



## Report Identification Number: SY-18-013

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

Issue Date: Sep 25, 2018

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:** 8 year(s)

**Jurisdiction:** St. Lawrence  
**Gender:** Female

**Date of Death:** 04/01/2018  
**Initial Date OCFS Notified:** 04/03/2018

## Presenting Information

On 4/2/18, the death of the SC was reported to OCFS by the St. Lawrence County Department of Social Services (SLCDSS) through the required Agency Reporting Form 7065. On 4/1/18 at 6:00 PM, SC died while hospitalized at Mount Sinai Hospital.

## Executive Summary

On 4/2/18, SLCDSS notified OCFS of the SC's passing on 4/1/18 through form 7065. SLCDSS had an open CPS investigation at the time, which was received on 2/16/18, concerning educational neglect of the 15 yo SS.

On 4/2/18, SLCDSS was notified by the 15 yo SS's probation officer that the 8 yo SC passed away at Mount Sinai Hospital on 4/1/18 around 6:00 PM. It was learned SC was admitted to Upstate Medical Center Hospital on 2/12/18 for ongoing vomiting and dehydration after having minor surgery on 12/14/18. The cause of SC's illness was unable to be determined and SC's condition deteriorated. SC was transferred to Mount Sinai Hospital in New York City on 3/13/18, where she remained until her death. SC had a pre-existing condition that was diagnosed at birth and she was receiving ongoing physical therapy (PT) and occupational therapy (OT).

An autopsy was conducted and the final autopsy report had not yet been received. After SC's death, a doctor at Upstate Medical Center determined SC had a genetic mutation that lead to her pre-existing condition and the illness that caused her death.

SLCDSS thoroughly investigated the circumstances surrounding SC's death and determined her death was not caused by abuse or maltreatment. SS was assessed to be safe in the care of his parents. SS was engaged in MH counseling and probation services due to a history of truancy and behavioral issues. The CPS investigation remained open at the time this report was written and BM and BF declined any additional 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 SC was not reported to the SCR.

**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:**

The death of SC was not reported to the SCR.

### 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:** 04/01/2018

**Time of Death:** 06:00 PM

**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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1

**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	Female	8 Year(s)
Deceased Child's Household	Mother	No Role	Female	51 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)



Other Household 1	Father	No Role	Male	64 Year(s)
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### LDSS Response

On 4/2/18, SLCDSS was informed by SS's probation officer that SC died the night prior at Mount Sinai Hospital, where she was inpatient for treatment of a preexisting condition. SLCDSS notified OCFS of SC's passing through the appropriate form and contacted BM by phone to offer condolences. SLCDSS assessed the safety of the SS at a friend's home where he was staying while BM and BF were at the hospital. SS was already engaged in MH counseling and declined needing grief counseling or any additional services at that time.

On 5/10/18, SLCDSS met with BM, BF and SS and provided them with information on grief counseling and MH counseling services. Through the open investigation it was learned BM and BF shared custody of the children. Both homes were assessed to be appropriate and safe for SS. SC had a condition that required surgery as an infant and ongoing physical and occupational therapy. SC had minor surgery in December for another condition and became ill soon after. BM and BF took her to the emergency room on 2/12/18 for vomiting and dehydration and SC was admitted to Upstate Medical Center. BM arranged for 2 adults to go to the home frequently and check on SS while she was at the hospital with SC. An SCR report was received on 2/16/18 as SS was not attending school and SS had a history of truancy and behavioral issues that required an increased level supervision. BM made an alternative plan for SS to stay with a family friend until SC was discharged. On 3/13/18, SC was transferred to Mount Sinai Hospital after her condition had not improved after such an extensive period of time. After being hospitalized for almost 2 months a diagnosis had not been determined and SC's condition deteriorated, leading to her death. A doctor at Upstate Medical Center received test results after SC's death and determined SC had a genetic mutation that caused her condition at birth and the illness that led to her death.

