



Report Identification Number: NY-21-074

Prepared by: New York City Regional Office

Issue Date: Jan 07, 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: Kings
Gender: Male

Date of Death: 07/08/2021
Initial Date OCFS Notified: 07/08/2021

Presenting Information

The 7/8/21 report alleged that the SC had been on a visit with the SF for the last week. During visitation with the SF, the SC had an asthma attack that led to cardiac arrest. The SC was taken to the hospital for emergency care and was pronounced dead at 1:44PM on 7/8/21. Cardiac arrest was rare as the result of an asthma attack. Due to the severity of the asthma attack, the death of the SC was suspicious.

Executive Summary

The 10-year-old male child (SC) died on 7/8/21. As of 1/7/2022, NYCRO had not received a copy of the autopsy report.

ACS' investigation revealed the subject child, who had a preexisting medical condition, and his 11-yo male sibling were visiting the SF since the end of June 2021. The children usually resided with the mother. The SC had a cough and SF believed it was from the air conditioner (AC), but did not think it was anything out of the ordinary. On 7/6/21, the subject child and his siblings were outside playing. In the evening when they returned to their apartment, the child began to cough. The child took his medication, but later vomited. An adult sibling informed the father of the child's condition. The father directed the sibling to call 911 once the subject child became unresponsive after taking his asthma medication. The sibling contacted 911 and phoned his mother. The mother also called for EMS. The father attended to the subject child and began CPR until EMS arrived and transported the subject child to the hospital. The child was then transferred to another hospital for more intensive and specialized treatment; however, the child died. The time of death was listed as 1:44PM on 7/8/21.

ACS staff initiated the report and contacted medical personnel and law enforcement throughout the investigation. Medical personnel provided information regarding resuscitative efforts performed on the child. There were no signs of trauma, suspicious marks, or bruises. The SC had cardiac arrest in which the brain did not receive oxygen.

Law enforcement personnel indicated there were no criminal charges or arrests, and was awaiting the death certificate.

As there are surviving siblings, an Initial Child Safety Conference was convened. There were no concerns with the surviving siblings. The BM was referred for bereavement counseling at a medical center.

On 9/6/21, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the SF. ACS documented the SC had a medical episode that led to cardiac arrest in which he was pronounced brain dead on 7/8/21. The SF took necessary precautions by contacting 911 and EMS for assistance, in addition to performing CPR until EMS arrived.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:



Playing
 Other

Eating

Unknown

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
 Asleep

Absent
 Other: N/A

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	Mother	No Role	Female	39 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	43 Year(s)
Other Household 1	Other - Adult male	No Role	Male	26 Year(s)
Other Household 2	Sibling	No Role	Female	17 Year(s)
Other Household 3	Sibling	No Role	Female	25 Year(s)
Other Household 4	Sibling	No Role	Female	20 Year(s)

LDSS Response

On 7/8/21, the hospital social worker said the SC had a medical episode and had cardiac arrest which was rare after this type of medical incident.

On 7/8/21, the attending Dr. said there were no signs of trauma, suspicious marks, or bruises. The SC had cardiac arrest in which the brain did not receive oxygen.

On 7/8/21, the BM said the SC had a medical condition and was prescribed medication. The SC had a medical device which was to be used as needed.

On 7/8/21, the SF said the SC had medical episodes in October and December 2021 after coming from his home. He said he and the BM spoke with the Dr., and went over the medication and safety plan and the BM permitted the SC to stay overnight.

On 7/8/21, the 11-yo SS said when they returned upstairs after playing outside, the SC used the medical device and vomited. The 11-yo SS said he told the SF and the SF told him to call the BM. He said he heard the BM state "call the hospital now;" so, he called 911. The adult male sibling awoke and tried to get the SC to take the medical device again, but it malfunctioned. Shortly thereafter the child became unconscious. The BM who was on the phone told the SF to turn the SC to his left side; the SC vomited and mucous exited his nose and mouth. The SF continued CPR.



On 7/8/21, the ME informed ACS a request was received from the hospital and the case would not be accepted as it seemed to be an accidental medical episode attack and was up to the family to decide whether they would want the hospital to perform an autopsy.

On 7/9/21, the 17-yo SS said the BM made sure the SC took his medication. She was unsure of what occurred at the SF's home as she was not present.

