



**Report Identification Number: BU-16-003**

**Prepared by: Buffalo 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

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

## Case Information



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

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

**Jurisdiction:** Erie  
**Gender:** Male

**Date of Death:** 01/15/2016  
**Initial Date OCFS Notified:** 01/22/2016

## Presenting Information

Thirteen year old SC was multiply handicapped. SC received physical therapy, occupational therapy and speech therapy at school in addition to his education. SC had only attended seven days of school so far that year. All of the absences were unexcused. SC had a history of poor attendance. SM had been contacted by phone but SC continued to miss school and all of his therapy as a result.

## Executive Summary

This report concerns the death of a 13-year-old multiply handicapped child. The family had an open CPS investigation at the time of SC's death. The family had no other SCR history.

On November 2, 2015 ECDSS received an SCR report with allegations of EDN, IG and LMC was received by ECDSS against SM with respect to SC. The SC was multiply handicapped and received physical therapy, occupational therapy and speech therapy at school in addition to his education. SC had only attended seven days of school that school year. All of the absences were unexcused. SC had a history of poor attendance. SM had been contacted by phone but SC continued to miss school and all his therapy as a result. ECDSS was unable to locate SM and SC. The ECDSS attempted several home visits and reached SM by phone, who stated she had moved to Texas. ECDSS contacted Texas CPS, who was unable to locate family. On January 22, 2016 ECDSS received additional information stating SC was brought to a Texas hospital and died. Texas CPS stated SM stated she was on her way to the hospital, because she was having difficulty with SC's feeding tube and she noticed SC had stopped breathing and called 911. Texas CPS stated SM had since returned to Buffalo. The SM refused to meet with ECDSS and had no surviving children in her home. The SM stated SC did not attend school due to his health. ECDSS spoke with several different doctors, who saw child sporadically, but did not provide any documentation of SC being removed from school. ECDSS spoke with services providers who stated SM refused to open the door to let services in her home so SC could receive appropriate therapies.

On May 13, 2016 ECDSS substantiated the allegations of EDN, IG and LMC against SM with respect to SC. SC was seen at his primary care doctors on May 18, 2015 for a well visit. In this note it was advised that SC was going to return to school. However SC never returned to school. SC was absent all but seven days of the school year. SM stated she kept SC home from school, as SC was so fragile and she did not want SC to catch a sickness. As a result of SC missing school he did not obtain his speech therapy, OT or PT, which was provided to him. The SM admitted to moving to Texas in November 2015 and not enrolling SC into school in Texas. The SC missed several doctor's appointments that SC needed due to his health conditions. SM failed to link SC to services that SC needed. SM also failed to allow providers into the house when they would come to complete OT, PT and speech. It was determined from speaking with the doctor no maltreatment or abuse caused CH to pass away. The SC's cause of death was cardiac arrest and an autopsy was not performed.

## 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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

**Explain:**

The SM refused to meet with ECDSS. The SC was not enrolled in school and not receiving appropriate OT, PT and speech therapy.

**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:**

ECDSS attempted several home visits and was unable to locate family. ECDSS requested Texas CPS conduct a home visit and Texas CPS was unable to locate family. After the fatality SM refused to meet with ECDSS.

**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:** 01/15/2016

**Time of Death:** Unknown

**Time of fatal incident, if different than time of death:** 04:46 PM

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

**Time of Call:** 03:56 PM

**Did EMS to 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:**

- |                                   |                                  |   |
|-----------------------------------|----------------------------------|---|
| <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    |                                  |   |



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

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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver

1

**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	Male	13 Year(s)
Deceased Child's Household	Mother	No Role	Female	37 Year(s)
Other Household 1	Father	No Role	Male	37 Year(s)