SLCDSS contacted numerous collaterals, including hospital staff, LE, school staff, SC's ear, nose and throat doctor and SS's MH counselor and probation officer. Medical documentation was received that confirmed SC received the necessary medical care for her condition and there were no concerns for abuse or neglect by the parents. At the time this report was written, the CPS investigation remained open awaiting the final autopsy report and the SS was engaged in MH counseling and probation services.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Coroner

### 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"/>



# 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 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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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**Explain:**  
 The death of SC was not reported to the SCR, therefore 24-hour and 30-day safety assessments were not required, although the safety of the SS was assessed within 24 hours of the death of SC and a safety modification safety assessment was completed.

### 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"/>



# Child Fatality Report

Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
The SS was engaged in probation and MH services.

### Placement Activities in Response to the Fatality Investigation

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

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

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

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:

SS was offered grief counseling and he continued to engage in MH counseling with his provider.

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

Explain:

BM and BF were provided with information on grief counseling and MH services and they declined.

### History Prior to the Fatality

#### Child Information

Did the child have a history of alleged child abuse/maltreatment?	No
Was there an open CPS case with this child at the time of death?	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)
02/16/2018	Sibling, Male, 15 Years	Father, Male, 64 Years	Educational Neglect	Pending	No
	Sibling, Male, 15 Years	Mother, Female, 51 Years	Educational Neglect	Pending	

#### Report Summary:

An SCR report alleged BM and BF were aware that SS had a history of skipping school and they left him in the home unmonitored for a week. As a result, he skipped school due to their failure to make an adequate plan for his care.

Report Determination: Undetermined

#### OCFS Review Results:

SLCDSS interviewed all household members and contacted all necessary collaterals to determine BM made a plan for 2 adults to look after SS while she and BF were unexpectedly at the hospital with SC for an extended period of time. BM made an alternative plan for SC to stay with one of the adults when it was learned SC was not going to school. SC died during the investigation. SLCDSS appropriately investigated the circumstances surrounding SC's death and determined her death was due to a medical condition and not due to abuse or maltreatment by a caretaker.

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/17/2017	Sibling, Male, 14 Years	Mother, Female, 50 Years	Educational Neglect	Far-Closed	Yes
	Sibling, Male, 14 Years	Father, Male, 63 Years	Educational Neglect	Far-Closed	

**Report Summary:**

An SCR report was tracked FAR that alleged SS missed 25 days of school and was failing as a result. There was a history of excessive absenteeism stretching over several years. BM and BF were aware of the situation and failed to resolve it.

**OCFS Review Results:**

SLCDSS engaged all family members and contacted necessary collaterals. Notice of FAR letters were provided to the parents within the required timeframe and the 7-day safety assessment and FLAG were completed accurately. Notice of FAR closure letters were not provided to the parents as required. The school filed a PINS Diversion with Probation due to SS's continued absenteeism and behavioral issues. SC was engaged in the needed PT and OT services. SS was referred for MH counseling and the parents declined any additional services.

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

**Issue:**

FAR-Failure to Provide Notice of FAR Closure

**Summary:**

Notice of FAR closure letters were not provided to the parents as required.

**Legal Reference:**

18 NYCRR 432.13 (e)(2)(viii)

**Action:**

No more than 7 days after closing a family assessment response case record, the child protective service must notify the family, including all subjects of the report, that the case has been closed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/10/2015	Sibling, Male, 13 Years	Mother, Female, 48 Years	Educational Neglect	Far-Closed	No
	Sibling, Male, 13 Years	Father, Male, 62 Years	Educational Neglect	Far-Closed	

**Report Summary:**

An SCR report was tracked FAR that alleged SS missed 22 days of school and was failing all classes as a result. BM was aware and failed to intervene.

**OCFS Review Results:**

SLCDSS engaged all family members and contacted necessary collaterals. Notices of FAR opening and FAR closure were provided to the parents within the required timeframe and the 7-day safety assessment and FLAG were completed accurately. At the time of FAR closure, SS's attendance and grades improved and SC was receiving the necessary PT and OT services. SLCDSS offered Preventive Services and the parents declined.

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

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

There is no CPS history more than 3 years prior to the fatality.

**Known CPS History Outside of NYS**

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



## Legal History Within Three Years Prior to the Fatality

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

## Recommended Action(s)

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

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