



**Report Identification Number: NY-22-032**

**Prepared by: New York State Office of Children & Family Services**

**Issue Date: Oct 03, 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:** 17 year(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 04/15/2022  
**Initial Date OCFS Notified:** 04/19/2022

## Presenting Information

The Administration for Children’s Services (ACS) completed an OCFS-7065 Agency Reporting Form on 4/19/22, after learning of the 17-year-old female subject child's death.

## Executive Summary

During a routine home visit on 4/18/22, ACS learned the subject child had passed away in the hospital on 4/15/22 due to complications from a congenital disorder. At the time of the subject child’s death, she resided at home with the mother and father. There were no siblings or other children in the home. The family was known to ACS as there was an ongoing CPS investigation regarding an unrelated matter at the time of the child's death.

ACS investigated the circumstances surrounding the subject child’s death and they learned that on 4/10/22, the subject child was using an iPad in another room while the mother and father prepared breakfast in the kitchen. Sometime after 8:00AM, the father went into the child’s room and found the child had no use of her extremities and was unable to stand. The father laid the child on the floor and called out for the mother, and then called 911. First responders arrived and transported the subject child to the hospital where multiple medical procedures took place. Lifesaving efforts continued until 4/15/22 when the child was declared brain dead and taken off ventilators.

Due to the conditions surrounding the death and the child’s preexisting condition, an autopsy was not performed. The death was presumed to be due to a stroke as the result of the subject child’s congenital disorder. Law enforcement did not investigate the death.

The investigation opened at the time of the fatality was unfounded and closed on 5/2/22. The parents were referred for mental health counseling and bereavement services. At the time the investigation closed, it was unknown if the parents were engaged in services.

## 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:**

The death of the subject child was not reported to the SCR, therefore, safety assessments and a determination were not required.

**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:**

Based on the information ACS gathered, they determined there was no reasonable cause to suspect the death was a result of abuse or maltreatment. ACS closed the investigation opened at the time of the fatality upon completion of all case objectives.

### 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:** 04/15/2022

**Time of Death:** 01:30 PM

**Date of fatal incident, if different than date of death:**

04/10/2022

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

Unknown

**County where fatality incident occurred:**

Bronx

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

08:55 AM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: using her tablet

**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: 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	No Role	Female	17 Year(s)
Deceased Child's Household	Father	No Role	Male	57 Year(s)
Deceased Child's Household	Mother	No Role	Female	58 Year(s)

### LDSS Response

On 4/18/22, ACS was notified by the parents that the subject child had passed away on 4/15/22 after five days in the hospital. Within 24 hours of being notified of the subject child's passing, ACS notified the New York City Regional Office and submitted the required 7065 Agency Reporting Form. ACS visited the parent's home to offer their condolences and spoke to the subject child's providers and all relevant collateral sources.

ACS was aware the subject child suffered from a congenital disease that caused developmental delays, and both thyroid and heart conditions. Medical providers noted the subject child suffered from an Acute Cranium Hemorrhage and was bleeding on her skull when she was admitted into the hospital on 4/10/22. Multiple medical procedures were conducted in an attempt to relieve pressure on the child's brain. Medical procedures were unsuccessful, and the subject child was declared brain dead and passed away on 4/15/22 at 1:30PM. The subject child received services from several providers, which included occupational therapy, physical therapy, speech therapy, and a home health aid prior to her death.

On 4/18/22, ACS conducted an unannounced home visit to follow up with the parents and subject child. Upon arrival, the parents informed ACS the child suffered a stroke and passed away in the hospital on 4/15/22. The parents requested ACS return at another time as their religious beliefs required a period of mourning and they were unable to complete interviews at that time.

ACS returned to the home on 4/29/22 and the parents corroborated information learned from medical professionals. ACS provided community-based referrals to the family and both parents were receptive to services.

During the investigation open at the time of death, ACS maintained regular contact with all providers involved with the child's treatment. There were no concerns disclosed surrounding the parents' care of the child, and the providers reported the parents worked cooperatively and followed all recommendations to the best of their abilities. ACS received the death certificate, which noted the child's cause of death as an Acute Stroke. Information gathered revealed the subject child's death was due to her congenital genetic condition, and there was no reasonable cause to suspect any abuse or maltreatment occurred.

### 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 referred to an OCFS approved Child Fatality Review Team?**No



### CPS Fatality Casework/Investigative Activities

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

**Additional information:**

Though the death was not an SCR reported fatality, ACS spoke with all relevant collateral sources in order to determine that there was no suspected abuse or neglect surrounding the death.

### 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
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



# Child Fatality Report

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"/>				

**Additional information, if necessary:**  
 ACS offered the parents community-based services related to mental health and bereavement counseling. It was unknown if the parents utilized services at the time the investigation was closed.

**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 siblings or other children in the home.

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

**Explain:**  
 ACS provided referrals for bereavement and mental health counseling.

## 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? N/A
- Was the child acutely ill during the two weeks before death? No

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/02/2022	Deceased Child, Female, 17 Years	Mother, Female, 58 Years	Burns / Scalding	Unsubstantiated	No



# Child Fatality Report

Deceased Child, Female, 17 Years	Mother, Female, 58 Years	Inadequate Guardianship	Unsubstantiated
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**Report Summary:**

ACS received a report from the SCR alleging the mother burned the 17-year-old subject child on the back with a spoon for unknown reasons.

**Report Determination:** Unfounded**Date of Determination:** 05/02/2022**Basis for Determination:**

ACS determined there was no credible evidence to substantiate the allegations. ACS spoke with multiple collateral sources, including the home health aid present when the child was allegedly burned, all denied any such incident. The subject child was unable to provide a consistent disclosure and was observed to be free from marks and bruises. The mother denied the allegations and all collateral sources reported no concerns for the care of the child.

**OCFS Review Results:**

ACS completed case objectives within the required time frame. During the investigation, the child passed away due to natural causes. ACS completed a thorough investigation into the conditions surrounding the death and determined the death was not the result of abuse or neglect.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**CPS - Investigative History More Than Three Years Prior to the Fatality**

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

**Known CPS History Outside of NYS**

There was no known 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