



**State of Florida
Department of Children and Families**

Charlie Crist
Governor

George H. Sheldon
Secretary

Jack L. Moss
Regional Director

Issue Summary Update

Date: May 20, 2009

To: Jack L. Moss
Southeast Regional Director

From: Kimberly G. Welles
Southeast Region Family Safety Program Manager

Subject: Gabriel Myers DOB: 01/30/2002 DOD: 04/16/2009

- I. Circumstances Surrounding the Review:** On April 16, 2009, the Broward Sheriff's Office, Child Protective Investigations Division, received a report through the Florida Abuse Hotline (2009-064046) stating: "Gabriel suffered from ADHD [Attention Deficit and Hyperactivity Disorder], mood disorder and possibly depression. Gabriel is prescribed medication however it is unknown if he took his medication today. On 04/16/09, Gabriel used the extendable shower-head to hang himself in the bathroom. Gabriel had missed a couple of days from school because he was sick. Gabriel was being cared for by his adult foster brother, Miguel while the mother was at work. Gabriel became upset when Miguel prepared soup for lunch and Gabriel did not want it. Gabriel threw the soup in the garbage and went to his room where he began throwing his toys. Gabriel told Miguel that he was going to go to the bathroom and kill himself. Miguel called his mother and informed her of what Gabriel said about killing himself. When Miguel was able to get into the bathroom, Gabriel was found unresponsive and law enforcement was contacted."

At the time of his death, Gabriel had been adjudicated dependent and was in a licensed foster care placement, under the supervision of ChildNet, the Community Based Care provider in Broward County. As a result, Department of Children and Families Secretary George Sheldon ordered a thorough review of the case record. Department of Children and Families Quality Assurance and ChildNet Continuous Quality Improvement staff completed the review.

Southeast Region
1400 West Commercial Boulevard, Second Floor, Fort Lauderdale, Florida 33309

II. Methodology

The initial review was commenced April 17, 2009 and concluded April 24, 2009. The review included examination of documentation in the electronic case file related to the three prior Florida Child Protective Investigations, numerous reports and service records provided by ChildNet, Chrysalis, KIDS IN DISTRESS (KID), Child Protection Team (CPT), and Compass Mental Health Center. **The Child Resource Record (CRR) containing Gabriel's medical/medication information had been secured by law enforcement and was not available for the initial review. Portions of the CRR were released to the protective investigator the week of May 11.** The Broward County Schools refused to release records related to the child. The Medical Examiner's final report is not complete due to pending toxicology results. Based on information contained in the records there were indicators of a prior abuse report in Ohio. Either the Broward Sheriff's Office or ChildNet had not obtained those records prior to Gabriel's death. They have since been obtained. **Interviews were not conducted as part of this review based on the direction of law enforcement.** At the time of this update, Margate Police detectives have indicated they will be consulting with the Broward County State Attorney's Office regarding the criminal investigation.

III. Participants

The case participants, child protective staff and law enforcement are listed below.

Family Members

Name	Role	DOB
Gabriel Myers	Deceased Victim	1/30/2002
Candace Myers	Mother to Gabriel Myers	6/20/1971
Rocky Newman	Father to Gabriel Myers	5/05/1974
Johnathon Myers	Maternal Uncle to Gabriel Myers	6/01/1958
Elizabeth Myers	Wife of Johnathon Myers	2/25/1959
David Myers	Maternal Grandfather to Gabriel	72 years old, DOB To Be Determined (TBD)
Dorothy Myers	Maternal Grandmother to Gabriel	72 years old, DOB TBD
Judy Newman	Paternal Grandmother to Gabriel	TBD
Melissa Skaggs	Paternal Aunt to Gabriel	2/12/1967
Mary Barber	Maternal Aunt to Gabriel	TBD
Robert Barber	Maternal Uncle to Gabriel	TBD
Bria Shelpman	Paternal Aunt to Gabriel	6/15/1978

Foster Parents

John Michael McGuigan	Foster Parent
Daver Gould	Respite Foster Parent
Michael Gould	Respite Foster Parent
Krystal Gould	Adult daughter of Respite Foster Parent
Miguel Gould	Adult son of Respite Foster Parent
KG	Adopted Son of Respite Foster Parent
WL	Another foster child in the home

Childnet, Inc.

