

Report Identification Number: NY-14-093

Prepared by: New York City Regional Office

Issue Date: 2/4/2015

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

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

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

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

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

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

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

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

NYS Office of Children and Family Services - Child Fatality Report

Abbreviations

<p>Relationships BM = Biological Mother OC = Other Child MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother BF = Biological Father FM = Foster Mother MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child SF = Surviving Father FF = Foster father DCP = Day Care Provider</p>
<p>Contacts LE = Law Enforcement EMS = Emergency Medical Services DC = Day Care</p>	<p>CW = Caseworker Dr = Doctor CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner ME = Medical Examier FD = Fire Department</p>
<p>Allegations L/B/W = Lacerations/Bruises /Welts B/S = Burns / Scalding PD/AM = Parent's Drug Alcohol Misuse M/FTTH= Malnutrition/Failure-to-Thrive LS = Lack of Supervision OTH/COI = Other</p>	<p>FX = Fractures S/D/S = Swelling/Dislocation /Sprains CD/A = Child's Drug/Alcohol Use P/Nx = Poisoning/ Noxious Substance IF/C/S = Inadequate Food/Clothing /Shelter Ab = Abandonment</p>	<p>II = Internal Injuries C/T/S = Choking/Twisting /Shaking MN = Medical Neglect XCP = Excessive Corporal Punishment IG = Inadequate Guardianship SO = Sex Offender</p>
<p>Miscellaneous LDSS = Local Department of Social Service</p>	<p>IND = Indicated ACS = Administration for Children's Services</p>	<p>UNF = Unfounded NYPD = New York City Police Department</p>

Case Information

Report Type: Child Deceased
Age: 14 year(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 08/04/2014
Initial Date OCFS Notified: 08/06/2014

Presenting Information

On 8/6/2014, the New York State Office of Children and Family Services, New York City Regional Office received notification via the OCFS-7065 from foster care agency Graham Windham. The agency reported that according to birth mother, the subject child was rushed to Staten Island Hospital on 8/3/2014 because she was not feeling well. She was transported to New York Presbyterian Hospital for additional treatment. On 8/4/2014, she was rushed into surgery at 2:00 a.m. and again at 11:00 a.m. At approximately 12:03 p.m. the agency case planner received a telephone call from birth mother that subject child was in critical condition and was in surgery. Her prognosis was grave. At 3:30 p.m., the subject child had to be resuscitated and received a blood transfusion. Her condition was dire at that time. At 4:08 p.m. the doctors reported that subject child condition had worsened. On 8/4/2014, at about 6:55 p.m., she was removed from the ventilator and pronounced dead at 7:00 p.m.

Executive Summary

This fatality report concerns the death of a 14 year old female that occurred on 8/4/2014. The death certificate, signed on 8/8/2014 indicated the child died of natural causes. At the time of the child's death, there was an open foster care services case with the Local District Social Services, Administration for Children Services. The case was opened in December 2011, following a CPS investigation concerning birth mother's drug misuse and inadequate guardianship. Birth mother tested positive for drug use. She also admitted that she had not been taking her prescribed psychotropic medication. Birth mother agreed to enter a 28-day inpatient MICA program. The subject child was subsequently placed in care. On 6/17/2014, in Manhattan Family Court, it was ordered that the subject child be trial discharged to birth mother's care.

On 8/6/2014, the New York State Office of Children and Family Services, New York City Regional Office received notification from the agency Graham Windham, informing of child's death. There was no report made nor was any arrest related to the fatality. There were no subsequent investigations conducted. The subject child had no surviving siblings, nor were there any other children in the home with birth mother.

From child's initial placement into foster care until her death, birth mother was informed of subject child's medical condition and the prescribed medications. During subject child's trial discharge, the progress notes did not indicate that there was a process in place to monitor the administering of child's prescribed medications and that birth mother was aware of all the subject child's medical appointments. The medical notes indicate that the subject child had severe abdominal pain and nausea for one day, prior to coming to the emergency room on 8/3/2014. When she was brought to the hospital, her blood glucose level was high, and so was the Amylase and Lipase level. It was further noted that the subject child was not compliant with her medical regimen at home. Birth mother had indicated that the subject child was not taking her prescribed medications regularly.

