



Report Identification Number: NY-21-092

Prepared by: New York City Regional Office

Issue Date: Jan 20, 2022

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 10 year(s)

Jurisdiction: Richmond
Gender: Male

Date of Death: 08/18/2021
Initial Date OCFS Notified: 08/18/2021

Presenting Information

The SCR report alleged on 8/18/2021, the SC was eating dinner with the BM, the BF, and the 12-yo, and 8-yo twin siblings. After eating the meal, the SC began to have trouble breathing. He was breathing heavy, and then he collapsed. EMS were called and they arrived at the home and performed CPR on the SC. The SC needed to be intubated on the scene. He was transported to the hospital at 4:11PM and later died at 4:43PM. The cause of death was Cardiac Arrest. The SC had a medical condition and it was unknown if the SC's ailments contributed to his death. The parents did not have any explanation for the SC's death.

Executive Summary

On 8/18/2021, the SC died while in the care of his BM. The ME did not accept the case and no autopsy was performed; however, there were no signs of trauma to the SC. The ME confirmed the findings of the hospital physicians that the cause of death was cardiac arrest. The manner of death was natural.

At the time of the SC's death, he resided with his parents and three surviving siblings.

On 8/19/2021, ACS received the report and initiated the CPS investigation in a timely manner. ACS case documentation reflected the BM fed the SC blended rice and collard greens for dinner. After eating the meal, the SC started having difficulty breathing. The BM called 911 and was instructed how to perform CPR on the SC by the 911 operator. EMS responded to the home moments later and took over resuscitation efforts on the SC. EMS intubated the SC on the scene and then transported the SC to the hospital where medical personnel pronounced him dead at 4:43PM.

ACS obtained information from the hospital staff, LE, medical providers, and the family. The information obtained did not reveal the parents were negligent regarding the SC's death. Multiple medical providers reported the SC had a significant medical history, but he was well cared for. They also stated there was no action the parents could have taken to prevent the SC's death. The BM acted appropriately when she observed the SC having difficulty breathing and she called 911. LE did not make any arrests and closed the criminal investigation.

Throughout the investigation, ACS assessed the SSs during home and school visits. ACS did not document any concerns for the SSs who appeared to be safe and free from any suspicious marks and bruises. The family's neighbors, the MGM, and the adult sibling did not have concerns for the family. The family declined ACS' offer of services.

On 10/18/2021, ACS unsubstantiated the allegations of the report due to lack of credible evidence. ACS based its decision on the medical findings which indicated the cause of death was cardiac arrest and the manner of death was natural. The medical providers reported there was no action or inaction of the parents that impacted the SC's death. The SC died of cardiac arrest which could not have been prevented.

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

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 notes a consultation took place, but no details noted.

Explain:

The family declined services.

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: 08/18/2021

Time of Death: 04:43 PM

County where fatality incident occurred: Richmond

Was 911 or local emergency number called? Yes

Time of Call: 03:30 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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: **Not Applicable**

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	10 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	47 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)

LDSS Response

On 8/19/2021, ACS visited the family. The BM reported the SC had a medical condition since he was 4 years old and had been receiving routine care bi-weekly. The SC was not prescribed any medication. The SC, and the SSs were up to date with both their immunizations and wellness checks. The SC was in his usual health prior to his passing. He did not eat anything new or out of the ordinary before he died. ACS observed the SSs to be asleep and did not have any signs of abuse and or neglect. The BF was not present in the home at the time of the visit.

On 8/19/2021, LE stated the medical staff reported the SC looked well cared for with no signs of trauma. The medical staff deemed the death natural. LE did not plan to make any arrest.

On 8/19/2021, the BF reported that he was not present in the home when the incident occurred. He denied the SC had trouble breathing prior to the incident. The BF reported the SC had a medical condition, but his doctor said everything was okay.

On 8/19/2021, the medical staff reported the ME rejected the case which indicated an autopsy would not be conducted. The SC was known to the hospital as an infant for respiratory distress. The ME reported the SC's body would not be examined.

On 8/19/2021, ACS made a follow-up visit to the family. The BM repeated the same account of events leading up to the incident as previously provided. The BF declined an interview by ACS. The three SSs also refused to be interviewed separately, and when they were interviewed together, they provided minimal information about the incident. They did not appear fearful or uncomfortable in the home. The home did not pose any health or safety hazards to the SSs. The family's neighbor denied any child welfare concerns for the SSs.