Lawrence Chusid	Child Advocate (Case Worker/case manager)
Barbara Prachniak	Child Advocate (Case Worker/case manager)
Claudia Ponton	Child Advocate Supervisor/case management supervisor
Sarah Weinstein	Child Advocate Supervisor/case management supervisor
Joy Goldston	Unit Staff Assistant
Silvia Smith-Torres	Vice President of Client Services
Onzalo Haynes	Assistant Site Director, SafePlace
Mari Middleton	Assistant Site Director, North Service Center
Shirley Battle	Intake Placement Advocate
Neiko Shea	Director of Service Coordination
Gayle McTighe	Senior Behavioral Health Services Specialist
Dr. Scott Rosiere	Behavioral Health Services Specialist
Patsy Williams	Medical Coordinator

Providers

Tiffany Dooghe	Kids in Distress
Carmen Hiraldo	Kids in Distress
Quina Munson, Psy.D.	Licensed Psychologist
Andy Robbins	Child Protection Team Case Coordinator
Pamela Munger, APRN, BC	Child Protection Team Examiner
Donnette Figueroa, LMHC	Comprehensive Assessment Specialist
Craig Handwerker, LMHC	Sheridan House Therapist
Dr. Punjwani	Treating Psychiatrist
Dr. Variath	Ohio prescribing doctor
Dominikia Gasior, MS	Chrysalis Therapist
Lynne Lacey, LMHC, MPS	Chrysalis Therapist
Sasha Mizarchi, MS	Camelot Community Care Therapeutic Assessor
Juan Carlos Million, MD	World Wide Pediatrics, LLC
Rafael Gosalbez	Urologist

Timothy Chen	Dentist
Ms. Naeger	Teacher

Guardian Ad Litem Program

Stephanie Magula	Guardian Ad Litem (7/18/08-10/14/08)
Shaun Bamforth	Guardian Ad Litem (10/28/08-case closure)

Broward Sheriff's Office, Child Protective Investigations

Emily Halaby	Child Protective Investigator
Earline Gilbert-Gordon	Child Protective Investigator

Law Enforcement

Officer Williams	Margate Police Department
Officer Donahue	Margate Police Department
Detective Suarez	Margate Police Department

IV. Medications

As previously mentioned, the Child Resource Record (CRR) containing medical information, including medications, was secured by law enforcement. Based on the information gleaned from the documentation available for review, a timeline of prescribed medications is provided below.

June 29, 2008, Adderall

July 31, 2008, Adderall discontinued

August 21, 2008, Dr. Punjwani noted medication was not indicated at that time

December 09, 2008, Vyvanse for ADHD prescribed

February 03, 2009, Vyvanse continued and Lexapro prescribed

March 18, 2009, Vyvanse continued, Lexapro discontinued, Symbyax prescribed

V. Prior Florida Abuse/Neglect Reports

2008-425838, received June 29, 2008, alleging, "Mom was found to have an extensive amount of xanax and several other pills and unmarked containers with pills. Mom appears to be under the influence. She is in and out and dozing off. Mom is being arrested for a warrant out of Ohio for violation of probation. Mom has her 6-year-old son Gabriel with her. He had been taken inside the restaurant and mom didn't have a clue that he wasn't in the car with her."

An additional sequence to report 2008-425838 was received the same date stating: "On 06/29/08, additional information was received. On going, Gabriel

was sexually abused. Details about when the sexual abuse occurred and how Gabriel was sexually abused are not known at this time.”

The Broward Sheriff’s Office Child Protective Investigations Division investigated these allegations and the maltreatments of Substance Misuse and Threatened Harm were determined to have Verified findings and the Sexual Abuse maltreatment No Indicators.

This report resulted in Gabriel’s Adjudication of Dependency on September 2, 2008 and placement in out-of-home care.

