



Report Identification Number: NY-18-036

Prepared by: New York City Regional Office

Issue Date: Sep 25, 2018

(Report was reissued on: Sep 26, 2018)

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: 8 year(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 03/22/2018
Initial Date OCFS Notified: 03/23/2018

Presenting Information

The eight-year-old child was diagnosed with Hunter Syndrome and was receiving 24 hour in home medical services. On 3/21/18, the SC was reported to be in an agitated state, could not sleep and had bouts of heavy coughing. On 3/22/18, at approximately 3:00AM the SC's trachea dislodged and the SM began CPR and placed the trachea back in when the SC went into cardiac arrest. The home nurse called EMS who found the child unresponsive. The child was transported to Kings County Hospital at 4:23 AM and he expired at 11:59:AM.

Executive Summary

This eight-year-old male child died on 3/22/18. The ME determined the cause of death to be due to anoxic encephalopathy following tracheostomy cannula displacement for treatment of Hunter Syndrome. At the time of the child's death, he resided in Brooklyn with the BM, MGM, and a three-year-old male SS.

On 3/21/18, the child became agitated and could not sleep and had coughing attacks. On 3/22/18, the child's trachea became dislodged and was reinserted by the BM. The child then went into cardiac arrest and the nurse called EMS and the child was transported to Kings County Hospital where he expired at 11:59 AM. At the time of the child's death there was an open CPS investigation registered with the SCR on 3/22/18 that alleged LMC and IG of the child by the BM.

ACS made numerous collateral contacts and confirmed the BM and MGM took good care of the child and three-year-old male SS. Medical providers informed ACS the child had Hunter Syndrome since birth and the life expectancy for children with this illness is not very long. The medical providers also stated the BM had nothing to do with the child's death and the ME confirmed the mother had no role in the child's death. On 6/15/18, ACS unsubstantiated the allegations of the report and unfounded and legally sealed the report.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** 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:

With the exception of the investigation determination safety assessment decision the level of casework was commensurate with case circumstances.

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:

The BM and MGM declined services.

Required Actions Related to the Fatality

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

Issue:	Predetermination/Assessment of Current Safety and Risk
Summary:	The investigation determination safety assessment was completed with safety decision #2 selected. Based on case documentation the SS was well cared for and the S/A decision is based on past history and did not reflect current circumstances.
Legal Reference:	18 NYCRR 432.1(aa)
Action:	ACS must submit a performance improvement plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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 will attend and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 03/22/2018

Time of Death: 11:59 AM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: 03:58 AM

Did EMS 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: In bed, not asleep.

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: 01
Adults: 01

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	8 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	066 Year(s)
Deceased Child's Household	Mother	No Role	Male	036 Year(s)
Deceased Child's Household	Sibling	No Role	Male	004 Year(s)

LDSS Response

On 3/22/18, ACS responded to a report of LMC and IG of the eight-year old child by the BM. On the same date, ACS visited the case address and was informed by the BM the child died at 11:59AM that morning. The BM stated she was aware that it was believed she hadn't cleaned the trachea tube properly but she denied this and told ACS the tube was removed by the in-home nurse on duty at the time. The BM stated she does assist the nurses in caring for the child. The BM explained the nurses work in shifts and are responsible for the child when the BM and MGM are in the home and that she has had the nursing service for "a while," but did not provide an exact date.

The BM explained what occurred on the day of the incident. She left the child's bedroom and approximately 10-15 minutes later the nurse was "banging on her bedroom door and screaming help." The BM ran into the child's room and noticed the trachea was not inserted correctly and she put the tube in properly and took the child from the nurse and placed him on the floor while the nurse called 911 and the operator directed the BM to provide CPR until EMS arrived. ACS documented that when EMS arrived at the home the child was unresponsive and was transported to KCH. The BM remained with the child at KCH until 7:30 AM when she returned home to get the three-year-old SS, who remained home with the MGM, ready for school. The BM told ACS she did everything to ensure the child's needs were being met.

The BM contacted by telephone one of the nurses from an earlier shift and informed her the child died. The ACS Specialist was allowed to speak with the nurse who stated when she cared for the child earlier in the day the "child had a little cough but was fine." The nurse also told the Specialist the child liked to grab the trachea tube but she would stop him and adjust the tube.

The MGM was also interviewed during the home visit. The MGM stated she heard the nurse screaming for help then the nurse called 911 after the BM took the child from the nurse. The MGM was upset a report was called in regarding this incident because the BM takes good care of her children.

The Specialist attempted to interview the SS; however, the SS wouldn't speak with the Specialist. ACS documented there



were no concerns regarding the SS who is enrolled in daycare.

On the same date, the Specialist visited KCH and interviewed two attending physicians and was told the child was brought into the E/R approximately 3:50 or 4:00AM with difficulty breathing and was unresponsive for 10 minutes but the child was stabilized and placed in the pediatrics intensive care unit.

On 3/23/18, the Specialist visited the family and offered services for the BM and SS but she declined services. The SS was observed playing with toys.

On the same date, the Specialist called another in home nurse who had been working with family but was unaware the child had died. The nurse told the Specialist the BM and MGM were very good with the children and she had no concerns for the quality of care provided either child.

Between 3/24/18 and 6/15/18 ACS obtained information from LE, medical providers, and other collateral contacts and continued to conduct home visits and offer services to the BM which she continued to decline.

On 6/15/18, the ME provided ACS with the results of the autopsy report. The manner of death was accidental and the cause of death was anoxic encephalopathy following tracheostomy cannula displacement for treatment of Hunter Syndrome. (Lack of Oxygen) to the brain.

On the same date ACS unsubstantiated the allegations of the 3/22/18 report and unfounded and closed the case.

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: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: There is no OCFS approved CFRT in the New York City Region.

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

Additional information:



The child was born with a medical condition and there was 24 hour in home nursing.

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 safety 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 death occurred during an open CPS investigation. The report does not contain the DOA/Fatality allegation and does not require a 24-Hour or 30-Day S/A.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:
The BM and MGM declined services offered by ACS.

Placement Activities in Response to the Fatality Investigation



Child Fatality Report

	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"/>
Explain as necessary: There are no concerns for the safety or well being of the SS.				

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 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"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Play therapy for the SS							



Additional information, if necessary:

The BM and MGM declined services and the BM declined services for the SS.

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:

The BM declined play therapy services for the SS.

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

Explain:

The BM and MGM refused services.

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?	No

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)
03/07/2016	Deceased Child, Male, 6 Years	Grandparent, Female, 64 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Deceased Child, Male, 6 Years	Mother, Female, 34 Years	Excessive Corporal Punishment	Unsubstantiated	
	Deceased Child, Male, 6 Years	Grandparent, Female, 64 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 6 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

On 3/7/16 the SCR registered a report that alleged XCP and IG of the then six-year-old child by the BM.

Report Determination: Unfounded

Date of Determination: 05/06/2016

Basis for Determination:

ACS determined there was no credible evidence to support the allegations and on 5/6/16, unsubstantiated the allegations of the report and unfounded and closed the case.

OCFS Review Results:

ACS' decision was appropriate as there was no indication the BM neglected the child or exercised XCP.



Child Fatality Report

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

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

On 4/27/12, the SCR registered a report that alleged LMC and IG of the then two and nine-year old male children by the BM. ACS investigated the report and determined there was no credible evidence to support the allegations of the report. ACS documented the two children were well cared for and there was no evidence of any neglect and the allegations of the report were unsubstantiated and the case was unfounded and closed.

Known CPS History Outside of NYS

There is no history outside of NYS.

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

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