



**Report Identification Number: NY-17-028**

**Prepared by: New York City Regional Office**

**Issue Date: Aug 22, 2017**

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		
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardiopulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-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



## Case Information

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

**Jurisdiction:** New York  
**Gender:** Male

**Date of Death:** 03/14/2017  
**Initial Date OCFS Notified:** 03/15/2017

## Presenting Information

On 3/14/17, at approximately 8:00 P.M. the SC, 15 years old, was found unresponsive in a sleeping bag in his bedroom. The SM called 911 and EMS responded. The SC was pronounced dead on 3/14/17 at 10:27 P.M. There was no reasonable explanation for SC's death; therefore, the SM was named a subject pending the outcome of the investigation.

## Executive Summary

The 15-year-old male child (SC) died on 3/14/17. NYCRO received the autopsy report in August 2017. The ME listed the cause of death as autoerotic asphyxia and the manner as accident (found prone in sleeping bag, bound to inflatable mattress).

The allegations of the 3/14/17 report were IG and DOA/Fatality of the SC by the SM.

The ACS staff interviewed the SM regarding the circumstances surrounding the death of the SC. The SM reported leaving for work at 8:45 A.M. The SM said she did not wake the SC prior to leaving for work. The SM stated she left money for the SC so he could buy lunch for the day. She said she did not text or call the SC throughout the day. The SM reported returning from work at 8:00 P.M. on 3/14/17. The SM observed a restaurant food bag on the table and the SC's lights were off in his room. The SM notified ACS that she knocked several times on the SC's door and the SC did not respond; therefore, she left the SC alone until dinner was completed. The SM stated that she knocked on the SC's bedroom door a second time and observed that the door was locked. The SM unlocked the SC's door with a pin. Once, opened the SM observed the SC face down under the air mattress and there was tape around the SC. She explained that she observed the SC was in a sleeping bag, with a tee-shirt, underwear and a black light bubble jacket. The SC's hands were crossed and his eyes were open. The SM called 911 around 9:23 P.M. The SM received CPR instruction from the operator and performed CPR on the SC until EMS arrived and took over CPR. ACS documented there were no surviving children in the home.

ACS documented phone contact with the SC's Dr. who said the SC did not have any pre-existing medical conditions. The Dr. confirmed that the SC received annual examinations and all his immunizations were up to date. The Dr. had last examined the SC on 4/12/16 for an annual well-child evaluation and referred the SC to a medical specialist.

ACS interviewed the SC's guidance counselor and learned that there were no reported issues regarding the SC's behavior. The guidance counselor recalled that in the six and seventh grades the SC had some issues; however, the SC received counseling and the behaviors resolved. The guidance counselor said the SC was a great kid, who attended school on a regular basis.

The ACS Investigative Consultant noted that the LE reported there was no criminality found, as the SC's death appeared to be an accident.

On 7/27/17, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the SM on the basis that the SC did not have any injuries to his body. ACS added that LE did not make any arrests and stated there was no criminality. ACS learned that the SC attended school on a regular basis, the Dr. said the SC did not have any pre-existing medical



conditions and had received annual medical examinations. The ME said all toxicology results were negative. The cause of death was listed as autoerotic and the manner as an accident.

## 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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

### Explain:

N/A

## Required Actions Related to the Fatality

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

<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The 30-day fatality summary report was due on 4/14/17 and was not approved until 05/08/17.
<b>Legal Reference:</b>	CPS Program Manual, VIII, B.2, page 4
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 03/14/2017

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

**County where fatality incident occurred:** New York

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

**Time of Call:** 09:23 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:**

Sleeping                       Working                       Driving / Vehicle occupant

Playing                           Eating                           Unknown

Other

**Did child have supervision at time of incident leading to death?** No - Not needed given developmental age or circumstances

**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	Alleged Victim	Male	15 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	48 Year(s)

### LDSS Response

On 3/15/17, the ACS Instant Response Team learned that the SC was found un-responsive while home alone. ACS staff contacted the ME's office and verified the SC's time of death and learned that an autopsy was being conducted.