2008-491682, received October 10, 2008, stated, “The victim suffers from unspecified behavioral problems. Since August, the victim has been molesting other children at school. He has been kissing them ‘anywhere he can’ and touching them on their vagina and ‘behinds’ with his hand. It is unknown if this was done under or on top of the clothes. There was no known penetration by the victim into any orifice. During this time, the victim has also kissed another boy. It is unknown where he kissed the boy. While living in Ohio, the victim was molested by another 12-year-old boy while the victim was holding the 12-year-old at knife point. There is concern for the victim due to him acting out in this manner.”

An additional investigation call on this abuse report was received on October 15, 2008 stating: “The child was residing with his maternal uncle since being removed from his home. The uncle has ‘paddled’ the child on his bottom recently. The child has sustained 3 bruises on his backside that are in various stages of healing. The child recently had a physical and the bruises were not noted by the doctor.”

The Broward Sheriff’s Office Child Protective Investigations Division investigated these allegations. The Physical Injury maltreatment was determined to have Some Indicators and the Sexual Abuse maltreatment No Indicators.

2008-492506, received on October 13, 2008, stated, “Gabriel has been kissing and rubbing on girls at school. He has been feeling between their legs, touching their rears and hugging them. He has done this over a period of time.”

The Broward Sheriff’s Office Child Protective Investigations Division assessed this Special Conditions Report (Child-on-Child Sexual Abuse). The ChildNet

Child Advocate (case manager) had a psychosexual assessment completed and sexual specific counseling was recommended. Counseling began December 11, 2008.

VI. Medical, Mental Health and Well-Being Assessments

June 29, 2008 Therapeutic Intervention Emergency Services (TIES) assessment: recommended Individualized Educational Plan (IEP) staffing; notes no present or historical suicidal indicators reported or observed or risk of violence to others; and, documented child reported he had been inappropriately touched under his bathing suit in a way that made him uncomfortable more than once. Due to the disclosure of sexual abuse, an additional report was added to the existing abuse report 2008-425838) and a Child Protection Team (CPT) evaluation was arranged. ChildNet placed a D Alert identifying Gabriel as the victim of sexual abuse and in need of specialized therapeutic and placement services. The TIES assessment reflected a diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD).

June 30, 2008, Child Protection Team assessment was completed. The medical examination found non-specific bruising to arms, legs and torso. The examiner was unable to determine physical abuse. In his forensic interview, Gabriel denied being inappropriately touched on any part of his body by anyone.

July 01, 2008, Child Health Check Up (EPSDT): Gabriel referred to ophthalmologist, cardiologist and psychiatrist.

August 04, 2008, the Comprehensive Behavioral Health Assessment resulted in numerous recommendations.

- Gabriel currently to remain in relative care with his maternal uncle and wife
- Gabriel to receive an updated psychiatric evaluation and follow all recommendations
- Gabriel to continue individual counseling
- Gabriel to continue tutoring to improve his reading skills
- A meeting should take place with the child's current caretakers, guidance counselor, therapist, and ChildNet Child Advocate to address how his academic needs could be better met
- Gabriel to receive a dental evaluation
- Gabriel's pediatrician should be consulted regarding his on-going nocturnal enuresis
- Gabriel to have supervised telephone contact with his mother if he is interested
- Gabriel to have supervised face-to-face contact with his father once he is released and granted supervised telephone contact

- Gabriel to have supervised contact with both maternal and paternal grandparents and his paternal aunt
- A Guardian ad Litem (GAL) appointed
- A Big Brother/Mentor assigned
- Gabriel to participate in extracurricular activities
- Gabriel to be referred to a fire setting prevention/intervention program and visit the Florida State Fire College Kids Site at fldfs.com
- Johnathon and Elizabeth Myers, current caretakers, appeared to be in need of education regarding child dependency issues
- Johnathon and Elizabeth Myers would benefit from attending family counseling with Gabriel
- Johnathon and Elizabeth Myers would benefit from attending parenting class geared towards raising children with emotional and behavioral problems
- ChildNet, Inc. should request records from child protective services in the State of Ohio

August 21, 2008, Psychiatric assessment completed by Dr. Punjwani: Diagnosis, by history, Attention Deficit and Hyperactivity Disorder and Impulse Control Disorder. Dr. Punjwani documented none for suicidal ideation in the mental status exam. He also supported the child remaining off the Adderall with a three-month follow-up appointment. Global Assessment of Functioning (GAF) score was rated at 56.

