Child Fatality Report

Report Identification Number: NY-18-127

Prepared by: New York City Regional Office

Issue Date: Jun 11, 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: 9 year(s)
Jurisdiction: Kings
Gender: Female
Date of Death: 12/09/2018
Initial Date OCFS Notified: 12/09/2018

Presenting Information

On 12/9/18, the SCR received additional information that the BM left the seven-year-old male and nine-year-old female siblings in the home of the PGF who was caring for the children with the assistance of the PGU who was visiting the PGF at the time of the incident. At 10:55PM, the PGF and PGU smelled smoke and went into the building hallway then realized the smoke was coming from the PGF's apartment. The PGF and PGU attempted to reenter the PGF's apartment but the smoke was too thick. The PGF was unable to get to the bedroom where the two children were asleep. The FDNY believed the fire began in a room that was not being used and deemed the fire non-suspicious. The two children died as a result of complications from the fire and smoke inhalation.

Executive Summary

On 12/9/18, the SCR received additional information that two children, ages seven and nine-years old died in a fire while asleep. The two children were in the care of the PGF at the time of the incident and do not reside at that address. The BM was at her home with the two-year-old SS when the incident occurred. There were no allegations of maltreatment or neglect registered; however, there was an open CPS investigation registered on 11/10/18 with allegations of PD/AM and IG of the parent's three children by the BF who was named as the subject of the report. The report also alleged DV in the home and the BF was arrested in 11/18 because of a DV incident where he assaulted the BM.

ACS responded to the additional information by contacting Wyckoff Hospital (WK) by telephone and speaking with medical staff who informed ACS both children had died. According to information received from WH, the seven-year-old child was pronounced dead at 2:07 AM and the nine-year-old was pronounced dead forty minutes later at 2:47 AM. ACS also learned that the firefighters found the children dead at 11:40 PM but resuscitation efforts continued until WH medical staff pronounced the children dead.

ACS also obtained information from LE that the BM took the two children to the PGF's home for the weekend and the two children were in one bedroom but the fire began in a spare bedroom. According to LE, the PGF was overcome by smoke and could not get to the children.

ACS obtained information from family members, medical staff, the New York City Fire Department and LE. ACS also learned that medical, LE and FDNY staff stated the PGF and PGU did not appear to be impaired by alcohol at the time of the incident. ACS continued to gather information but there was no indication of any neglect of the two children while in the care of the PGF. The SS was assessed by ACS to be safe and well cared for with the BM and both were referred for bereavement services.

On 1/9/18, ACS substantiated the allegations of PD/AM and IG of the three children from the 11/10/18 SCR CPS report against the BF who remained incarcerated.

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:
There were no DOA/Fatality allegations for the deaths of these two children. The deaths were received as additional information.

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:
The deaths of the two children occurred during an open CPS investigation with no DOA/Fatality allegations.

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: 12/09/2018 **Time of Death:** 02:47 AM

Time of fatal incident, if different than time of death: 10:55 PM

County where fatality incident occurred: Kings
Was 911 or local emergency number called? Yes
Time of Call: 10:55 PM
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

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

How long before incident was the child last seen by caretaker? 50 Minutes
At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:
Children ages 0-18: 02
Adults: 00

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	07 Year(s)
Deceased Child's Household	Deceased Child	No Role	Female	9 Year(s)
Deceased Child's Household	Father	No Role	Male	33 Year(s)
Deceased Child's Household	Mother	No Role	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Grandparent	No Role	Male	68 Year(s)
Other Household 2	Aunt/Uncle	No Role	Male	53 Year(s)

LDSS Response

12/9/18, the SCR received additional information that two children, ages seven and nine-years old died in a fire while asleep. The two children were in the care of the PGF at the time of the incident and do not reside at that address. The BM was at her home with the two-year-old SS when the incident occurred. There were no allegations of maltreatment or neglect registered; however, there was an open CPS investigation registered on 11/10/18 with allegations of PD/AM and IG of the parent's three children by the BF who was named as the subject of the report. The report also alleged DV in the home and the BF was arrested in 11/18 because a DV incident where he assaulted the BM.

ACS responded to the additional information by contacting Wyckoff Hospital by telephone and speaking with medical staff who informed ACS both children had died. According to information received from WH, the seven-year-old child was pronounced dead at 2:07 AM and the nine-year-old was pronounced dead forty minutes later at 2:47 AM. ACS also learned that the firefighters found the children dead at 11:40 PM but resuscitation efforts continued until WH medical staff pronounced the children dead.

ACS also obtained information from LE that the BM took the two children to the PGF's home for the weekend and the two children were in one bedroom but the fire began in a spare bedroom. According to LE, the PGF was overcome by smoke and could not get to the children.

On 12/10/18, ACS interviewed the PGF who was hospitalized after the incident. The PGF stated he had to leave the apartment due to smoke inhalation. The PGF said the lights went out then he smelled smoke and that he tried to retrieve the children but he couldn't breathe and neighbors told him to leave the apartment and the neighbor called 911. The PGF also stated no one had seen the PGU after he was treated and left the hospital.

ACS obtained information from family members, medical staff, the New York City Fire Department and LE. ACS also learned that medical, LE and FDNY staff did not appear to be impaired by alcohol at the time of the incident. ACS continued to gather information but there was no indication of any neglect of the two children while in the care of the PGF. The PGF told ACS that the PHU had been staying with him for approximately six weeks prior to the incident.