ACS contacted LE who said the family's apartment door was locked from the inside. LE requested a search warrant for the apartment. ACS notified the Assistant District Attorney's Office of the case circumstances.

ACS staff visited the home and met with LE. LE reported that the SM was not home. ACS assessment of the home revealed the family resided in a two-bedroom apartment. ACS observed there was no bed in the SC's bedroom; the bedroom had a large storage space. ACS documented that the family needed a smoke detector and carbon dioxide detector in the home. ACS learned there were no arrests related to the fatality. Subsequently, ACS obtained Domestic Incident Reports (DIR) and found the SM did not have any DIRs or criminal history.

ACS contacted the EMS liaison to obtain the EMS report on 3/15/17. ACS received the EMS report by email and learned that EMS responded to a 911 call at 9:23 P.M. on 3/14/17. EMS noted that the SC was found deceased in a sleeping bag when EMS arrived at the home. EMS attempted CPR when they arrived at the case address.

The ACS staff interviewed the SM and obtained a detailed account of the timeline of events surrounding SC's death. ACS learned that the SM left the home at 8:45 A.M. for work and did not return to the case address until 8:00 P.M. on 3/14/17.



The SM stated that the SC was unresponsive on 3/14/17 and she attempted CPR; however, the SC did not respond.

On 3/16/17, ACS staff interviewed the ME and discussed the preliminary findings. ACS learned that the toxicology of the SC was completed. The preliminary findings reflected there was no trauma to the SC's body. The ME stated the examination results were negative for child abuse/maltreatment.

On 3/16/17, ACS contacted the SC's school and interviewed a guidance counselor. ACS was notified that bereavement counseling was provided to students in response to the death of the SC. ACS learned the SC attended school on a regular basis.

On 3/20/17, 3/22/17, 3/27/17, and 4/10/17, ACS attempted phone contact with LE to obtain information regarding the status of the criminal investigation. ACS was unsuccessful in obtaining information. ACS made phone contact with the SC's Dr. and learned that the SC's immunizations were up to date and well-child examinations were conducted yearly. ACS notified the SC's Dr. of the SC's death.

On 3/21/17, ACS received a phone call from the SM and learned that the SC's funeral was held. ACS staff offered the SM bereavement counseling; however, the SM declined counseling services. On 3/22/17, ACS contacted the SM and learned that the SC's funeral was held on 3/19/17. The SM reported that the BF was in attendance. ACS learned that the BF lived in Japan and returned to Japan after the SC's funeral. ACS did not contact or attempt contact with the BF. The ACS staff did not document a reason why the SF was not interviewed.

On 4/12/17, CPS made phone contact with LE who reported that the SC's cell phone, lap top and SM's lap top was obtained during LE's search warrant. LE notified ACS that the SC's death was not a suicide.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** The investigation adhered to previously approved protocols for joint investigation.

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the New York City region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
040101 - Deceased Child, Male, 15 Yrs	040102 - Mother, Female, 48 Year(s)	DOA / Fatality	Unsubstantiated
040101 - Deceased Child, Male, 15 Yrs	040102 - Mother, Female, 48 Year(s)	Inadequate Guardianship	Unsubstantiated

### 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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input 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"/>

**Additional information:**

ACS made collateral contact with LE, ME, school staff, EMS, SC's Dr. and the attending Dr.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



<b>Mental health services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**  
 ACS offered the SM bereavement counseling; however she refused service. ACS spoke with the SM about requesting assistance from her employee assistance program.

**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:**

There were no surviving children in the household.

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

**Explain:**

ACS staff offered the SM a referral for bereavement counseling; however, the SM declined bereavement counseling services.

## 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? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- Was the child acutely ill during the two weeks before death? No

## CPS - Investigative History Three Years Prior to the Fatality



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

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

There was no CPS history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There was no CPS history outside of NYS.

**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.

**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**

There are no additional local district comments.

**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