



**Report Identification Number: SV-16-008**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 10/4/2016**

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	

**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
CPR-Cardio-pulmonary Resuscitation		

**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-Others	

**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	



## Case Information

**Report Type:** Child Deceased  
**Age:** 10 year(s)

**Jurisdiction:** Westchester  
**Gender:** Male

**Date of Death:** 04/01/2016  
**Initial Date OCFS Notified:** 04/01/2016

## Presenting Information

A report was received by the SCR on April 01, 2016, the report stated, the mother administered behavioral medication to the subject child (SC) on 4/1/16 at 6:00PM for medical condition. It is reported that the mother checked on the SC at 6:30PM and he was lying down on the floor looking at his tablet. Emergency Medical Services(EMS) was called at 7:07PM because the subject child was not breathing. EMS arrived at the 7:13PM and at that time, the SC did not have a pulse and was not breathing. EMS initiated CPR, but were unsuccessful. EMS personnel attempted to insert a bag valve mask into SC's mouth, but his jaw was clenched too tight. SC had already undergone rigor mortis and had been deceased for at least an hour. The subject mother and father name (unknown) explanation of the death is not plausible based on condition in which the SC's body was found.

## Executive Summary

On April 1, 2016, the Westchester County Department of Social Services (WCDSS) received a SCR report of an unresponsive 10 year-old child. WCDSS, in conjunction with local law enforcement, commenced investigation immediately. According to the records, WCDSS learned during the investigations that the mother administered the subject child his prescribed medication at approximately 6:00 PM on April 01, 2016. She checked on the child at around 6:30PM and he was lying on the floor playing with his Ipad and he appeared to be falling asleep. The mother decided to let the child fully fall asleep before she could put him to bed because he would often fuss. At approximately 7:00PM, the mother felt that the subject child appeared to be asleep face down and noticed that his legs were underneath the bed and she decided to move them. She noticed that the subject child did not flinch or fuss as he would normally.

The mother immediately turned over the subject child and observed that his eyes were still open and his mouth was open and he was non-responsive. The mother immediately attempted CPR, but she was not knowledgeable in the procedure. She called 911 at 7:07PM according to the records and she was given direction as to how to perform CPR. Emergency Services arrived at the case address at around 7:13PM and resumed CPR. The subject child was transported to a local hospital where was pronounced dead at 7:30PM.

According to the records, the Medical Examiner did not find any sign of abuse or neglect. The final Autopsy Report showed the Medical Examiner determined that the subject child's cause of death was disseminated influenza infection with gastroenteritis causing dehydration and the manner of death deemed natural. WCDSS conducted and concluded the investigations timely and all the allegations listed on the report were determined to be unsubstantiated regarding the mother and the father on behalf of the subject child and his three surviving siblings. Based on WCDSS's findings and determination, there was no credible evidence to substantiate the allegations.

## Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? 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

Explain:

According to the reviewed records, WCDSS followed NYS protocols, rules, and regulations pertaining to fatality investigations. All the safety decision points were appropriate. The unsubstantiated findings regarding the mother and the father are deemed appropriate.

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 notes a consultation took place, but no details noted.

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: 04/01/2016

Time of Death: 07:30 PM

County where fatality incident occurred: WESTCHESTER

Was 911 or local emergency number called? Yes

Time of Call: 07:07 PM

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

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

- Sleeping
- Playing
- Other
- Working
- Eating
- Driving / Vehicle occupant
- Unknown

**Did child have supervision at time of incident leading to death? Yes****How long before incident was the child last seen by caretaker?** 30 Minutes**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:** 01**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	10 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)

**LDSS Response**

The WCDSS responded appropriately by meeting with the parents and the surviving siblings at the case address. WCDSS conducted safety assessments within 24 hours and met with the family members a number of times during the course of the investigations. WCDSS contacted collaterals, and offered the parents funeral assistance as well as bereavement services. The parents indicated that they did not want the services at the time.

During the investigations, the WCDSS learned that the mother received a phone call from the school on March 30, 2016 that the subject child did not appear well. She stated that her son had a history of stool holding for a long time. This was corroborated with the subject child's physician according to the available records. The mother stated she did not send the SC to school on Friday, April 01, 2016 and decided to keep him home to monitor him. WCDSS further learned that the surviving siblings were with the father who had picked them up for the weekend. The father resides at a different address. The investigations further revealed that the mother did not take the subject child to the hospital and/ or a doctor after picking him up from school. According to the mother, she thought the subject child had a stomach virus since all her children had been sick with stomach flu that week. As a result, WCDSS added and explored an Inadequate Guardianship allegation but upon further investigation, this could not be substantiated.

According to reviewed records, WCDSS' investigation revealed the mother attended routine medical visits and adequately



cared for the SC and his surviving siblings. WCDSS' investigation showed that the surviving sibling's routine medical needs were met and medical care was up to date. The surviving siblings were observed to be in good health and thriving well. WCDSS contacted all the collateral contacts like the school, medical providers, family members, and also the source of the report. The parents were referred to Victim Advocate Services and offered bereavement services and the local district maintained contact with the family throughout the investigation. All safety decision points were achieved per NYS law and regulations.

The parents were informed that the services were available for them in case they needed it. WCDSS discussed bereavement services with the family numerous times, but the mother informed the caseworker that the family was already connected to the services. WCDSS findings and case determination concluded that allegations of fatality and inadequate guardianship against the parents were unsubstantiated. WCDSS found no credible evidence to substantiate that the parents had anything to do with the death of the subject child. It was also established that the statement about Rigor Mortis in the SCR report was not supported by the Medical Examiner or the hospital where the SC was transported to by EMS personnel. WCDSS findings established that that the parents provided above minimum degree of care to the SC and the surviving siblings, that the parents were attentive to the SC's special needs and ensured he received appropriate services and medical care.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**Yes

**Comments:** A joint investigation was conducted by local Law Enforcement officials.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**Yes

**Comments:** Westchester County has approved CFRT.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
028921 - Deceased Child, Male, 10 Yrs	028941 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
028921 - Deceased Child, Male, 10 Yrs	028942 - Father, Male, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
028921 - Deceased Child, Male, 10 Yrs	028941 - Mother, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated
028921 - Deceased Child, Male, 10 Yrs	028942 - Father, Male, 36 Year(s)	DOA / Fatality	Unsubstantiated



## 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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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# NYS Office of Children and Family Services - Child Fatality Report

## 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"/>

## 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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	Needed but 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 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"/>



# NYS Office of Children and Family Services - Child Fatality Report

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

**Other, specify:** Spiritual guide/ seek religious support

**Additional information, if necessary:**

On 5/20/2016, CPS worker spoke to the family about their faith and/or religious belief and the parents reported that they were looking into going to church for more support.

**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?** No

**Explain:**

The LDSS offered to help the parents with funeral assistance as well as bereavement counseling, but the parents declined. They informed the district that they did not need the services at the moment and they were informed that the assistance remained open for them in case they needed it.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** No

**Explain:**

The LDSS offered to help the parents with funeral assistance as well as bereavement counseling, but the parents declined. They informed the district that they did not need the services at the moment and they were informed that the assistance remained open for them in case they needed it. LDSS Caseworker informed the family their option to reach out to the Victim Assistance Services and the Caseworker for bereavement and other services on May 05, 2016 and again on May 23, 2016.

## 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? 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? No  
 Was the child acutely ill during the two weeks before death? Yes

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

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

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

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

**Required Action(s)**

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes No

**Preventive Services History**

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

**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