NYCRO gathered the information for this report from Connections, agency records, hospital records and the death certificate.

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? 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? Unable to Determine

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.

Required Actions Related to the Fatality

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

Issue:	Adequacy of monitoring child/family while in foster care
Summary:	The progress notes continuously indicated that the subject child did not like to self-administer the prescribed medication. Birth mother acknowledged to health professionals that child had not been taking her medication regularly.
Legal Reference:	18 NYCRR 441.21
Action:	The agency must document a plan for monitoring the child's prescribed medication. The subject child had been hospitalized on two separate occasions for high blood sugar levels. The agency must document a follow-up treatment plan to address the child's medical care and regimen. The progress notes must be clear on the monitoring of the child's medical plan.
Issue:	Adequacy of Medical care of child
Summary:	Subject child was trial discharged to birth mother; however, the progress notes did not include case planner discussion with mother during home visits regarding the child's medical intake and the specific dietary instructions given by the hospital.
Legal Reference:	18 NYCRR 441.22
Action:	The agency must strengthen its practice for monitoring a child's hospital discharge summaries and medical instructions to address compliance with specific medication regimen and dietary instructions. This process may include collaboration with medical and community providers. During the discharge period, case planners must continuously review and discuss with the family , their adherence.

Fatality-Related Information and Investigative Activities

NYS Office of Children and Family Services - Child Fatality Report

Incident Information

Date of Death: 08/04/2014

Time of Death: 06:56 PM

County where fatality incident occurred: MANHATTAN

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:

- | | | |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input checked="" type="checkbox"/> Unknown |
| <input type="checkbox"/> 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: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	14 Year(s)
Deceased Child's Household	Mother	No Role	Female	51 Year(s)

LDSS Response

There was no additional information received regarding this fatality.

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

NYS Office of Children and Family Services - Child Fatality Report

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

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"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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

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

NYS Office of Children and Family Services - Child Fatality Report

Economic support	<input checked="" type="checkbox"/>	<input 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 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:
 Following the subject child's death, the agency therapist met with birth mother and provided bereavement counseling. The agency also provided monies to cover the funeral cost. Agency staff provided emotional support. Several staff attended the funeral and maintained contact with birth mother.

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

Explain:
 At the time of death, the subject child had been trial discharged to birth mother's care. There were no siblings residing 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 subject child had been on trial discharge to birth mother's care. The agency had been making visits to the home.

History Prior to the Fatality

Child Information

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

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

On 10/8/2006, a report was received by the State Central Register of allegations of Educational Neglect and drug misuse. The allegations were subsequently substantiated.

On 9/25/2009, a report was received by the State Central Register of Inadequate Guardianship and drug misuse. The allegations were substantiated. Subsequent to the investigation in 2009, the child was paroled to the maternal uncle in January 2010 and then to mother in April 2010.

On 1/6/2011, a report was received by the State Central Register of allegations that birth mother was abusing drugs while child is in her care. The allegations were substantiated for Inadequate Guardianship, and Parent Drug/Alcohol Misuse. In April 2011, the family was referred for preventive services.

On 12/2/2011, a report was received that birth mother was abusing drugs daily. The child's immediate needs were not being met. The subsequent investigation revealed that birth mother tested positive for drug use. The allegations were substantiated for Inadequate Guardianship, and Parent Drug/Alcohol Misuse. The subject child was subsequently placed in foster care.

