



## Report Identification Number: NY-18-116

Prepared by: New York City Regional Office

Issue Date: May 03, 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

<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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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-Other	
<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	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:** 2 year(s)

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

**Date of Death:** 11/10/2018  
**Initial Date OCFS Notified:** 11/10/2018

## Presenting Information

The 11/10/18 SCR report alleged on 11/10/18 around 3:30 AM, the SC developed a fever while in the care of the SM and MGF in the home. One of the adults administered a single dose of children's Tylenol to the SC at that time and returned the SC to sleep in the SC's bed. Around 3:45 AM, the MGF and SM checked the SC and found the SC unresponsive. The SM called 911 and upon instructions by the 911 operator, the MGF administered CPR to the SC. LE arrived at the residence at 3:50 AM and EMS arrived shortly after LE. The SC was found to have no detectable pulse and was immediately transported via ambulance to a hospital where he was pronounced dead. The SC had no pre-existing medical conditions. The SC's death was therefore deemed suspicious in nature.

## Executive Summary

The 2-year-old male child (SC) died on 11/10/18. The ME listed the cause of death as T-Cell Lymphoproliferative Disorder with infiltration into brain, lungs and heart, and the manner as natural.

The allegations of the 11/10/18 report were DOA/Fatality and IG of the SC by the SM and MGF. On 11/13/18, the SCR registered a subsequent report that included the allegations of DOA/Fatality and IG of the SC by the SM, MGF, and MGM.

ACS learned that on 11/9/18, the SC awoke at approximately 8:00 AM but seemed sleepy throughout the day. The SM fed the SC, checked his chest and forehead and found his body was warm. The SM took the SC's temperature at unspecified periods of time and found the temperature was between 97 and 99 degrees. The SM gave the SC a bath in a tub of warm water. She held the SC and then placed him to sleep. He slept on his side and his heart beat rapidly. The SM contacted the MGM for assistance and the MGM told her if his condition became worse by morning, then they would take him to the hospital. At approximately 3:00 PM, the MGM brought liquid Children's Tylenol to the home as they believed the SC had a fever. The SM continued to utilize a thermometer to monitor the SC's temperature and gave the SC Tylenol on 11/9/18 at approximately 11:00 PM and on 11/10/18 at approximately 2:00 AM. The SM said at approximately 2:00 AM, she overhead the SC make moaning sounds. The SM checked the SC at approximately 3:00 AM and found him unresponsive. The SM observed liquid substance exiting his mouth and nose. She alerted the MGF and called 911 for assistance.

The SM had no surviving children and there were no other children in the household. ACS learned the SC had a surviving half-sibling (referred to as SS). The SS resided with his mother. ACS made diligent efforts to locate the SS and observed him in school. The BF did not provide contact information for the SS.

The MGM informed ACS that she resided at a different location but visited the SM and SC on 11/9/18. The MGM said she observed the SC lying in the SM's arms when she dropped off the Tylenol at about 3:00 PM on 11/9/18. The MGM said she was at work when she received a telephone call informing her of the SC's death.

The MGF said that on 11/10/18 at approximately 2:00 AM, he observed the SM give the SC Tylenol. At about 3:00 AM, the SM asked him for assistance as she said the SC was unresponsive. He entered the room, lifted the SC and placed him on the floor, and started CPR.

LE said there was no suspicion of criminality and no arrest was initiated, pending the results of the autopsy. LE's preliminary findings showed that at approximately 11:00 PM and between 2:00 AM and 3:00 AM, Tylenol was



administered to the SC.

On 11/13/18, the ME informed ACS that the SC's death was likely the result of infection. There was no trauma and no signs of abuse. The SC was normally developed for his age.

The 11/10/18 and 11/13/18 reports had not yet been determined at the time this fatality report was issued.

## 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Was the decision to close the case appropriate? N/A

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:

NA

## 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: 11/10/2018

Time of Death: 05:11 AM

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

03:30 AM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes



**Time of Call:** 03:48 AM  
**Did EMS respond to the scene?** Yes  
**At time of incident leading to death, had child used alcohol or drugs?** N/A

**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? Yes**

**At time of incident supervisor was:**

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

**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	2 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	60 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Other Household 1	Father	No Role	Male	24 Year(s)
Other Household 2	Grandparent	Alleged Perpetrator	Female	60 Year(s)

**LDSS Response**

On 11/10/18, LE reported that upon arrival at the case address the SC was found unresponsive. The SC had his own crib, the family had provisions for the SC, and nothing seemed suspicious.