September 16, 2008, the case manager received a letter from Dr. Juan Carlos Million, Worldwide Pediatrics, documenting he found no heart murmur as previously stated; ophthalmologic exam was unremarkable with 20/20 vision on both eyes. Dr. Million determined there was no need for further follow-up with pediatric cardiologist or ophthalmologist.

October 14, 2008, Gabriel received a Child Health Check with pediatrician Dr. Lawrence Garter and was rated "normal" on his physical exam. There were no follow-up recommendations. This examination was completed when Gabriel was removed from the care of his uncle and aunt and replaced in licensed care.

October 16, 2008, Child Protection Team assessment was completed in response to abuse report 2008-491682 and it is documented: "Gabriel denied any suicidal thoughts or attempts. He said sometimes he has 'thoughts of killing other people,' however he stated he did not have a plan and there was not a person he had thought of killing." The Child Protection Team report indicated "medical assessment supports the allegation of abuse/neglect."

October 28, 2008, Quina Munson, Psy.D., completed a psychosexual assessment of Gabriel and recommended: he remain in his current residential placement (McGuigan foster home) because behavioral difficulties had decreased; it was imperative the foster parent receive extensive education specific to parenting children with sexual reactive behaviors; Gabriel required specialized therapeutic intervention to curtail any sexual acting out behaviors; he should attend individual therapy with a therapist who had experience treating children with sexual reactivity; a safety plan, specifying supervision of the child, should continue to be implemented within the current placement; Gabriel's compliance with treatment, supervision guidelines and other requirements should be frequently monitored; and, ChildNet should receive frequent reports on his progress.

November 14, 2008, Dental evaluation completed and follow-up appointment set for 11/17/08.

November 25, 2008, Gabriel attended scheduled medical appointment with the Urologist. No results were documented in case record. Also on this date, a Multi-Disciplinary Assessment Team (MAT) staffing was held and recommended: Gabriel receive sexual specific treatment and follow the recommendations of the psychosexual evaluation.

December 9, 2008, Dr. Punjwani completed 3-month follow-up assessment: GAF 54, notes behavioral concerns, no psychosis, no suicidal/homicidal ideation, Vyvanse prescribed with follow-up in 4 weeks.

January 6, 2009, Follow-up assessment with Dr. Punjwani: no psychosis, no suicidal/homicidal ideation, GAF 56 Vyvanse continued. A GAF score of 56 is defined as moderate symptoms or any moderate difficulty in social, occupational or school functioning.

February 3, 2009, Follow-up assessment with Dr. Punjwani who noted Gabriel was obsessing; twirling hair; having crying fits and foster parent reported medication was wearing off by early evening. Gabriel's mood was documented as euthymic, affect bright/full/ psychosis none, suicidal/homicidal ideation none. Dr. Punjwani continued Vyvanse and added Lexapro.

March 3, 2009, Follow-up assessment with Dr. Punjwani: negative behaviors escalating; no psychosis, no suicidal/homicidal ideation. Vyvanse and Lexapro were continued.

March 17, 2009, Henderson Mental Health Youth Emergency Services Team (Y.E.S.) responded to foster home, after a call was received from the foster father, because Gabriel was exhibiting destructive behavior. The assessor diagnosed Gabriel with a mood disorder and indicated no current suicidal/homicidal thoughts or plans and no visual or auditory hallucinations.

March 18, 2009, Appointment with Dr. Punjwani found no psychosis or suicidal/homicidal ideation. Dr. Punjwani continued the Vyvanse; discontinued Gabriel's Lexapro and prescribed Symbyax.

March 25, 2009, Family Services Planning Team (FSPT): recommended Enhanced Foster Home and sexual specific therapy. The committee did not recommend residential placement.