On 6/25/2012, a report was made to the State Central Register alleging foster parent with Inadequate Guardianship and Lack of Medical Care. On 8/9/2012, the determination was unsubstantiated. The foster care agency Graham Windham had not informed the foster parent of all of subject child's medical appointments.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
--	------------	-----------	------------	----------------------------

NYS Office of Children and Family Services - Child Fatality Report

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"/>

Required Action(s)

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

Yes No

Preventive Services History

The family has had several referrals for preventive services. From 2006 to 2008, the family was receiving preventive services through Harlem Children's Zone. During that time, birth mother was involved in drug treatment and relapse prevention. From April 2011 to February 2012, the family received preventive services with New York Foundling. The services in place were family counseling, individual counseling and mother to participate in ongoing drug testing and her prescribed psychotropic medication. The subject child also received in home counseling to address her mother's medical and mental illness. On 12/26/2011, birth mother tested positive for crack cocaine. The subject child was placed in care, after mother was placed in an in-patient drug treatment program. Preventive services was subsequently closed after child's placement into foster care.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 12/07/2012

Date of placement with most recent caregiver? 06/26/2014

How did the child(ren) enter placement? Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

NYS Office of Children and Family Services - Child Fatality Report

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent Service Plan Review consistent with case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NYS Office of Children and Family Services - Child Fatality Report

Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 10/11/2013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 10/01/2013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 10/02/2013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 While placed in care, there were continued concerns that the subject child would often not take her prescribed medication. In one instance, she was hospitalized because her blood sugar was determined to be critically high. During the trial discharge period, there was no indication that there was followup by the agency regarding medication intake

Required Action(s)

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

Yes No

Issue:	Adequacy of monitoring child/family while in foster care
Summary:	The progress notes continuously indicated that the subject child did not like to self administer the prescribed medication. Birth mother acknowledged to health professionals that child had not been taking her medication regularly.
Legal Reference:	18 NYCRR 441.21
Action:	The agency should document a plan for monitoring the administering of child's prescribed medication. The subject child had been hospitalized on two separate occasions for high blood sugar level. The agency must document follow-up treatment plan to address child's medical care and regimen. The progress notes must be clear on monitoring of child's medical plan.

Issue:	Adequacy of Medical care of child
Summary:	Subject child was trial discharged to birth mother. The progress notes did not include case planner discussion with mother at each home visit regarding child medication intake and the specific dietary instructions given by the hospital.
Legal Reference:	18 NYCRR 441.22
Action:	The agency must develop a process for monitoring a child's hospital discharge summaries and medical instructions to address compliance with specific medication regimen and dietary instructions. This process may include collaboration with medical and community providers. During the discharge period, Case planners must continuously review and discuss with the family, their adherence.

Foster Care Placement History

On 12/7/2011, the subject child was returned to care and placed in a non-kinship home on an Article 10 neglect petition,

NYS Office of Children and Family Services - Child Fatality Report

after birth mother tested positive for drug use. The progress notes and service plan indicate that the subject child had been previously diagnosed with a medical condition which required regular follow-up with her medical appointment, her blood sugar level be regularly monitored and controlled by insulin. A report was made to the State Central Register alleging foster parent with Inadequate Guardianship and Lack of Medical Care. The foster care agency Graham Windham did not inform the foster parent of all of subject's child's medical appointments.

During a routine medical appointment, the subject child's blood sugar level was high. There was no indication of a plan to monitor the administering of child's medication or a follow up discussion regarding eating patterns and monitoring of child's medication.

During her placement she had been hospitalized on two separate occasions. She was hospitalized from 11/6 to 12/5/2013. She was again hospitalized on 3/12/2014, until 3/23. Her hospital discharge instructions indicated specific medication regimen and dietary instructions. The progress notes did not indicate that the hospital discharge instructions were discussed and appropriately follow-up.

Legal History Within Three Years Prior to the Fatality

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

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
12/08/2011	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	011741 Mother Female 51 Yrs	
Comments:	On 5/17/2012, an Order of Disposition was granted in Manhattan Family Court. The court ordered that the subject child be placed in the custody of the Commissioner of Social Services. The court ordered that the respondent mother comply with drug treatment, mental health referrals, parenting skills , and negative drug screening. the court further ordered that respondent mother attend all visits with child.	

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