Between 12/10/18 and 1/9/19, ACS continued to obtain information and visit the BM and SS. The BM and SS were referred for bereavement services. ACS assessed the SS to be safe and well cared for with the BM, there were no concerns for this child.

On 1/9/18, ACS substantiated the allegations of PD/AM and IG of the three children from the 11/10/18 CPS report registered against the BF who remained incarcerated.

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 reviewed by an OCFS approved Child Fatality Review Team?No
Comments: There is no OCFS approved CFRT in the NYC region.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	☒	☐	☐	☐
When appropriate, children were interviewed?	☒	☐	☐	☐
Contact with source?	☒	☐	☐	☐
All appropriate Collaterals contacted?	☒	☐	☐	☐
Was a death-scene investigation performed?	☒	☐	☐	☐
Coordination of investigation with law enforcement?	☒	☐	☐	☐
Was there timely entry of progress notes and other required documentation?	☒	☐	☐	☐

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	☒	☐	☐	☐
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?	☒	☐	☐	☐
At 7 days?	☐	☐	☒	☐
At 30 days?	☐	☐	☒	☐

Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	☐	☐	☒	☐
Are there any safety issues that need to be referred back to the local district?	☐	☒	☐	☐

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?	☐	☐	☒	☐

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	☒	☐	☐	☐
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	☒	☐	☐	☐
Was there an adequate assessment of the family's need for services?	☒	☐	☐	☐
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?	☐	☒	☐	☐
Were appropriate/needed services offered in this case	☒	☐	☐	☐
Explain: Bereavement services for the BM and SS.				

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?	☐	☐	☒	☐
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?	☐	☒	☐	☐
Explain as necessary: No safety concerns for the SS.				

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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	☒	☐	☐	☐	☐	☐	☐
Economic support	☐	☐	☐	☐	☐	☒	☐
Funeral arrangements	☐	☐	☐	☒	☐	☐	☐
Housing assistance	☐	☐	☐	☐	☐	☒	☐
Mental health services	☐	☐	☐	☐	☐	☒	☐
Foster care	☐	☐	☐	☐	☐	☒	☐
Health care	☐	☐	☐	☐	☐	☒	☐
Legal services	☐	☐	☐	☐	☐	☒	☐
Family planning	☐	☐	☐	☐	☐	☒	☐
Homemaking Services	☐	☐	☐	☐	☐	☒	☐
Parenting Skills	☐	☐	☐	☐	☐	☒	☐
Domestic Violence Services	☒	☐	☐	☐	☐	☐	☐
Early Intervention	☐	☐	☐	☐	☐	☒	☐
Alcohol/Substance abuse	☒	☐	☐	☐	☐	☐	☐
Child Care	☐	☐	☐	☐	☐	☒	☐
Intensive case management	☐	☐	☐	☐	☐	☒	☐
Family or others as safety resources	☐	☐	☐	☐	☐	☒	☐
Other	☐	☐	☐	☐	☐	☒	☐

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? 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)

11/10/2018	Deceased Child, Female, 9 Years	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 9 Years	Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Male, 7 Years	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 7 Years	Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:
On 11/10/18, the SCR registered a report that alleged PD/AM and IG of the 2, 7 and 9-year-old SC by the SF. The BM had no role in this report. ACS initiated the investigation and it was revealed the SF engaged in domestic violence, especially when under the influence of alcohol or marijuana.

The SF was arrested for attempting to stab the BM with the SC present. The two older SC attempted to protect the BM from the SF. The SF was arrested and refused to speak about the incident but agreed he could benefit from substance abuse treatment.

Report Determination: Indicated | **Date of Determination:** 01/09/2019

Basis for Determination:
On 1/9/19 ACS determined there was credible evidence to support the allegations of the report and cited the SF's violent attack on the BM in front of the SC while under the influence of alcohol. The case remained open for CPS services.

OCFS Review Results:
Based on ACS' documentation the determination was appropriate. None of the collateral contacts witnessed the SM or SF intoxicated or the children neglected in any way.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/25/2018	Deceased Child, Female, 8 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 8 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 6 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 6 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 8 Years	Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	

Deceased Child, Female, 8 Years	Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Deceased Child, Male, 6 Years	Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 6 Years	Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 1 Years	Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 1 Years	Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:
On 05/25/18, the SCR registered a report that alleged PD/AM and IG of the then ages 1, 6 and 8-year-old SC. The report alleged the SM and SF misused alcohol to the point of intoxication while caring for the SC. ACS initiated the investigation and made the appropriate contacts during this investigation.

Report Determination: Unfounded | **Date of Determination:** 06/19/2018

Basis for Determination:
On 05/25/18, the SCR registered a report that alleged PD/AM and IG of the then ages 1, 6 and 8-year-old SC. The report alleged the SM and SF misused alcohol to the point of intoxication while caring for the SC. ACS initiated the investigation and made the appropriate contacts during this investigation.

OCFS Review Results:
Based on ACS' documentation the determination was appropriate. None of the collateral contacts witnessed the SM or SF intoxicated or the children neglected in any way.

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

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

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

Known CPS History Outside of NYS

There is no 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?

☐Family Court ☐Criminal Court ☒Order of Protection

Have any Orders of Protection been issued? Yes

From: 11/23/2018 | **To:** 12/13/2018

Explain:
On 11/23/18 a temporary order of protection was granted against the father to keep away from the BM and all three children.

From: 11/10/2018	**To:** 05/31/2019
Explain: On 11/10/18, temporary Orders of Protection were issued for the three children against the BF. These orders expired on 5/31/19.	

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