



**Report Identification Number: NY-23-057**

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

**Issue Date: Oct 03, 2023**

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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		



## Case Information

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

**Jurisdiction:** New York  
**Gender:** Male

**Date of Death:** 06/04/2023  
**Initial Date OCFS Notified:** 06/04/2023

## Presenting Information

An SCR report was received on 6/4/23 and alleged at 10:47AM the mother noticed the 1-year-old child was not breathing. The mother began chest compressions, and an unknown person called 911. Emergency medical services arrived and transported the child to the hospital, where he was pronounced deceased at 11:30AM. The subject child was an otherwise healthy child, and the mother and father had no explanation for his death.

## Executive Summary

This report concerns the death of a 1-year-old male child that occurred on 6/4/23. The New York City Administration for Children’s Services (ACS) received an SCR report on 6/4/23, regarding the fatality. The report contained allegations of DOA/Fatality and Inadequate Guardianship against the mother and father of the subject child. A subsequent SCR report was received on 6/4/23 and contained allegations of DOA/Fatality and Inadequate Guardianship against the paternal grandmother. The subject child was an otherwise healthy child and there was no explanation for his sudden death. At the time of his death, the subject child resided with his mother and maternal grandmother. The father resided with the paternal grandmother, step-grandfather (SGF), and other household member (OA). ACS immediately initiated their investigation and learned there were no surviving siblings.

Through a joint investigation with law enforcement, it was learned on 6/3/23, the subject child was being cared for by the paternal grandmother. The child was showing symptoms of being ill for three days prior to the fatality and did not receive any medical care. On 6/3/23, the child vomited in his sleep, his bedding and clothes were changed, and he was put back to sleep. On 6/4/23, the mother observed the subject child to be unresponsive with vomit around his mouth. The mother contacted 911 at 10:47AM while the father attempted CPR. Emergency medical services arrived shortly after and transported the child to the hospital where he was pronounced deceased at 11:30AM.

ACS communicated with law enforcement and learned their criminal investigation was ongoing, pending the medical examiner's findings. Law enforcement provided ACS with photographs of the scene which included the child’s bedding, clothing, and sleep area. At the time this report was written, there were no criminal charges against the parents or the paternal grandmother.

ACS communicated with the medical examiner’s office as well as hospital staff and learned there were no signs of trauma to the child or suspicious injuries. The medical examiner ordered a full pediatric investigation and results were still pending. At the time this report was written, the final autopsy report was still pending.

The record reflected ACS determined their investigation and unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship against the mother, father, and paternal grandmother. Safety Assessments were completed timely and accurately. ACS completed the Risk Assessment accurately; their progress notes were entered contemporaneously and provided all required notifications. The investigative actions were not completed accurately and reflected all subjects/parents were interviewed; however, the father was never interviewed, although sufficient attempts to interview him were documented in the case record.

ACS provided the family with an application for burial assistance and provided resources for bereavement services to all family members and included the neighbor who assisted the family during the 911 call. ACS gathered pertinent information from collateral contacts such as the child’s pediatrician, medical staff, law enforcement and numerous family



members, friends, and neighbors.

## 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:

ACS made an appropriate decision to unsubstantiate the allegations based on evidence obtained throughout their 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:

Casework activity was commensurate with 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: 06/04/2023

Time of Death: 11:30 AM

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

County where fatality incident occurred: New York

Was 911 or local emergency number called? Yes

Time of Call: 10:47 AM



**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?**

Unknown

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

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**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	Male	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	25 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	54 Year(s)

### LDSS Response

On 6/4/23, ACS received a report regarding the death of the SC. ACS initiated their investigation within 24 hours and coordinated their efforts with law enforcement. ACS contacted the sources of the reports, reviewed prior CPS history, and communicated with the district attorney and medical examiner.

