



**Report Identification Number: NY-22-021**

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

**Issue Date: Aug 29, 2022**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Queens  
**Gender:** Female

**Date of Death:** 03/29/2022  
**Initial Date OCFS Notified:** 03/29/2022

## Presenting Information

An SCR report alleged on 3/29/22, the mother slept on a couch with the 1-month-old female child at the grandparent's home. They went to sleep at approximately 2:30 AM, and when the mother woke up at approximately 5:30 AM, she found the child unresponsive. The mother called 911 and EMS responded to the home. The child was transported by ambulance to the hospital. The child was pronounced deceased at the hospital at 6:45 AM. The mother had no explanation for the child's death.

## Executive Summary

This report concerns the death of the 1-month-old female child that occurred on 3/29/22. A report was made to the SCR on the same day with allegations the mother placed the child in an unsafe sleeping environment and the child was discovered unresponsive and passed away. At the time of the child's death, she resided with her mother; however, the mother and child were visiting the maternal grandmother's home. The maternal uncles and aunt, aged 6, 12 and 1 week resided at the maternal grandmother's home. The father had a 3-week-old sibling who did not have a relationship with the child. The children were assessed to be safe with their parents.

The Administration for Children Services (ACS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. An autopsy was performed; however, the final autopsy report was pending at the time this report was written. The medical examiner noted the child's sleeping environment may have blocked her airway. The criminal investigation was closed without charges.

The family reported the mother placed the child on her side, on the seat of a reclining chair to sleep. The child was placed to sleep with blankets. The mother slept on an adjacent couch. Several hours later, an adult uncle noticed the child was on the edge of the chair and told the mother. The mother checked on the child and found her unresponsive and not breathing. The mother then alerted the grandmother. A neighbor who heard the commotion called 911 and the child was transported to the hospital and pronounced deceased.

ACS gathered information from collateral contacts including family members who were in the home, a neighbor, the mother's roommate, and the pediatrician. There were no concerns for the mother's care of the child.

ACS conducted home visits and documented thorough interviews. The allegation of Inadequate Guardianship was substantiated. ACS noted the mother did not use good judgement in securing a proper sleeping arrangement for the child. Despite having adequate provisions for the child, the mother placed the child in an unsafe sleeping environment on multiple occasions. The allegation of DOA/Fatality was unsubstantiated as ACS determined there was not a fair preponderance of evidence to support the allegation. However, the record reflected that the medical examiner ruled out any physical trauma or injury to the child and confirmed the child did not have a bacterial infection. The ME said he was awaiting the results from neurological and toxicology tests prior to completing the autopsy report and noted it was clear the mother placed the child in an unsafe sleeping environment, and in reviewing the position of the child's face, the position suggested the child's airway could have been obstructed. Additionally, the record reflected there were aggravating factors as the child was placed to sleep with blankets. The case was closed timely on 5/26/22.

## PIP Requirement



ACS will submit a PIP to the New York City Regional Office within 45 days of the receipt of this report. The PIP will identify action(s) the ACS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACS will review the plan and revise as needed to address ongoing concerns.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations 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? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**  
Casework activity was not commensurate with case circumstances as the 30-day Fatality Report was completed untimely.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The 30-day Fatality Report was completed untimely on 5/25/22.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must document and approve a 30-day Fatality Report within 30 days of receipt of a report alleging the death of a child resulting from abuse or maltreatment. The template for this report is available in Connections for all reports containing an allegation of a child fatality.
<b>Issue:</b>	Appropriateness of allegation determination
<b>Summary:</b>	The information ACS gathered from the ME and case documentation of the child's unsafe sleep environment (including photographs of a reenactment) met a fair preponderance of the evidence to substantiate the allegation of DOA/Fatality.
<b>Legal Reference:</b>	FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)



**Action:** ACS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the New York City Regional Office if further guidance is needed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 03/29/2022

**Time of Death:** 06:45 AM

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

Unknown

**County where fatality incident occurred:**

Queens

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

05:57 AM

**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:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**Did child have supervision at time of incident leading to death?** Yes

**How long before incident was the child last seen by caretaker?** 6 Hours

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

Distracted

Absent

Asleep

Other:

**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	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Other Household 1	Father	No Role	Male	22 Year(s)

### LDSS Response

On 3/29/22, ACS received the report from the SCR. Within the first 24 hours of the investigation, ACS coordinated investigative efforts with LE, documented a CPS history check and the ME and district attorney's offices were notified of



the death. The source was contacted, and a home visit was made. The minor uncles and aunt were assessed as safe.

