



Report Identification Number: NY-20-112

Prepared by: New York City Regional Office

Issue Date: Mar 09, 2021

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: 16 year(s)

Jurisdiction: Richmond
Gender: Female

Date of Death: 11/30/2020
Initial Date OCFS Notified: 12/02/2020

Presenting Information

According to the OCFS-7065, the child was admitted the hospital on 11/27/20. She remained hospitalized until she was pronounced dead on 11/30/20.

Executive Summary

The medically fragile 16-year-old female child died on 11/30/20. ACS obtained information that reflected the child died due to natural causes.

At the time of the child's death, the family had an open investigation that began on 10/20/20. ACS continued the investigation and verified the medical professionals diagnosed the child with a rare form of blood cancer in September of 2019. The child received intravenous treatment at the hospital. However, her prognosis was poor and she was not expected to survive. On 11/27/20, the child's condition worsened and she was unable to eat her meals. The BM and BF took her to the local hospital for medical examination and treatment. She received care in the Emergency Room until she was transferred to another hospital for intensive care. She remained hospitalized until she was pronounced dead on 11/30/20.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Services Cases. The information regarding the child's death was reported to OCFS under Chapter 485 of the Laws of 2006.

The child resided with the BM and BF. She had an adult male surviving sibling who reportedly resided at a different location. There were no minor children in the family's household.

ACS obtained information from the hospital where the child was pronounced dead. The hospital informed ACS that the child died due to liver failure possibly resulting from her pre-existing medical condition. The documentation showed the hospital did not have concerns of medical neglect regarding the child's death. There was no autopsy performed. The Medical Examiner reportedly did not accept the case as there were no suspicions surrounding the child's death.

Prior to closing the case, ACS visited the home and offered referrals for bereavement to the family. The ACS progress notes showed the family stated they planned to rely on family and friends for burial arrangements and bereavement.

On 12/18/20, ACS closed the case as there were no surviving children in the family's household and ACS involvement was no longer required.

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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

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 has detail of the consultation.

Explain:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities**Incident Information**

Date of Death: 11/30/2020

Time of Death: 01:00 AM (Approximate)

County where fatality incident occurred: New York

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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: Hospitalized

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

At time of incident supervisor was: Not impaired.

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 |
|-----------|--------------|------|--------|-----|
|-----------|--------------|------|--------|-----|



Child Fatality Report

| | | | | |
|----------------------------|----------------|---------|--------|------------|
| Deceased Child's Household | Deceased Child | No Role | Female | 16 Year(s) |
| Deceased Child's Household | Father | No Role | Male | 44 Year(s) |
| Deceased Child's Household | Mother | No Role | Female | 41 Year(s) |

LDSS Response

On 12/01/20, ACS interviewed the adult SS by telephone. The SS said the family took the child to the local hospital on 11/27/20 because she was sick, her legs were swollen, and she was unable to eat her meals. He said medical personnel treated the child for a while in the Emergency Room and then transferred her to another hospital for more specialized treatment. He explained that the child died in the other hospital on 11/30/20. The documentation showed ACS was unable to speak with the BM and BF as the SS said they were distraught.

On 12/01/20, ACS interviewed medical personnel from the hospital where the child was pronounced dead. According to the medical personnel, upon arrival in the hospital, the child was in critical condition, and the concerns were liver failure possibly linked to her underlying medical condition. Her condition deteriorated, she was intubated and later died on 11/30/20.

On 12/2/20, ACS visited the home and attempted to interview the BM and BF. ACS noted the BM was crying and family and friends comforted the BM. The BF was unable to respond to ACS questions although both parents acknowledged ACS' presence. The BM said the family members and friends provided support and care and the family declined the ACS offer for bereavement. The BF said burial plans were pending the outcome of a family meeting. The adult sibling was not in the home.