March 26, 2009, Gabriel is assessed during an individual therapy session at his new foster home (Gould). Caregiver stated child was adjusting well but child indicated he missed his prior foster parent, would like to return to that home or for the foster parent to visit more often.

March 31, 2009, File documents as assessment with Dr. Punjwani for possible change in medication. Assessment notes indicate no psychosis and no suicidal/homicidal ideation and the Vyvanse and Symbyax are continued.

April 2, 2009, his therapist as part of his regular session assessed Gabriel. The therapist documents "It is clear this child is overwhelmed with change and possible re-experiencing trauma." Also in the notes was a statement the child was not ready to discuss the loss of his last foster family or his adjustment to his new family. It was documented he was emotionally fragile, very needy for attention and under great stress. "The most stable relationship in his life at this time appears to be with his teacher. Many caregivers (foster parents/therapist/aftercare/foster siblings) have all just changed. He is having nightmares and problems falling asleep thinking of his mother in jail."

April 08, 2009, the therapist assessed Gabriel at his aftercare program. He was described in the notes as "sullen and sad. His affect was congruent." During this meeting Gabriel admitted he had anger problems and it is documented he stated he "has no friends in school." The therapist note states, "he continues to have poor insight. Client needs very close monitoring. He is at risk of losing his aftercare program because of his behavior problems. His defenses are very strong."

April 15, 2009, Therapist assessed Gabriel during a crisis meeting at school. Notes indicate, "Client had second episode yesterday where he destroyed property, was non-responsive to verbal intervention and had to be restrained. School states he will be suspended without intervention. Therapist and principal brainstormed ideas to assure client could avoid suspension. Client does not appear to meet Baker Act requirements but would be at severe risk for further deterioration if suspended. ESE [Exceptional Student Education] team strongly feels client needs to be considered for EH [Emotionally Handicapped] school placement as does this therapist. Guardian [case manager] and foster parent to be contacted by school and this therapist to consider such a proposal. Therapist to contact both parties about client's need for a medication management session with psychiatrist."

Immediately afterwards, the therapist met with Gabriel for therapeutic intervention. The therapist documented in a second progress note: "Client was in cafeteria . . . He was alone at table with head down seen vomiting fluid . . . he responded to his name being called. He identified therapist by name and grabbed her hand . . . stating 'My tummy hurts. I want to go home.' Client appeared lethargic but was oriented to person, place time and situation. His speech was soft but clear. His thoughts were goal directed and there was no evidence or [of] hallucinations or delusions. Client followed first prompt to go to medical clinic . . . He was asked to direct the way and did so without any confusion . . . [when asked] if anything else was hurting his body and he stated no. He was asked if he felt like hurting himself or his body and stated. No." Therapist was able to engage child in discussion regarding his coping skills and their application. Therapist further notes, "client's level of disruptive behavior in the last month has been escalating since his last placement change. Despite high level of involvement and observed level of structure and observed attention and care client is given in new foster family, his adjustment is poor . . . School, Child Find [ChildNet], this therapist have taken steps to alleviate client's stress load" which are further delineated in the report. Specifically, "therapist contacted Guardian [case manager] and foster parent alerting them for need to refer client for psychiatric/medication management update." Therapist concluded progress note stating, "Client was given brief mental status today and he demonstrates no active psychotic features or suicidal/homicidal ideation or plan."

Afterwards, the therapist followed up with further contact with the Child Advocate [ChildNet case manager], and the foster father. In this clinical progress note, the therapist stated, "Therapist spoke with Child Find [believed to mean ChildNet] Guardian [case manager] and foster father by phone regarding session with client at school and meeting with school staff (principal, school psychologist, social worker, ESE [Exceptional Student Education] coordinator and guidance counselor). Therapist discussed with both parties schools desire to consider client for emotionally handicapped placement. Guardian was asked to have client seen by his psychiatrist with Compass Health for medication management

