



Report Identification Number: NY-21-007

Prepared by: New York City Regional Office

Issue Date: Jul 21, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 01/19/2021
Initial Date OCFS Notified: 01/19/2021

Presenting Information

The SCR report alleged on 1/19/21, the babysitter laid the subject child down to take a nap at 10:30AM. The babysitter checked the subject child at 1:15 PM and found the child unresponsive. The babysitter called the mother who sent the maternal uncle to the home. EMS was contacted and the subject child was transported to the hospital where she was pronounced dead at 3:48PM, the same day. The subject child was an otherwise healthy child and the babysitter had no explanation for her death.

Executive Summary

This fatality concerns the death of a four-month-old female child that occurred on 1/19/21 while in the care of the babysitter. The final autopsy remained pending as of the issuance of this report.

The ACS investigation revealed the SC was healthy and showed no signs of illness within the three days prior to the time the MU handed her over to the babysitter on 1/19/21. The babysitter reported on the day of the incident she changed the child’s diaper, fed, and placed the child to sleep on her side and propped her back with clothes on a queen size mattress. The babysitter said the SC was alive because she moved slightly and was breathing. Later when the babysitter checked, she noticed something was wrong. The position in which the child was found was not documented. The babysitter called to her husband to observe the child, who also referred to the child’s appearance as “weird.” The babysitter and her husband did not explain what they meant by “weird” in the child’s appearance. The babysitter then called and left a message for the BM at 1:35PM. The BM returned the call to the babysitter who alerted her of the situation. The BM contacted the MU and asked him to go to the babysitter’s home. EMS was called to the home at 1:57PM.

The BM’s family and the babysitter’s family were offered bereavement counseling, but they declined.

ACS contacted the child's pediatrician and learned the child’s last medical exam occurred on 12/3/20 and she was healthy.

LE reported the child died while asleep on a mattress on the floor of the babysitter’s home. LE found no criminality and closed their case.

ACS added the babysitter’s husband to the case during the investigation. The Specialist contacted the BF who was in another country.

On 3/20/21, ACS substantiated the IG allegation of the child by the babysitter and her husband because they both admitted to noticing the child’s “weird condition” between 12:30- to 12:40 PM but failed to call 911. ACS noted that the first call to 911 was received 1:57PM from the MU. EMS arrived at the home at 2:11PM and continued CPR while transporting the child to the hospital where they arrived at 2:14PM. The child was pronounced dead at 3:48PM. ACS noted that it was clear the babysitter and her husband delayed in calling 911 for about 1 hour and 15 minutes.

ACS unsubstantiated the allegation of DOA/Fatality by the babysitter citing they found no evidence to support that the babysitter caused the death of the child.

While OCFS does not disagree with the determination regarding the allegation of Inadequate Guardianship of the child,



ACS did not mention the unsafe sleep condition. The child was placed on her side on a mattress on the floor with her back "propped up" with clothes. The position in which the child was found was not documented.

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

Explain:

Sufficient information was gathered to make determination for all allegations including those on the intake report as well as any identified in the course of the investigation.

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:

The level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion, was commensurate with the case circumstances.

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: 01/19/2021

Time of Death: 03:48 PM

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

12:30 PM

County where fatality incident occurred:

Bronx



Was 911 or local emergency number called?

Yes

Time of Call:

01:57 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

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

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	Aunt/Uncle	No Role	Male	29 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	20 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	14 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	4 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	50 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	64 Year(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Other Household 1	Other - Babysitter's husband	Alleged Perpetrator	Male	75 Year(s)
Other Household 1	Other - Babysitter	Alleged Perpetrator	Female	58 Year(s)
Other Household 1	Other - Babysitter	No Role	Female	24 Year(s)

LDSS Response

Upon receipt of the report, ACS initiated the investigation by making contact with appropriate collaterals and the family.

ACS contacted the hospital and the ER Dr reported the child was found with no physical signs of trauma.

The ME reported the preliminary cause of the child's death was possibly SIDS.

ACS learned that the BM has no other children and the child's father resided outside the country. ACS also learned the day the incident occurred was the first day the child was cared for by the babysitter and it was the first day the BM had returned to work. The babysitter had no minor children of her own. The babysitter was the family's friend and had been the babysitter for the BM's younger brother in addition to children in the community.



The babysitter reported that before the incident she had changed the child’s diaper at approximately 10:30 AM and placed the child to sleep on her side (45 degree angle) on the mattress located on the living room floor. The babysitter reported she never left the living room where the child slept. She noticed the child moved slightly and was breathing. Between 12:30PM and 12:40PM, she noticed the child “look weird, as if something was wrong;” the child's body was stiff. She stated she panicked, called her husband, who also made the same statement. He contacted 911 who confirmed they received the call at 1:57 PM. The babysitter’s husband initiated CPR instructed by the operator. EMS and LE arrived simultaneously and transported the child to the hospital. The child was pronounced dead at 3:48PM on 1/19/21.

The medical staff found no physical evidence that indicated maltreatment, abuse, or neglect on the SC. LE and the ME investigator completed a re-enactment at the babysitter’s home and found no criminality.

The BM reported the child had a runny nose that subsided one week prior to her demise. She also stated the child was healthy and the child’s pediatrician confirmed the child was well based on the last visit.

Neither family reported mental health, substance abuse or DV issues. They both declined services.

On 3/20/21, ACS indicated the report.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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: The investigation adhered to previously approved protocols for joint investigation inclusive of the MDT response.

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057521 - Deceased Child, Female, 4 Mons	057528 - Other - Babysitter, Female, 58 Year(s)	DOA / Fatality	Unsubstantiated
057521 - Deceased Child, Female, 4 Mons	057528 - Other - Babysitter, Female, 58 Year(s)	Inadequate Guardianship	Substantiated
057521 - Deceased Child, Female, 4 Mons	057529 - Other - Babysitter's husband, Male, 75 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities



Child Fatality Report

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

There were no surviving children.

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

Explain:

The babysitter's family and the BM's family declined services.

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

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

The babysitter's family had an indicated case in 2009 for XCP, IG, II. It was alleged that the father of the now adult daughter, hit her and caused an injury. The XCP and IG were substantiated as the children reported the father used various physical methods of punishment and the mother failed to intervene or protect the children. The II was unsubstantiated; the AS had a loose baby tooth; a dentist was recommended.

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