On 8/19/2021, the hospital staff reported the three SSs appeared well nourished and free from hygienic concerns. The staff stated it appeared the SC's death could not have been prevented by the parents.

On 8/19/2021, the primary care physician (PCP) reported the parents secured adequate medical care for the children. The PCP said there was no action the parents could have taken to prevent the SC's death. The PCP was aware the SC was unable to chew, and the BM blended his food and spoon fed him. The PCP did not have concerns about the BM pureeing the SC's food. The SC's meal plan had been in place for many years and the SC did not have any complications. The PCP did not refer the SC to a speech/swallow therapist because there was no indication that it was necessary. All the SSs immunizations were up to date.

On 8/24/2021, the ME stated the autopsy was completed by the hospital and there were no suspicious results. The SC's airway, and lungs were clear. There was no concern that the SC choked.

On 8/25/2021, the medical specialist stated the SC did not have any ongoing chronic disorder.

On 9/1/2021, ACS visited the family to assess the SSs and did not document any concerns for them.

On 9/1/2021, LE stated the criminal investigation had been closed.

On 9/13/2021, ACS held a child safety conference, and the outcome was not to seek court intervention on behalf of the family.

Between 9/15/2021 and 10/14/2021, ACS visited the family at the case address. ACS documented the home did not pose any health or safety hazards. ACS provided a list of resources for the family to address grief and bereavement. The BM stated the family did not want services. ACS observed the SSs to be happy and well. ACS also visited the SSs' schools. The school staff did not report any behavioral or academic concerns for the SSs.

On 10/18/2021, ACS unsubstantiated the allegations of the report due to lack of credible evidence.

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: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?Yes

Was the fatality referred to an OCFS approved Child Fatality Review Team?No

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059381 - Deceased Child, Male, 10 Yrs	059382 - Mother, Female, 34 Year(s)	DOA / Fatality	Unsubstantiated



Child Fatality Report

059381 - Deceased Child, Male, 10 Yrs	059382 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
059381 - Deceased Child, Male, 10 Yrs	059383 - Father, Male, 47 Year(s)	DOA / Fatality	Unsubstantiated
059381 - Deceased Child, Male, 10 Yrs	059383 - Father, Male, 47 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>



Child Fatality Report

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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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"/>

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

The family refused services.

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)
02/27/2020	Deceased Child, Male, 9 Years	Father, Male, 46 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 9 Years	Father, Male, 46 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Male, 9 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	



Deceased Child, Male, 9 Years	Mother, Female, 33 Years	Lack of Medical Care	Unsubstantiated
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Report Summary:

The SCR report alleged the now deceased SC had a medical condition. Over the past year, the SC had reoccurring skin condition. The parents did not adequately treat the SC's condition or seek necessary medical attention for the SC. The SC had poor hygiene, and his skin and clothing were visibly dirty and had an odor.

Report Determination: Unfounded**Date of Determination:** 04/24/2020**Basis for Determination:**

During a school meeting held on 3/6/20 with the parents and the school staff, the parents denied the school staff informed them that the SC had any hygiene concern in the school prior to ACS' involvement. They stated they ensured that the SC was constantly well groomed. The school staff confirmed that staff did not share the concern with the parents prior to the school meeting. The parents provided ACS with a letter from the SC's PCP that indicated the SC only had scratch marks and that the SC did not need any treatment plan. The PCP also provided ACS with the SC's medical record that indicated the SC was seen by on 3/3/2020 and the PCP did not observe any ringworm on the SC.

OCFS Review Results:

Based on the case documentation, ACS initiated the investigation in a timely manner and made the appropriate collateral contacts which included medical providers. ACS conducted the investigation appropriately.

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

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

The family was known to the SCR in a report dated 1/4/2016, with concerns surrounding their ability to adequately care for the now deceased SC with the primary focus on the SC's medical and environmental care. The SC had roaches running all over his body and his wheelchair.

On 3/10/16, ACS substantiated the allegation of IG against the parents due to credible evidence. ACS viewed pictures taken of the roaches on the SC's wheelchair. ACS referred the family for services, but they declined. ACS filed an Article 10 Petition of Neglect in Family Court to mandate services for the family. The court released the children to both parents with ACS supervision.

The family also had a PINS on the now adult female sibling who had issues with the family and continuously went AWOL from the home until she was ultimately placed on a PINS remand.

Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.

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