



Report Identification Number: NY-19-103

Prepared by: New York City Regional Office

Issue Date: Dec 20, 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: 5 year(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 08/29/2019
Initial Date OCFS Notified: 08/30/2019

Presenting Information

The 8/30/19 report alleged on 8/29/19, the SM and SC visited a friend. While under the care of the SM, the SC played in a dangerous situation and climbed on a concrete wall. The wall fell on the SC causing her to sustain a severe head injury, bleeding from the nose, ears and mouth, an indent on her head and swelling to the back of the head. EMS transported the SC to the hospital at 8:41 PM. Upon arrival at the hospital, the SC was not breathing and had no heart beat. The medical staff performed CPR, but were unsuccessful. The SC was pronounced dead at 9:04 PM on 8/29/19.

Executive Summary

The 5-year-old female child (SC) died on 8/29/19. The autopsy listed the cause of death as blunt force (crush) injuries of head and the manner of death was accident (struck by stone fence that collapsed).

The allegations of the 8/30/19 report were DOA/Fatality, IG, S/D/S and II of the SC by the SM.

ACS investigated the report and found that a concrete fence fell on the SC on 8/29/19. At the time the incident occurred, the SC was outside of an apartment where the family was visiting. The SC was in the care of the SM, the SM's paramour and three of the paramour's family members. According to the SM, the SC went up to the fence and touched it, but did not climb onto or pull the fence. The SC came to the SM and told her she loved her, and then returned towards the fence. Someone yelled out a warning advising the SC to be careful as the fence tipped over on the SC. The SM did not know how the wall fell. At the time the fence tipped over, no one was touching the fence. The SM immediately held the SC, picked her up and ran toward an ambulance which was on the street. As the SM held the SC, she saw her eyes were white and felt no heartbeat. The ambulance transported the SC to the hospital where she was pronounced dead.

On 8/30/19, ACS held a case conference with the DV, mental health and medical consultants. During the conference it was recommended that the SM would benefit from bereavement counseling, but it was too soon as she was attempting to cope with the impact of the immediate trauma. ACS discussed plans to contact the SM's immediate family members and the BF as potential resources for engaging the SM.

On 9/5/19, a conference occurred at the CAC. During the conference, LE stated there was no criminality and the SC's death was deemed an accident. The documentation showed ACS planned to offer bereavement counseling for the SM and family.

On 10/2/19, ACS discussed the counseling services that were offered through a community-based organization. The SM signed an agreement to accept the counseling. ACS offered burial assistance, but the SM declined because she received burial assistance from a different resource.

The ACS documentation reflected the BF was referred for bereavement counseling out of New York state.

On 10/29/19, ACS Unsub the allegations of DOA/Fatality, IG, S/D/S and II of the SC by the SM on the basis of no credible evidence. ACS explained that the SC was killed when a fence fell on her causing an injury to the skull and brain. ACS determined the incident was a tragic accident and there was no evidence that it was caused by negligence by the SM. The ME listed the manner of death as an accident and the cause of death as blunt crush injury to the skull. There was no credible evidence the SM acted inappropriately with the SC at any time.



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? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

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:

There were no SS or other children in the BM's care.

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: 08/29/2019

Time of Death: 09:04 PM

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

County where fatality incident occurred: Kings

Was 911 or local emergency number called? No

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

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



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	Alleged Victim	Female	5 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Other Household 1	Father	No Role	Male	28 Year(s)

LDSS Response

On 8/30/19, ACS interviewed medical personnel who stated that at 8:41 PM, the SC was brought to the ER unresponsive with multiple head injuries. The SC bled from her ears, mouth, nose and head. The SC had a hematoma to the back of her head with a head indentation. The SC was dead on arrival. The SM had provided an explanation regarding the SC being in proximity of a concrete wall located between the home and the sidewalk. The wall collapsed on the SC killing her. LE showed medical personnel a picture of the scene, and it was stated that the SC did not have a chance of surviving the impact. The medical personnel said the SM's account was consistent with the injuries the SC sustained.

On 8/30/19, ACS visited the address where the SC sustained the injury and observed LE tape surrounding the location. ACS observed a fence of concrete pillars surrounding the home. ACS findings showed the pillars fell and crushed the SC. The remaining pillars were not properly secured to the ground and were unstable. The pillars were placed on the cement and not secured. A partial vacate order was observed for the front yard posted on the building's door for the scene of the accident. ACS attempted to visit the home; however, there was no response.

LE said the SM stated the SC played in the front of the home and the stone fence fell on the SC causing injuries to her head. The family obtained assistance from a nearby ambulance and transported the SC to the hospital.

On 8/30/19, ACS visited the SM's home and spoke with a community resource who said the family did not reside in the building. Per the community resource's account, some people used addresses for mailing purposes. He did not know where the family resided. On the same day, ACS attempted to interview the SM's paramour. The attempt was unsuccessful as the paramour said the SM was unable to participate in the interview with ACS.

On 9/3/19, ACS interviewed the two homeowners of the building where the incident occurred. During the interview, ACS learned that the fence was completed in January 2019. The homeowners had a permit to complete construction work on the fence and used a licensed contractor. At the time of the incident on 8/29/19, there were five adults observing the SC while she played outside the building. One of the homeowners was inside the building when she overheard yelling. This homeowner went outside the building to the location, but the SC was already being transported to the hospital. It appeared that this homeowner did not observe the SC or SM prior to the 8/29/19 incident. The other homeowner was not at home and did not observe the incident. This homeowner believed someone leaned on the fence but did not know how the incident occurred.



On 9/3/19, the paramour's relative said he was not at home when the incident occurred. According to the relative's account, the SM and her paramour were awaiting his return from work. There were three other family members with the paramour and SC outside awaiting his return. The paramour's relative refused to disclose the identity of his family members.

ACS interviewed the BF who said he had not seen the SC in six months as the SM did not permit him to see the SC. He did not know the SM's address. Later, he requested a referral for bereavement counseling and therapy services. He said he preferred to receive the referral in the mail.

On 9/5/19, ACS visited the home of the SM. ACS noted the SM rented a room in a private apartment. ACS interviewed the SM's neighbor who said with the exception of the paramour, the SM had no family members. The neighbor believed the SM needed counseling to deal with her loss. ACS informed the neighbor of resources for mental health assistance.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: The case documentation did not reflect there was a MDT response.

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052067 - Deceased Child, Female, 5 Yrs	052068 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
052067 - Deceased Child, Female, 5 Yrs	052068 - Mother, Female, 27 Year(s)	Swelling / Dislocations / Sprains	Unsubstantiated
052067 - Deceased Child, Female, 5 Yrs	052068 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
052067 - Deceased Child, Female, 5 Yrs	052068 - Mother, Female, 27 Year(s)	Internal Injuries	Unsubstantiated

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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The documentation did not reflect the SC's physician was contacted nor interviewed.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 The SM accepted community-based services for bereavement and DV counseling.

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 SS or other children in the SM's household.

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

Explain:
 The SM was referred to a community based organization for therapy.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- 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

There is no CPS investigative history in NYS within three years prior to the fatality.

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

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

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