



Report Identification Number: NY-19-079

Prepared by: New York City Regional Office

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(Report was reissued on: Dec 31, 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: 13 year(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 06/30/2019
Initial Date OCFS Notified: 07/01/2019

Presenting Information

The 7/1/19 SCR report alleged that the SC had a history of high cholesterol and passing out. The SM and SF were advised to see a cardiologist for the SC, but they did not follow through. On 6/30/19, the SC was in the care of the MGM when he went to take a shower and passed out while in the shower. The MGM checked on the SC at about 8:50 PM and he was non-responsive. The MGM called 911. The SC was not breathing when EMS arrived. He was pronounced dead at the hospital at about 9:40 PM.

Executive Summary

The 7/1/19 SCR report included allegations of DOA/Fatality, LMC, and IG of the 13-yo male (SC) by the parents. The report alleged that the SC had a history of high cholesterol and passing out. The SM and SF were advised to see a cardiologist for the SC, but they did not follow through. On 6/30/19, the SC was in the care of the MGM when he went to take a shower, and passed out while in the shower. The MGM checked the SC at about 8:50 PM and he was non-responsive. The MGM called 911. SC was not breathing when EMS arrived. The SC was pronounced dead at the hospital at 10:16 PM the same day. The ME listed the cause of death as cardiac arrhythmia due to RYR2 gene mutation and the manner of death as natural.

According to the information obtained during the course of the investigation, on 6/30/19 at about 8:30 PM, the SC went to the bathroom to take his shower. About 20 minutes later the MGM, not hearing the child checked on him and found him unconscious on the bathroom floor. The MGM called 911 for EMS assistance. The SC was transported to the hospital unresponsive and pronounced dead on 6/30/19 at 10:16 PM. The MGM told the medical staff that the SC had a history of cardiac problems, high cholesterol, and syncope (fainting spells). The parents were in Puerto Rico and returning to the hospital; the 8-year-old male surviving sibling and the SC had been with the MGM since 6/28/19. The doctor said no foul play was suspected.

ACS initiated the investigation in a timely manner and made contact with the appropriate collaterals and the MGM who reported that she was aware of the SC passing out 2-3 times previously, and he had an appointment scheduled with the cardiologist and urologist on 7/17/19. The MGM said the SC's pediatrician reported that the child's cholesterol was under control, he did not take any prescribed medication, and he was not on a special diet. The MGM said once the incident occurred the SM's friend picked up the surviving sibling. ACS conducted an assessment of the friend's home and deemed it adequate for the short term stay for the surviving sibling. When the parents arrived at the hospital ACS staff interviewed them. The parents said the first time the SC passed out was 3-4 years ago and his pediatrician referred him to a neurologist where everything was determined to be fine. The SC was also examined by a cardiologist in March; again there were no concerns. The SC was scheduled to return to the cardiologist on 7/16/19.

Throughout the investigation, ACS made the appropriate contacts, explored new information, and followed up on other information obtained. The safety assessments were accurate and appropriately reflected the circumstances of the case. There was evidence of supervisory oversight and follow-up on directives.

On 9/30/19, ACS unsubstantiated the allegations of the report based on no credible evidence to support an indication. The family was referred for Child Welfare Services which ended on 10/29/19.

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:

Casework activities were commensurate with case circumstances.

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:

There was evidence of the involvement of the Investigative Consultants along with supervisory involvement. Case notes were entered contemporaneously, and the proper notices were provided to the family. The assessments of safety were adequate and appropriate.

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: 06/30/2019

Time of Death: 10:16 PM

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

08:30 PM



County where fatality incident occurred: Kings
 Was 911 or local emergency number called? Yes
 Time of Call: 08:55 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 Working Driving / Vehicle occupant
 Playing Eating Unknown
 Other: Taking a shower

Did child have supervision at time of incident leading to death? Yes
 How long before incident was the child last seen by caretaker? 020 Minutes
 At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 001
 Adults: 000

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	13 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	041 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	032 Year(s)
Deceased Child's Household	Sibling	No Role	Male	008 Year(s)
Other Household 1	Grandparent	No Role	Female	056 Year(s)

LDSS Response

Following the receipt of the report on 7/1/19 ACS's Emergency Children's Services unit staff CPS conducted home assessments of both the parents home and the MGM's home where the child had been staying while the parents were on a weekend getaway, and documented the homes had adequate food, clothing, and sleeping arrangements for the SC and the surviving sibling. There was also a working carbon/smoke detector; windows were properly secured with window guards. CPS made collateral contact with SC's school, pediatrician, cardiologist and neurologist, and obtained the SC's complete medical record. There were no remarkable findings to indicate the parents' actions or inactions contributed to the death of the child.

Between 7/1/19 and 7/12/19, CPS made collateral contact with NYPD detectives and learned the NYPD did not list case as a homicide; their investigation was closed based on the preliminary report from the ME which stated the death appeared to be from natural causes.

A Child Safety Conference was held and the decision was made to refer the family to Enhanced COS. The family signed consent and has been engaged in Preventive Services with PPRS agency Good Shepherd. Family members were referred for bereavement, family and individual counseling. The Good Shepherd agency reported that family has been compliant and have followed through with agency referrals/recommendations.



Both parents agreed and submitted to drug screenings; the results of the screens were negative.

ACS made collateral contact with Medical Examiner's office throughout the investigation. ME's determination listed cause of death as Cardiac Arrhythmia due to RYR2 Gene Mutation and the manner of death was natural.

On 7/3/19, 8/8/19, and 9/27/19, ACS conducted and completed safety assessments which appropriately reflected the case circumstances as documented in the progress notes. There were no safety factors noted.

On 9/30/19, ACS unsubstantiated the allegations of DOA/Fatality, Inadequate guardianship and Lack of medical care of the 13-year-old child on the basis of no credible evidence to support the allegations. ACS supported their determination using the ME's report that the cause of death was due to cardiac arrhythmia due to RYR2 gene mutation. This condition was not previously diagnosed and the parents had been taking the child for medical attention for routine and episodic care.

The case remained open for CWS services until 10/29/19.

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: Case documentation reflected a MDT response to the fatality.

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052605 - Deceased Child, Male, 13 Yrs	052610 - Father, Male, 041 Year(s)	DOA / Fatality	Unsubstantiated
052605 - Deceased Child, Male, 13 Yrs	052610 - Father, Male, 041 Year(s)	Inadequate Guardianship	Unsubstantiated
052605 - Deceased Child, Male, 13 Yrs	052610 - Father, Male, 041 Year(s)	Lack of Medical Care	Unsubstantiated
052605 - Deceased Child, Male, 13 Yrs	052607 - Mother, Female, 032 Year(s)	DOA / Fatality	Unsubstantiated
052605 - Deceased Child, Male, 13 Yrs	052607 - Mother, Female, 032 Year(s)	Inadequate Guardianship	Unsubstantiated
052605 - Deceased Child, Male, 13 Yrs	052607 - Mother, Female, 032 Year(s)	Lack of Medical Care	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"/>

Additional information:

No additional information.

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 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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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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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: Family accepted PPRS services for grief counseling and relapse prevention.				

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"/>
Explain as necessary: There were no safety factors present that placed the surviving child in impending or immediate danger or serious harm; therefore, no removal was necessary.				

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

Grief counseling was provided.

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

Explain:

Grief counseling was provided.

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? No

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

The family had no known prior child welfare history.

Known CPS History Outside of NYS

The family had no known CPS history outside of NYS.



Preventive Services History

Following the death of the 13-year-old child the family was offered preventive services which included bereavement counseling for the entire family and relapse prevention services.

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