An attending Dr. said the SC had no visible signs of trauma. Later, ACS interviewed another Dr. who said the hospital staff did not have suspicions concerning the SC's death.

On 11/10/18, the SM said she believed the SC had a fever on the morning of 11/9/18. The SM said she applied cold rags to his body and monitored him as he slept for most of the day. At about 2:30 PM, she contacted the MGM and requested Children's Tylenol, which the MGM brought to the home at about 3:00 PM. Per the SM's account, she (the SM) continued to monitor the SC and at 11:00 PM, she gave him the first dose of Children's Tylenol. At approximately 2:00 AM, she gave him a second dose and overheard him make moaning sounds. At approximately 3:00 AM, she checked the SC and observed he was on his side with liquid coming out of his nose and mouth. She alerted the MGF and contacted 911 for assistance.

During a follow up interview with ACS, the SM said during the day on 11/9/18, she checked the SC's chest and forehead, and found his body was warm. She utilized a thermometer, took the SC's temperature at different intervals of time, and



found the temperature was between 97 and 99 degrees. She gave the SC a bath in a tub of warm water, removed the SC from the tub, and then contacted the MGM who told her if the SC's condition worsened by morning of 11/10/18, then the family would take him to the hospital.

On 11/10/18, the MGM informed ACS she observed the SC lying in the SM's arms and the SC seemed ill. Later, the MGM said the SM held the SC in her arms and he drank out of his cup.

The BF said the last time he saw the SC alive was about a month prior to 11/10/18. The BF revealed to ACS that the SC had a 6-yo male SS. The BF said he was not involved with the SS due to issues with the mother of the SS. Subsequently, the BF said he did not have an address for the SS and mother.

On 11/10/18, ACS visited the home and interviewed the MGF. The MGF stated that on 11/10/18, at approximately 3:00 AM, he observed the SC was in the SM's arms. Per the MGF's account, the SC was foaming from his nose and the SM said the SC was unresponsive. In a subsequent interview, the MGF provided additional details. He explained that during the evening of 11/9/18, the SC was alert but the SC's behavior was unusual as he was curled up with the SM. The MGF said he awoke at 2:00 AM and observed the SM gave the SC Children's Tylenol.

On 11/20/18, ACS visited the SS school. The school staff said the SS did not have behavioral issues, but was absent often. The SS informed ACS that he resided with his mother. The ACS observed the SS appeared to have received adequate care. ACS obtained possible addresses for the SS, and then made diligent efforts to visit the SS's home. However, the attempts were unsuccessful.

### 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 investigation conducted by a Multidisciplinary Team (MDT)?**No

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

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

**Comments:** There is no OCFS approved Child Fatality Review Team in NYC.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049661 - Deceased Child, Male, 2 Yrs	049663 - Grandparent, Male, 60 Year(s)	Inadequate Guardianship	Pending
049661 - Deceased Child, Male, 2 Yrs	049836 - Grandparent, Female, 60 Year(s)	DOA / Fatality	Pending
049661 - Deceased Child, Male, 2 Yrs	049836 - Grandparent, Female, 60 Year(s)	Inadequate Guardianship	Pending
049661 - Deceased Child, Male, 2 Yrs	049662 - Mother, Female, 26 Year(s)	DOA / Fatality	Pending



# Child Fatality Report

049661 - Deceased Child, Male, 2 Yrs	049662 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Pending
049661 - Deceased Child, Male, 2 Yrs	049663 - Grandparent, Male, 60 Year(s)	DOA / Fatality	Pending

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

### 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral





<b>Bereavement counseling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 documentation reflected that the SM was provided information on bereavement counseling.

**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 other children in the SM or SF's care.

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

**Explain:**  
 ACS provided the SM with information on bereavement counseling.

## 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? No
- 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

The SM, MGF and MGM were not known to the SCR or ACS as subjects.

## Known CPS History Outside of NYS

There was no known CPS 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