



Report Identification Number: BU-18-036

Prepared by: New York State Office of Children & Family Services

Issue Date: May 06, 2019

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 15 year(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 11/11/2018
Initial Date OCFS Notified: 12/07/2018

Presenting Information

The 7065 reporting form was submitted to OCFS by Erie County Department of Social Services (ECDSS) on 12/6/18. Earlier that day, ECDSS made a routine home visit following a phone conversation with the biological father. During the home visit, the mother informed ECDSS that the teenager was not feeling well and was subsequently brought to the hospital where she later died of natural causes on 11/11/18 at 10:39AM.

Executive Summary

The fatality report concerns the death of a 15-year-old that occurred on 11/11/18. At the time of the SC's death, there was an open CPS investigation that began on 10/21/18. The case was opened due to concerns that the 10-year-old surviving sibling was extremely aggressive to the point he threatened and physically assaulted his peers. Additionally, there were concerns that the mother was not appropriately addressing the sibling's behaviors.

As an infant, the teenager was diagnosed with myocarditis and received a heart transplant. The teenager received regular and ongoing treatment for her medical condition. On 11/7/18, the child was not feeling well and the mother took her to Oisei Children's Hospital. From there, the child was airlifted to a Hospital in Pittsburgh. The child went into surgery following testing where it was determined that there was fluid surrounding the heart and the heart was beating irregularly. During the surgery, the child suffered two heart attacks. Following the second heart attack, the child was presumed brain dead.

The mother requested an autopsy be completed as she was concerned about her daughter's death during surgery. At the time of this writing, the results of the autopsy were pending. ECDSS received the death certificate, which was signed by the hospital physician. The death certificate listed the cause of death as: Global Hypoxic Ischemic Injury, Cardiac Arrest, Presumed Rejection of Heart Transplant. The manner of death was classified as Natural. The child's time of death was 10:39 a.m. on 11/11/18. ECDSS did not make an SCR report regarding the teen's death as they learned it was the result of a medical condition and not the result of abuse or neglect.

Immediately after learning about the death, ECDSS made efforts to assess the safety of the surviving sibling who resided at home with his mother. Law Enforcement was not notified of the death.

ECDSS met New York State regulations and requirements pertaining to casework contacts, safety assessments, risk assessments, and the provision of services in the investigation that was open at the time of the child's passing. The mother was offered grief counseling, but declined. The surviving sibling was already engaged in counseling. The biological father of both children had a strained relationship with the family and though he spoke briefly with ECDSS and was aware of his daughter's death, he refused to meet with the caseworkers. In reviewing history for the biological father, it was learned that he has a child with another adult. It is unknown if the father had a relationship with that child, but there is no documentation that the half sibling had any contact with the deceased child and surviving sibling.

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:

The fatality occurred during an open CPS investigation and was not an SCR reported fatality.

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 appropriately closed the case after arranging community supports for the mother and surviving sibling. It was determined there was not a need for ongoing preventive services. ECDSS offered a multitude of services to the mother, but she declined.

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: 11/11/2018

Time of Death: 10:39 AM

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

County where fatality incident occurred: Erie

Was 911 or local emergency number called? No

Did EMS 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:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: At the hospital receiving treatment.



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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	15 Year(s)
Deceased Child's Household	Mother	No Role	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Other Household 1	Father	No Role	Male	31 Year(s)

LDSS Response

ECDSS had an open SCR report at the time of the 15yo child’s death. Concerns in the investigation were related to the 9-year-old surviving sibling’s aggressive and threatening behavior in school and amongst peers. ECDSS learned of the death following a routine call to the biological father of the children on 12/5/18. Upon learning of the death of the child, ECDSS immediately reached out to the family to offer services and support. ECDSS met with the mother and spoke with the surviving sibling.

Through interviews with the mother it was learned the child passed away on 11/11/18. The mother reported the child had been feeling sick so she took her to the hospital. The mother said the child had heart disease since she was 8 months old and the disease was incurable. The mother reported the child had been receiving routine treatment for her medical condition and this information was corroborated by Oshiei Children's Hospital. Due to complications upon her arrival at the hospital, the child was transferred from Oisei Hospital to University of Pittsburgh Medical Center for surgery. The mother reported the child passed away during surgery following two cardiac arrests.

The case record showed attempts to interview the father of the children in person, but the father refused and would only speak with the workers via phone. The father reported his relationship with the children and their mother was strained and he did not have additional information other than the child died from complications of her heart transplant.

There were no noted safety concerns for the surviving sibling. Based on information received from medical personnel and collateral contacts, there was no reasonable cause to suspect there was abuse or neglect of either child. The mother declined the services that ECDSS offered related to bereavement and mental health counseling.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review



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

Comments: At the time of the fatality, Erie County Department of Social Services did not have an OCFS approved Child Fatality Review Team.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
The fatality occurred during an open CPS investigation and a report was not registered with the SCR regarding the death of the SC, thus the 24-hour assessment and 30-day assessment were not necessary.

Fatality Risk Assessment / Risk Assessment Profile



	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Bereavement counseling was offered to the mother for the SS and her, but she declined services.

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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:
Bereavement services were offered to the family, however the mother declined services for herself and the surviving sibling.

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

Explain:
Bereavement services were offered to the family, however the mother declined services for herself and the surviving sibling.

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? 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? No
- Was the child acutely ill during the two weeks before death? Yes

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/21/2018	Sibling, Male, 10 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

The report alleged the 9-year-old surviving sibling was acting out aggressively towards his peers by threatening them, physically assaulting them, and swearing at them. He was also touching the female peers on the buttocks. Mother was aware of his behaviors, but was failing to intervene.

Report Determination: Unfounded**Date of Determination:** 01/16/2019**Basis for Determination:**

ECDSS determined that the mother acted appropriately in disciplining the surviving sibling when he misbehaved at home or received poor reports from the school. All family members denied that the child acted out aggressively and the mother reported she addressed concerns that came up immediately upon hearing about them. During the open investigation, the 15-year-old teenager died due to complications from a heart condition. In speaking with medical personnel, it was determined the death was not the result of abuse or neglect and an SCR report was not generated.

OCFS Review Results:

Safety was established within the appropriate timeframe, and all other documentation was commensurate with case circumstances; further, safety assessments and risk assessments were appropriate. ECDSS made an accurate determination of allegations based on the information provided, then closed the investigation once all needed services were offered to the family.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

10/24/15: Indicated against the SC's biological father regarding his partner's children. The SC's father physically assaulted his partner in the presence of her children. The children were reportedly "terrified."

Known CPS History Outside of NYS

There is no known history outside of the state of New York.

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 at the Erie County Department of Social Services (ECDSS) appreciate the opportunity given us to review the draft report in advance. We find that the facts, as written, describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that ECDSS' response to the fatality was appropriate and that there are no required actions related to the fatality or to the CPS investigation conducted during the three years preceding the fatality.

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