Prior to closing the case, ACS reviewed the circumstances and noted the official cause of death was due to the child's pre-existing medical condition. The medical consultant reviewed the cause of death and explained that there were many possible ways the child could have been infected with bacteria, as her immune system was compromised due to the cancer. According to the review, the child's prognosis was not good from the onset of her diagnosis and her death was imminent.

ACS closed the case and ended involvement with the family.

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

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

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"/> |

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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 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? N/A

Explain:

There were no surviving children in the BM and BF's care.

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 community-based 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? | Yes |

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) |
|--------------------|----------------------------------|--------------------------|----------------------|--------------------|---------------------|
| 10/20/2020 | Deceased Child, Female, 15 Years | Mother, Female, 44 Years | Lack of Medical Care | Unsubstantiated | No |
| | Deceased Child, Female, 15 Years | Father, Male, 41 Years | Lack of Medical Care | Unsubstantiated | |

Report Summary:

The report alleged the child had a severe inflammatory syndrome that was fatal. The child had a medical port in her chest for infusion which needed to be flushed, and since July of 2020 the BM and BF did not respond to calls from the clinic.

Report Determination: Unfounded

Date of Determination: 12/18/2020

Basis for Determination:

ACS unsubstantiated the allegation of the report on the basis of no credible evidence. ACS explained that the BM and BF sought a medical second opinion and obtained an appointment with a medical specialist. The child was hospitalized and died due to complications of her illness.

**OCFS Review Results:**

ACS visited the home and interviewed the BM, BF and child. The investigative findings showed the child had a terminal illness. There was concern about the medical port which was inserted into the child's chest, and the need to flush the port monthly. During the interviews, the BM and BF expressed concern about the treatment the child received and the method of treatment that lead to the child refusing to go to the clinic. The family requested a transfer and obtained an appointment for the child to receive an examination by the medical specialist. The documentation reflected the port was flushed as required. The child was hospitalized when she became ill on 11/27/20, and she died 11/30/20.

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) |
|--------------------|----------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 04/02/2019 | Deceased Child, Female, 14 Years | Father, Male, 43 Years | Educational Neglect | Unsubstantiated | Yes |
| | Deceased Child, Female, 14 Years | Father, Male, 43 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child, Female, 14 Years | Father, Male, 43 Years | Lack of Medical Care | Unsubstantiated | |
| | Deceased Child, Female, 14 Years | Mother, Female, 39 Years | Educational Neglect | Unsubstantiated | |
| | Deceased Child, Female, 14 Years | Mother, Female, 39 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child, Female, 14 Years | Mother, Female, 39 Years | Lack of Medical Care | Unsubstantiated | |

Report Summary:

The report alleged the child had excessive school absences. She failed all subjects as a result. The child experienced severe symptoms and the parents did not follow through with her medical needs.

Report Determination: Unfounded

Date of Determination: 05/31/2019

Basis for Determination:

ACS unsubstantiated the allegations of the report on the basis of no credible evidence. ACS explained that the child was ill and unable to attend school. The parents acted appropriately and took the child to the physician on the same day. The school received the medical documentation for the child.

OCFS Review Results:

ACS visited the home and observed and interviewed the BM, BF and child. The BM and BF denied the allegations. ACS reviewed the child's medical records and noted the immunizations were up to date, the child had medical examinations for illness in March and April of 2019, the physician diagnosed her with a medical condition and she received prescribed medication. ACS verified the child had school absences due to illness, she returned to school and provided the appropriate medical documents. ACS found there were no safety factors that placed the child in danger.

ACS did not contemporaneously enter progress notes. Some events occurred on 4/2/19 and 4/4/19 but were entered on 5/31/19.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

ACS did not enter progress notes contemporaneously. Some of the events occurred on 4/2/19 and 4/4/19 but were not entered until 5/31/19.

**Legal Reference:**

18 NYCRR 428.5

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

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

The BM was an alleged subject in a report that the SCR registered on 2/24/09. The report did not involve the deceased child. The allegation of the 2/24/09 report was IG of a child for whom the BM was a caretaker. The report was indicated. The family received services to address the identified needs.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No