LE provided information that the MGM said the SM placed the SC on her back in a recliner and the SM slept on the couch. The SM checked on the SC and the SC was face-down and unresponsive. The MGM reported to LE that the SC was last seen alive around 1:00 AM on 3/29/22. LE gathered information from the ME that the SC’s body did not show signs of abuse or maltreatment. No arrests were made.

The SM was interviewed on 3/29/22. She reported she and the SC went to the MGM’s house on 3/28/22, and decided to spend the night. Around 9:30 PM, the SM fed the SC and the SC fell asleep. The SC woke at 10:30 PM and the SM held her. The SC acted normally at that time. At 11:00 PM, the SM tried to get the SC to sleep, but the SC cried. The SM asked the MGM for help. Around 12:00 AM on the day of the SC’s death, the SC fell asleep and 10 minutes later, she woke up again. The SM placed the SC on her side with her face turned on a reclining chair, which was in the reclined position. The SM slept on a couch nearby. At approximately 5:30 AM, the adult uncle woke the SM up saying, “fix the baby.” The SC was in the corner of the chair, face-down, and was warm and unresponsive. The SM put the SC on her back and notified the MGM. The SM was unaware who called 911; however, EMS responded and transported the SC to the hospital where she was pronounced deceased. The SM stated that in the weeks prior to the SC’s death, she took the SC to the doctor’s office due to excessive crying and the SC was not having regular bowel movements. The SC received treatment for her condition.

The MGM reported the SM usually brought a bassinet for the SC to sleep in but did not bring one that night as the SM did not plan on sleeping over. She reported the SC was placed to sleep on the recliner with blanket and with a blanket on top of her. According to the MGM, the night prior to the SC’s death, the SC cried as if she was in pain. On the day of the SC’s death, the MGM was awoken by the SM. The MGM reported a neighbor who heard the SM’s screams came to the home, called 911 and performed CPR. The MGM was provided with safe sleep recommendations as she had an infant.

ACS interviewed the minor uncles. The 12-year-old uncle reported that he was woken up due to commotion in the home and learned the SC passed away. The 6-year-old uncle did not have additional information. The adult uncle reported that he woke for work around 5:45 AM and he saw the SC on the edge of the recliner while he walked through the room. He told the SM to “fix the baby” and then went into his bedroom. Shortly thereafter, the uncle heard the SM crying. He did not have additional information.

ACS contacted the neighbor who heard screaming and went to the home. The SM was on the floor holding the SC. CPR was performed until EMS transported the SC to the hospital. ACS contacted the SM’s roommate who did not have concerns for the SC, but stated the SM oftentimes co-slept with the SC on the couch. The father of the SC had only seen the SC a few times and did not have further information. He was provided with safe sleeping information regarding the sibling.

ACS contacted the ME who reported a concern that the SC was placed in an unsafe sleeping position and that the SC was found in the corner with her face down, which could have possibly blocked her airway. The pediatrician corroborated the SC had been seen for minimal bowel movements and was successfully treated.

After completing required casework, the family did not require further intervention from ACS and the case was closed.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** Pending

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

**Multidisciplinary Investigation/Review**



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

Was the fatality referred to an OCFS approved Child Fatality Review Team? No

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
061141 - Deceased Child, Female, 1 Mons	061142 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated
061141 - Deceased Child, Female, 1 Mons	061142 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated

### 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**  
 Safety Assessment tools were not required as the sibling was not listed on the report and did not have a relationship with the mother or child. Although the minor children in the grandmother's home were assessed.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
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:**  
 No children were removed as a result of the fatality.

**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 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"/>



<b>Homemaking Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Parenting Skills</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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

**Explain:**  
The parents and grandmother were offered bereavement services. The mother engaged in counseling services and the father declined services. It was unknown if the grandmother engaged in counseling services in response to the death.

### 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? Yes

#### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

### 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 investigative history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There was no known CPS history outside of New York.

**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