On 7/14/21, one of the adult siblings said the SF told her the SC said he did not feel well. The 11-yo SS was on the phone with the BM and she heard the SF state the SC vomited. The parents called EMS and the father performed CPR. She called the ambulance to learn where they were and called EMS again informing them to hurry as the SC passed out.

On 7/14/21, the adult male sibling said he was awakened by the SF stating the SC was not feeling well. The SC vomited. He tried to place the SC on the medical device, but he kept knocking the device out of his hand and he tried to continue to place him on the device. The SC took the instrument and used it. The 11-yo SS cried, yelled, and spoke with the BM telling her what was occurring. The SF was on the phone with EMS. After the SC took the medical instrument, he passed out in his arms and the SF started CPR. The SF told him to go downstairs to alert EMS. ACS provided him bereavement resources.

ACS unsubstantiated the allegations of the report.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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

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
059001 - Deceased Child, Male, 10 Yrs	059003 - Father, Male, 43 Year(s)	DOA / Fatality	Unsubstantiated
059001 - Deceased Child, Male, 10 Yrs	059003 - Father, Male, 43 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"/>



Child Fatality Report

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"/>
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"/>

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"/>



Explain:

The documentation reflected that a conference occurred and the BM was referred for bereavement counseling at a service provider.

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"/>

Explain as necessary:

The SC and 11-yo SS were visiting the SC's father at the time of the incident. The father was listed as a subject of the fatality report; the BM was listed as having no role.

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

Additional information, if necessary:

ACS offered the family burial assistance and the MGM said she would cover the full cost. The documentation reflected the family was provided with a list of community based organizations that offer bereavement services as this service was not offered by any of the preventive agencies. ACS submitted a child care voucher for the 11-yo 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:

ACS offered the family burial assistance and the MGM said she would cover the full cost. The documentation reflected the family was provided with a list of community based organizations that offer bereavement services as this service was not offered by any of the preventive agencies.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

ACS offered the family burial assistance and the MGM said she would cover the full cost. The documentation reflected the family was provided with a list of community based organizations that offer bereavement services as this service was not offered by any of the preventive agencies.

ACS submitted a child care voucher for the 11-yo SS.

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? Yes
- 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 SF and an unrelated adult male residing in the home were not known to the SCR or ACS as a subject more than three years prior to the fatality. The adult siblings were listed as a confirmed maltreated CH in six reports dated 10/21/02, 10/23/02, 12/18/02, 1/16/03, 4/7/03 12/13/07, and 1/24/10. The allegations of the reports were a repeated combination of IG, LMC, IF/C/S, SA,L/B/W, PD/AM, EdN and IG of the now adult siblings by their caretakers. All reports were indicated.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Preventive Services History

A service case was opened on 10/22/05. The 5/11/06 FASP reflected the AS and AS1 were final discharged from foster care on 1/28/05 and had been residing with the BM and 17-yo SS. The CHN were originally placed due to inadequate guardianship and educational neglect. Monitoring was requested to ensure the CHN's needs were being met. The BM and the AS were victims of DV and they were also sexually abused. The family was in need of therapy to address trauma and to rebuild the relationship between the BM and AS. According to ACS, the BM and three CHN (AS, AS1, and 17-yo SS) were under court ordered supervision and receiving preventive services. They received family counseling and the AS1 and AS were seeing a therapist but stopped. On 3/8/06, court ordered supervision was ended. On 10/13/06, the service case was closed.

During the 12/13/07 investigation, ACS opened a service case on 2/7/08. The initial FASP reflected the family was referred for parenting classes. The notes reflected the BM completed the intake process and would be scheduled for classes which met twice a week for five weeks. The service case was closed on 5/15/08.

Foster Care Placement History

According to ACS, on 11/13/02 a neglect case was filed against mom for AS and AS1. There was an amended filing in 2003. The CHN were placed in foster care. An order of disposition was issued 7/31/2003. It was ordered that the CHN remain in care for 12 months. The unknown service plan was said to be appropriate. A Fact Finding order dated 6/26/03 reflected the BM admitted to neglect based on educational neglect and marijuana abuse. Notes indicated that the CHN were Final Discharged on 1/28/05 to the BM.

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