## LDSS Response

In November 2015 ECDSS attempted several HV's and spoke with source of the report. The CW contacted SM by phone and SM stated that the family had moved to Texas. The SM stated she was residing with friends. On November 4, 2015 the CW called the Texas CPS hotline and expressed concerns regarding SC. Texas CPS informed ECDSS on December 7, 2015 they had not been able to locate the family and was closing the report. On January 22, 2015 ECDSS received additional information from the SCR stating that SC had died in Texas. The ECDSS spoke with Texas CW who stated they received a report on January 15, 2016 regarding SC's death. Texas CPS still had not located or spoke with SM. Texas CW stated that a woman living at the address stated SM had moved back to Buffalo since SC's death. ECDSS continued to attempt to contact SM. The CW spoke with MGF who stated he did not have contact information for SM. The MGF stated SC had been ill his entire life and SM took very good care of him. He denied having any concerns for SC's safety. On February 3, 2016 ECDSS spoke with SM by phone. The SM refused to meet in person to discuss the report. The SM stated SC was not in school because of his disabilities and was out of school for the winter months. The SM stated she could tell SC did not feel good on January 15, 2016 and was putting him in the car to take him to the hospital and SC stopped breathing. SM stated she called 911 and the paramedics took SC to the hospital and SC died at the hospital. SM denied having any other children in her care and stated she has an older daughter who lives with her father. SC had very little contact with BF. SM did state she would be interested in grief counseling and CW would mail her the information. SM refused to discuss anything else and did not return any of ECDSS phone calls or respond to letters.

ECDSS spoke with several collateral contacts. The SC was attending several different medical clinics for various medical issues. The SC had several missed appointments and did not attend all appointments on a regular basis. The doctor did state SC had several medical diagnoses. It was determined from speaking with the doctor that abuse or maltreatment did not cause CH to pass away. The school stated SC did have a doctor's excuse for the winter months, but it was an all year program and SC was still not attending. The SC was supposed to be receiving OT, PT and speech therapy in school. The CW spoke with community services that stated SC was eligible to receive OT, PT and speech therapy, but SM would not engage in services. CW attempted to speak to first responders but only one returned her phone call. The first responder stated they arrived on scene and EMS began CPR and transported SC to the hospital. She had no other concerns. The CW



left several messages for Texas CPS and requested all records which were not received by ECDSS. ECDSS was unable to locate BF.

On May 13, 2016 ECDSS substantiated the allegations of EDN, IG and LMC against SM with respect to SC. SC was seen at his primary care doctors on May 18, 2015 for a well visit. In this note it was advised that SC was going to return to school. However SC never returned to school. SC was absent all but seven days of the school year. SM stated she kept SC home from school, as SC was so fragile and she did not want SC to catch a sickness. As a result of SC missing school he did not obtain his speech therapy, OT or PT, which was provided to him. The SM admitted to moving to Texas in November 2015 and not enrolling SC into school in Texas. The SC missed several doctor's appointments that SC needed due to his health conditions. SM failed to link SC to services that SC needed. SM also failed to allow providers into the house when they would come to complete OT, PT and speech. It was determined from speaking with the doctor no maltreatment or abuse caused CH to pass away. The SC's cause of death was cardiac arrest and an autopsy was not performed.

### 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 reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** ECDSS does not have an approved CFRT

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>



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

**Additional information:**

ECDSS attempted to speak to Texas CPS, hospital social worker and first responders on numerous occasions. They did not respond.

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input 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"/>



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

<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<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 SM refused to meet with ECDSS. There was no surviving children in the household.

**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?** No

**Explain:**  
 ECDSS attempted several home visits and was unable to locate family. ECDSS requested Texas CPS conduct a home visit and Texas CPS was unable to locate family. After the fatality SM refused to meet with ECDSS.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** No

**Explain:**  
 ECDSS attempted several home visit's and was unable to locate family. ECDSS requested Texas CPS conduct a home visit and Texas CPS was unable to locate family. After the fatality SM refused to meet with ECDSS.

## History Prior to the Fatality

### Child Information

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

## 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

The family has no previous CPS history

## Known CPS History Outside of NYS

ECDSS spoke with Texas and Hawaii and the family had no known CPS History.



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

## Services Open at the Time of the Fatality

### Required Action(s)

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

Yes  No

### Preventive Services History

There is no record of Preventive Services 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.

### Casework Contacts

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

### Required Action(s)

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

Yes  No

### Foster Care Placement History

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

### Legal History Within Three Years Prior to the Fatality

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

### Additional Local District Comments

We find that the facts describe the unfortunate events and actions taken. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.



**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