session. His acting out behaviors are becoming more severe and includes destruction of property and the need to restrain him. Therapist stated if appt. should be considered urgent as client was not at risk of school suspension and expulsion from aftercare program . . . Child Find [ChildNet] guardian [case manager] [notified] that client was deteriorating (swearing, destroying school property without being able to be redirected, fights at aftercare with other child and need to be restrained, need for restraint at school.)” and indicated intervention was necessary to maintain this level of care. Gabriel “has not to date met Florida’s Baker Act requirements. Client to date has not presented as suicidal or homicidal when assessed at school. He does meet requirements to be picked up by a guardian and taken home for day. No one is available to come get child which is further exacerbating client’s abandonment issues. Foster father stated he has a job in Miami and cannot come and take care of client during day.” Therapist states urgent need for EH (Emotionally Handicapped) school placement and medication management and “encouraged both parties participation with such a plan within coming week. Both parties agreed.” An overview of Gabriel’s recent sessions was given and she [therapist] notes over the “last few weeks has consistently shown him to be fully oriented to person, place, time, and situation . . . His guardian and foster parent report to therapist no record of self harm behaviors or suicidal threat. This therapist reports client never speaks of self harm or hurts himself but does make threats when angry of hurting others . . . there are no reports of him making threats to his person.” Therapist provided Gabriel reinforcements for his positive behaviors that morning and stated to “guardian and foster parent although child not feeling well he engaged with therapist and principal and expressed excitement for next session.”

VII. Findings

Gabriel Myers was removed from his mother’s custody on June 29, 2008. He was taking Adderall for Attention Deficit and Hyperactivity Disorder (ADHA) when he came into care. This medication continued until he was placed with his uncle and aunt at which time they discontinued the medication. Support for this decision was later obtained from Dr. Punjwani who is a Double Board Certified Child and Adolescent Psychiatrist.

During the ten months, Gabriel was in care he received sixteen assessments addressing his mental health, five medical/dental assessments and three specialty assessments addressing physical and/or sexual abuse. In addition, beginning December 11, 2008, Gabriel began receiving in-home and in-school therapy at least weekly and sometimes twice each week. Through each of these critical junctures, the various professionals indicated there was no psychosis or suicidal/homicidal ideation but his negative behaviors continued to fluctuate. It was not until March 2009, when the child experienced multiple changes/loses, the newly assigned therapist’s documentation reflects serious concerns, albeit not suicidal or homicidal, for the child’s mental health and well-being. This

therapist initiated a multi-disciplinary crisis team meeting to address Gabriel's status and needs.

Between February and March 2009, Gabriel experienced numerous significant events that, in combination, may have contributed to his mental status at the time of his death.

- As a result of his negative behaviors Gabriel had lost his toys, Mohawk haircut and privilege to go on vacation with the foster parents where he would also have been able to visit with his aunt and grandparents;
- Visitation with his mother was terminated upon court order and therapist's recommendation. She was also extradited to Ohio;
- Gabriel displayed a severe tantrum at home during which, as reported by the foster parent, he made threats to his guardian and a younger child in the household. This behavior resulted in the foster parent calling the mobile crisis unit and submitting his Thirty (30) Day Notice to have the Gabriel moved;
- The therapist discussed with the child he would be going to a new foster home and then to his grandparents;
- The after school program changed;
- The child's therapist changed without a transition period;
- There is no evidence the uncle continued to visit with the child after he enter licensed care; and,
- Gabriel's medication was changed from Lexapro to Symbyax while remaining on Vyvanse.

While many of the recommendations from the numerous assessments were followed, some significant omissions occurred. Some actions that were followed include:

- Family Safety Contracts were completed
- Alerts were placed to ensure safe and appropriate placement to meet the individualized child needs identified in assessments
- Recommendations of the board certified psychiatrist were followed
- The Child Advocate and foster parent facilitated visits between the child and his mother, even though she was incarcerated, until the Court terminated visitation upon recommendation from the therapist

Actions that were not followed include:

- None of the records reviewed contained documentation prior child welfare information from Ohio was obtained
- Fire setting and prevention intervention program was not used

- Education for parenting children with sexually reactive behaviors was not provided to the foster parent.

