which he received treatment. The BF notified Good Shepherd Services (GSS) of the SC's death on 3/15/16; GSS notified OCFS of the SC's death on 3/17/16. The SC's cause of death is listed as Natural Causes; an autopsy was not performed. There was no SCR report or CPS involvement. There were no children or siblings in the home.

Upon learning of the SC's death, the CP conducted a home visit during which flowers and food were given to the BF as an expression of condolences. The BM was present in the home; this was the CP's sole contact with BM.

GSS' CP and supervisor offered condolences and support to the BF; both attended the SC's funeral on 3/24/16.

Post the HV, the CP maintained contact with the BF and offered to refer him for bereavement counseling. When he demurred, the CP inquired what his supports were. The BF indicated he would continue seeing the counselor his son had been involved with for many years; he also had the support of family and friends as well as his church community. The CP confirmed with the service provider/counselor that BF attended a session and was scheduled to continue. The CP asked the BF about his future plans which included down-sizing to a one bedroom apartment and returning to school to obtain his GED. The CP was empathic and assured BF he could reach out to GSS for assistance in the future.

GSS engaged in good casework practice by providing ongoing support to the BF and SC. GSS continued to support the BF post the SC's death. Although GSS general preventive program is not home-based, the CP consistently conducted home visits to alleviate travel burdens on the family. The GSS CP and supervisor made efforts to link the BF to services. The agency maintained contact with the family, completed a Reassessment FASP, then appropriately submitted the case for closure as there were no other children in the home.

Prior to GSS' involvement the family received services from Lutheran Social Services (LSS) Family Treatment & Rehabilitation (FTR) prevention program. LSS advocated on the family's behalf to get the SC enrolled in an appropriate school setting, ensured the child received ongoing therapeutic services that included counseling sessions with the BF, and followed up on needed evaluations and referrals.

Neither GSS nor LSS documented efforts to engage the BM who, according to case documentation, had family court-ordered visitation with the SC and occasionally maintained contact with him. The BM also provided financial



assistance for the SC.

CPS conducted investigations in response to SCR reports and documented casework activities as required. Also, CPS appropriately referred the family to preventive services.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 03/09/2016

Time of Death: 04:34 PM

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? No

Child's activity at time of incident:



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

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

Is the caretaker listed in the Household

Composition? No

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

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	17 Year(s)
Deceased Child's Household	Father	No Role	Male	51 Year(s)
Other Household 1	Mother	No Role	Female	47 Year(s)

LDSS Response

Following notification of the SC's death, GSS' CP conducted a home visit (HV) engaged the BF, provided food and flowers in expression of condolences, and attended the SC's wake and funeral. The CP offered the BF a referral for bereavement counseling and discussed his plans to attend counseling services with the SC's therapist/counselor. The CP followed up with the provider and expressed the agency's availability to provide support to the BF.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

Comments: N/A



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CPS Fatality Casework/Investigative Activities

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

Additional information:

N/A

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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



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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 BF informed the CP he would continue seeing the SC's therapist (with whom he had an established relationship), for supportive/bereavement counseling. Although GSS is not required to provide economic support and funeral arrangements, there was no record GSS inquired of the father if he needed advocacy or other assistance Re same.

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 siblings or children lived in the home.

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

Explain:

The CP maintained phone and in-person contact with the BF and offered him bereavement counseling. The CP and supervisor attended the SC's wake and funeral. The CP engaged the BF regarding his future plans and informed that GSS was available as a resource if needed; the case was appropriately closed as the circumstances no longer met programmatic eligibility criteria for preventive 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? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? N/A
Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

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

5/23/02 SCR report alleged IF/C/S & IG by both parents against the SC. IF/C/S was Unsub for both; IG was Sub. CPS' investigation concluded 7/29/02; Closure reason - Indicated. Open-Court ordered Services. Per CPS, each parent filed for custody of the then 3-yr-old child in family court.

9/11/11 SCR report alleged SA by BM, and LMC, IG, & EdN by BF against the SC. CPS attempted to interview BM unsuccessfully; BF reported the SC had not seen BM in years. CPS found no credible evidence to support the allegations of SA that were Unsub. The SC was non-verbal; was medically cleared and no evidence of abuse was determined. CPS found credible evidence & the allegations against BF were Sub. CPS determined that following the SC's hospital discharge, BF became frustrated and overwhelmed with the process of re-enrolling SC in school and mental health services. The family was referred for PPRS to address SC's needs and support BF's completion of tasks. CPS investigation concluded 11/10/11. Closure reason – Case open, CPS Required.

1/13/12 SCR report alleged EdN by both parents against the SC; CPS found no credible evidence to support the allegations that were Unsub on 3/13/12.

6/21/12 SCR report alleged IG by both parents, & L/B/W by BF against the SC. CPS found no credible evidence to support the allegations that were Unsub; the report was UNF and closed on 8/20/12.

7/30/12 SCR report alleged IG and L/B/W by BF against SC. It was closed 7/31/12 as duplicate.

Known CPS History Outside of NYS

N/A

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: 09/20/2011

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: 09/20/2011



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

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

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? Reassessment FASP due date was 4/24/16. It was approved on 4/28/16; Overdue 4 days.				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: Lutheran Social Services (LSS) Family Treatment & Rehabilitation (FTR) preventive program was assigned Case Planner (CP) for this case family from 10/27/11 to 10/19/13. CP role was then transferred to Good Shepherd Services (GSS) General Preventive (GP) program on 10/9/13, and retained to date of case closure.				

Required Action(s)



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

Yes No

Issue:	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
Summary:	BM had visitation with the SC & provided financial support; she occasionally visited with the SC. BM was not identified as Secondary Caretaker in CONNECTIONS. Neither LSS nor GSS attempted to engage the BM during the services period.
Legal Reference:	432.1 (o)
Action:	ACS must submit a corrective action plan to OCFS within 45 days regarding its actions to address the identified issue. It must include LSS' & GSS' policies regarding engagement with parents who do not live in the home but have contact with their children. LSS & GSS must meet with program staff and inform OCFS of the date of the meeting, who attended, what was discussed, and the action plan.

Preventive Services History

On 9/20/11, CPS referred the family to Lutheran Social Services (LSS) FTR preventive program. Services requested were evaluation of the SC, casework counseling, medical assessment, and educational planning. LSS worked with the family from 9/20/11 to 8/3/13. LSS never attempted to engage the BM. LSS assisted the family with evaluations, and diligently advocated with the NYC Dept. of Education to obtain an appropriate school for the SC.

At time of the 1/13/12 SCR report, the LSS CP contacted CPS and informed of BF's and LSS' casework activities. Collaboration occurred with CPS and ACS' Education Advocate Unit. LSS referred the family to OPWDD, AHRC, and YAI, worked to secure Home Attendant services for the SC, and referred BF to the ACS Housing Help Line to assist with rent arrears & the Housing Subsidy. LSS discussed case transfer with the family at length as it was assessed less intensive services were appropriate; the case was transferred to Good Shepherd Services (GSS) for monitoring & housing subsidy.

GSS' CP immediately engaged the BF by inquiring about what goals were attained and needed work going forward. Collateral contacts occurred with service providers and the SCs school. The CP appropriately conducted home visits and assisted with securing Medicaid waiver for the SC. There were no children in the home after the SC died; GSS closed the case on 5/11/16.

Required Action(s)

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

Yes No

Foster Care Placement History

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

Legal History Within Three Years Prior to the Fatality



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

Additional Local District Comments

N/A

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No