



Report Identification Number: SV-19-036

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

Issue Date: Dec 19, 2019

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 17 year(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 06/26/2019
Initial Date OCFS Notified: 07/08/2019

Presenting Information

OCFS was notified by the Suffolk County Department of Social Services (SCDSS) via the 7065 Agency Reporting Form that the 17-year-old male subject child passed away in his home on 6/26/19. The child was diagnosed with a medical condition and he had been receiving in-home hospice services for three months prior to his death.

Executive Summary

On 7/2/19, the grandmother notified SCDSS that the 17-year-old subject child passed away at the family's home on 6/26/19. SCDSS had an open CPS investigation at the time, which was received on 5/16/19, with concerns that there were weapons and drugs in the home that the mother's partner left accessible to the subject child and the 15 and 11-year-old siblings.

The subject child was diagnosed with a medical condition that resulted in frequent hospitalizations. He had been hospitalized for two weeks due to a cardiac event in February 2019. Due to the condition of the child's heart, he was not expected to survive, and he was discharged home with hospice care. The maternal grandmother moved into the home to assist with the child's care. The child's health declined, and on 6/26/19 around 2:00 PM, he went into cardiac arrest and stopped breathing. The mother and grandmother were in the room when this occurred, and the siblings were in another room in the home. The maternal grandmother contacted the hospice nurse and the child was pronounced deceased at 2:58 PM.

Due to the circumstances surrounding the child's death, an autopsy was not performed, and a law enforcement investigation was not conducted. The death certificate listed the cause of death as cardiopulmonary arrest secondary to Muscular Dystrophy and the manner of death as natural.

The mother and her partner had a history of heroin abuse and they were both engaged in an opioid maintenance program and substance abuse treatment. The mother's partner was arrested on 5/15/19 for violating parole, after guns and drug paraphernalia were found in the home. He was incarcerated and law enforcement brought him to the home on 6/26/19, to say goodbye to the child. SCDSS attempted to locate and speak to the subject child and 15-year-old sibling's father and the 11-year-old sibling's father, and they were unsuccessful.

SCDSS thoroughly investigated the circumstances surrounding the child's death and determined the siblings were safe in the mother's care. SCDSS substantiated the allegations of the SCR report against the mother's partner, and he remained incarcerated at the time this report was written. The mother continued in substance abuse treatment and the family planned to engage in bereavement services through hospice. SCDSS opened the case for Preventive Services.

PIP Requirement

For a citation identified in a historical case, SCDSS will submit a PIP to the Westchester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) SCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS will review the plan and revise as needed to address ongoing concerns.

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

Explain:

The subject child's death was not reported to the SCR, therefore there was no case determination.

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:

SCDSS thoroughly investigated the circumstances surrounding the subject child's death and opened the case for Preventive 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: 06/26/2019

Time of Death: 02:58 PM

Time of fatal incident, if different than time of death: 02:00 PM

County where fatality incident occurred: Suffolk

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:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: laying in bed | | |



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
Deceased Child's Household	Deceased Child	No Role	Male	17 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	56 Year(s)
Deceased Child's Household	Mother	No Role	Female	36 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Year(s)
Other Household 1	Mother's Partner	No Role	Male	34 Year(s)
Other Household 2	Father	No Role	Male	35 Year(s)
Other Household 3	Other Adult - BF of 11yo Sibling	No Role	Male	41 Year(s)

LDSS Response

Upon becoming aware of the child's death, SCDSS notified the Westchester Regional Office and submitted the required Agency Reporting Form. SCDSS assessed the safety of the siblings and offered the family bereavement services and support.

SCDSS met with the family at their home and assessed the home to be safe. It was learned the subject child had been diagnosed with a medical condition at the age of seven and he had been receiving in-home hospice services for three months prior to his death. The mother reported the child was on pain medication and required the assistance of a BiPAP machine to help him breathe. She said the child passed away peacefully in his bed and they contacted hospice as instructed.

The hospice nurse confirmed the mother and grandmother were meeting the child's medical needs and following his plan of care. She said the child's health declined in the days leading up to his death. She received a call from the family at 2:00 PM on 6/26/19, informing her that the child had passed away. She arrived at the home about 25 minutes later and life saving measures were not performed. He was pronounced deceased and the funeral home picked up his body for cremation.

SCDSS contacted the necessary collaterals and determined the child passed away from a pre-existing medical condition and not due to abuse or neglect. SCDSS appropriately offered the mother Preventive Services to assist with service coordination for 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: Other physician



Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

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

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:

Risk was adequately assessed and the needed services were offered and accepted by the family.

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



Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Preventive Services							

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? Yes

Explain:

The mother planned to obtain bereavement services for the siblings through Hospice.

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

Explain:

The mother planned to receive bereavement services through Hospice.

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? Yes
- 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? 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)
05/16/2019	Deceased Child, Male, 17 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 15 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	



Sibling, Male, 11 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 17 Years	Mother's Partner, Male, 34 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 15 Years	Mother's Partner, Male, 34 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 11 Years	Mother's Partner, Male, 34 Years	Inadequate Guardianship	Substantiated

Report Summary:

The SCR report alleged the mother's partner kept loaded guns, ammo, a machete and up to seven knives in the home. All of the weapons were easily accessible to the children. The mother was aware of the weapons and failed to appropriately intervene. The mother's partner smoked marijuana in the home and left it out and accessible to the children. The mother and her partner left Methadone out in the apartment.

Report Determination: Indicated

Date of Determination: 07/16/2019

Basis for Determination:

The mother's partner lived in the home and often cared for the children. He was using heroin and fentanyl, there were weapons and methadone in the home and needles in the mother's car, which resulted in his arrest and incarceration for violating parole. The mother was aware her partner was using drugs and that there were weapons and methadone in the home and needles in her car.

OCFS Review Results:

SCDSS conducted a thorough investigation by interviewing all family members and contacting necessary collaterals. SCDSS documented in progress notes that they intended to substantiate the allegations against the mother and her partner. The allegations against the mother were unsubstantiated and the basis was not documented in the investigation conclusion narrative. The subject child passed away during the investigation and SCDSS investigated the circumstances surrounding his death. SCDSS appropriately offered the family Preventive Services and opened the case.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The seven day safety assessment was due to be completed by 5/23/19 and was not completed until 7/9/19.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

SCDSS will complete all safety assessments in accordance with statutory requirements.

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

SCR report 7/24/07 substantiated against the mother for the allegation of parent's drug/alcohol misuse regarding the subject child and 15yo sibling.

SCR report 5/5/14 unsubstantiated against the mother and mother's partner for inadequate guardianship and parent's drug/alcohol misuse regarding all three children.

SCR report 8/15/14 substantiated against the mother and mother's partner for the allegations of inadequate guardianship and parent's drug/alcohol misuse regarding the 11yo sibling. Opened for ongoing CPS services.

Known CPS History Outside of NYS



There is no known CPS history outside of New York State.

Preventive Services History

SCDSS opened an ongoing CPS services case on 9/9/14, following an indicated SCR report. The mother was arrested for possession of a controlled substance (heroin) and child endangerment after driving while under the influence of drugs and for having drugs in her possession, with the youngest sibling in the car. The mother's partner was also charged with possession of a controlled substance. Both adults had a history of drug abuse. An Article 10 Neglect Petition was filed against both adults and on 9/5/14, the three children were placed with the maternal grandparents under Article 1017. The mother made significant progress in her court orders and maintained sobriety and the children returned to her custody on 9/22/16. In April 2017, the mother's partner became incarcerated. The mother achieved her service plan goals and the Preventive Services case closed on 9/22/17.

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