ACS interviewed the SM who reported on 6/3/23 the evening prior to the death, the SC was being cared for by the PGM while she and the SF went to the movies. The parents left the residence at 11:30PM and returned on 6/4/23 at 2:30AM. Prior to leaving for the movies, the SM observed the SC in his bed sleeping and noted that she heard him snoring. The SM reported she and the SF woke in the morning and were talking while lying in bed. The SF went to the bathroom while the SM continued to lay in bed scrolling through her phone. She explained throughout the evening and morning she could hear the SC snoring. At one point, she noticed the SC stopped snoring, she waited a minute and then checked on the SC and noticed he was unresponsive with dried vomit on his face. She attempted to wiggle the SC to wake him; however, he did not respond. The SM reported she picked up the SC and ran to the bathroom where the SF took the SC and performed CPR. The SF then took the SC into the shower and ran water on him to wake the SC. The SM explained she grabbed the SC and ran into the hallway where she contacted 911 and both parents continued performing CPR until EMS arrived and transported the SC to the hospital. During her interview, the SM explained the SC had been ill with common cold symptoms for 3 days prior to the fatality.

ACS interviewed the PGM who reported she had been caring for the SC since 6/1/23. She explained on 6/3/23, she worked in the morning and left the SC with the SGF and OA until she returned home around 1:00PM. The parents returned home from a trip and later in the evening went back out to see a movie, so she continued caring for the SC. The SC went to sleep in the SF's bedroom with the PGM, he slept in his Pack n' Play and was noted to be asleep around 10:00PM. At around 11:50PM, the PGM noticed the SC vomited, she cleaned him, changed his clothes and bedding, gave him 2 ounces of organic milk and put him back to sleep in his Pack n Play, positioning him on his side. She stayed with the SC in the bedroom until the parents returned on 6/4/23, around 2:00AM. During her interview, she reported the days she had cared for the SC his molars were coming in, his jawline had been warm but denied the SC had any fevers. In addition, she



reported the SC had cold symptoms and was congested, she gave the SC Tylenol twice on 6/3/23, once in the morning and once in the evening around 6:00PM. The PGM denied having any concerns for the SM and SF as well as the SC while in their care.

ACS made multiple attempts to speak with the father; however, all attempts were unsuccessful. LE interviewed the father and learned he woke up and observed the child in his Pack n' Play and went into the bathroom to take a shower. Shortly after, the mother ran into the bathroom screaming, "the baby," and the SF took the SC and attempted CPR but was unsuccessful. The SF then brought the SC into the running shower to try and wake him while the SM contacted 911. The parents continued life-saving efforts until EMS arrived.

ACS communicated with the SC's pediatrician and learned the mother was attentive with the SC's medical care. He had seasonal allergies and was prescribed nasal spray and eye drops. There were no concerns noted for the SC's physical health and his last pediatric appointment was on 5/19/23.

ACS spoke with numerous collaterals including family, friends, and neighbors. The individuals who were present for the incident all had consistent stories regarding the events that took place. Everyone denied having any concerns for the SM and SF's parenting abilities. In addition, there were no concerns reported regarding the PGM's care of the SC.

### 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

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

**Comments:** The New York City Region does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
064068 - Deceased Child, Male, 1 Yrs	064069 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
064068 - Deceased Child, Male, 1 Yrs	064069 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
064068 - Deceased Child, Male, 1 Yrs	064070 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
064068 - Deceased Child, Male, 1 Yrs	064070 - Father, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
064068 - Deceased Child, Male, 1 Yrs	064071 - Grandparent, Female, 54 Year(s)	DOA / Fatality	Unsubstantiated
064068 - Deceased Child, Male, 1 Yrs	064071 - Grandparent, Female, 54 Year(s)	Inadequate Guardianship	Unsubstantiated



## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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:**

ACS made multiple attempts to speak with the father; however, all attempts were unsuccessful.

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





<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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 parent(s) and other care givers to address any immediate needs related to the fatality? Yes**

**Explain:**  
Family members were given information regarding bereavement services and the parents were provided information regarding burial assistance if needed.

### History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** 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 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 is no known CPS History outside of New York State.





## 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