It should be noted at the time of writing this summary update, the Broward Sheriff's Office had received information from Ohio law enforcement indicating an investigation has now been completed regarding the allegations of Child-on-Child Sexual Abuse and the twelve (12) year old confirmed the sexual incident with Gabriel as reported in the Comprehensive Behavioral Health Assessment (CBHA). There is no mention in the Ohio law enforcement report a weapon was used.

Florida Statutes 39.407, 394.455, 394.459 and 394.492 and Children and Family Operating Procedure (CFOP) 175-98 provide definitions and require informed parental consent or court order in advance of a psychotropic medication being prescribed or administered. It is unclear from the documentation when and how the Child Advocate became aware of the medication changes but the legally required parental consent or court orders for psychotropic medication were not obtained. At the shelter hearing on June 30, 2008 the Court entered the following order "Absent the parent's authorization to continue psychotropic medications, said medications shall continue until or unless changed by the child's physician for 28 days or until the arraignment, whichever is sooner." A valid consent that comported with Florida statute requirements for informed consent was not obtained although reference is made of one being on file. When the Adderall was discontinued on August 21, 2008 the Court was not advised until the Judicial Review and Social Study Report dated November 20, 2008, which the Court heard on December 12, 2008. When the Vyvanse was prescribed on December 09, 2008 a Court order was not obtained. When the Lexapro was added on February 03, 2009 a Court order was not obtained. At the hearing on March 03, 2009, the Court accepted the Judicial Review and Social Study report, prepared on March 04, 2009, which listed the child's medications Vyvanse and Lexapro. Lexapro was discontinued on March 31, 2009 and Symbyax was prescribed but a Court order was not obtained.

The case management record lacked documentation and some Child Advocate documentation was inconsistent and, at times, contradictory. The record also contained little documentation of the Child Advocate's follow-up with the numerous service providers. The case management supervisor did not ensure these issues were corrected.

Mr. and Mrs. Gould submitted the foster care relicensing packet in February 2009. The foster parents had not reported the caregiver at the time of Gabriel's

death, Miguel Gould, was a household member and/or a caretaker for the child. It is required that any changes in household composition be reported to the licensing authority and permission obtained, after completing background checks, for any caregiver other than the licensed foster parents. The persons approved as a caregiver for Gabriel, even short term, are specified in the Family Safety Contract and Miguel was not an approved caregiver. Because law enforcement directed no interviews be completed with the Gould family, there is no way to assess whether Miguel had the capacity to care for a child with Gabriel's behaviors. What is apparent from the documentation is the foster parents themselves were very aware of Gabriel's severe acting out and need for proper supervision. This is evidenced by the foster parents' engagement with Gabriel's psychiatrist; participation with Gabriel's therapist in his individual therapy and crisis meetings; their ongoing involvement with school and aftercare personnel; and, the parameters established by the Safety Contract relating to his alert classification.

VIII. Preliminary Recommendations

The recommendations listed below are subject to change contingent on the outcomes of the child protective and criminal investigations and Taskforce inquiry.

ChildNet should immediately initiate a review of all Gabriel Myer's Child Advocate's cases and those within his assigned unit to ensure no safety issues exist for any of the other children under supervision.

ChildNet, in partnership with Children's Legal Services, must ensure compliance with ss.39.407, 394.455, 394.459 and 394.492, F.S. and CFOP 175-98 which provide definitions and require informed parental consent or court order prior to administration and changes in a child's psychotropic medications.

Ensure recommendations from all child assessments/evaluations are followed or documentation completed explaining the reason the recommendation is no longer needed.

All foster parents should be reminded of the requirement to notify the licensing authority and Child Advocates of any changes in household composition or interim caretakers for foster children.

The Department will seek an independent professional medical review of the treatment and prescription medication in Gabriel's case. The review should

include a record review of the child's clinical records, treatment notes and medication logs.

ChildNet should provide additional mental health training to Child Advocates and supervisors to assist them in the understanding of behaviors and identification of risk factors related to this population.