



## Report Identification Number: NY-23-131

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

Issue Date: Mar 29, 2024

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:** 4 day(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** 12/31/2023  
**Initial Date OCFS Notified:** 12/31/2023

## Presenting Information

An SCR report alleged that on 12/31/23 at about 12:00 AM, the mother and father gave the 4-day-old female subject child a bottle and put her in her bassinet to sleep, placing her on her side. At 1:48 AM, the father found the child not breathing and unresponsive. Either the mother or the aunt called 911. Emergency medical services arrived at the home at 1:55 AM and met the aunt, who was holding the child, at the door. Emergency medical services began cardiopulmonary resuscitation and transported the child to the hospital. Despite further life-saving measures, the child was pronounced deceased at 2:45 AM. The child was otherwise healthy and the mother, father, and aunt had no explanation for her death.

## Executive Summary

This fatality report is regarding the death of a 4-day-old female child that occurred on 12/31/23. An SCR report was made on the same day and included allegations of Inadequate Guardianship and DOA/Fatality against the mother, father, and one of the maternal aunts. The mother and father were visiting from another country and staying with the two maternal aunts at their residence. The parents reported that they intended to return to their home country after the holiday season. The parents had no other children, and there were no other children residing in the household.

ACS completed a joint investigation with law enforcement. It was learned that the child was born on 12/27/23 and released home with the parents on 12/30/23. On 12/30/23, an uncle picked the family up and brought them home around 4:00 PM. The parents fed and changed the child and then placed her in the bassinet. The parents reported no issues or concerns for the child. At 10:30 PM, the child had her last feeding and was burped. The child was put to sleep in a portable bassinet that was placed on the parents' bed between them. The parents were instructed by the hospital to feed the child every three hours, so an alarm was set for 12/31/23 at 2:00 AM. The father woke up before the alarm at 1:40 AM and checked on the child. The father discovered the child was unresponsive and alerted the family. The father contacted 911 and first responders arrived at the home. Life-saving measures were attempted, yet unsuccessful, and the child was declared deceased at 2:45 AM.

An autopsy was completed and the final results were pending further testing at the time the CPS investigation was closed. It was determined during the autopsy that the child had no signs of abuse or maltreatment. There were concerns regarding the child's blood sugar levels discussed during the investigation; however, the medical examiner reported that while the child's glucose level was low, it should not have impacted the child. The medical examiner reported the likely cause of death would be Sudden Unexplained Death (SIDS). Law enforcement investigated the death and determined no criminality regarding the fatality, and closed their investigation.

ACS determined that the information gathered during their investigation did not meet a fair preponderance of the evidence, and the allegations of Inadequate Guardianship and DOA/Fatality were unsubstantiated. ACS concluded that they did not obtain any evidence to indicate that the adults did not provide adequate guardianship to the child. The child had adequate provisions and adequate sleeping arrangements. The medical examiner reported the child's death appeared to be a Sudden Unexplained Death and there was no evidence that the placement of the child's bassinet contributed to her death.

ACS offered the family bereavement services; however, the parents returned to their home country following the fatality, and the services were not utilized by the maternal aunts at the time of case closure. ACS provided reimbursement to the



aunt for the cost of the funeral arrangements. The investigation was unfounded and closed on 2/16/24.

## 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 supported their determination with the evidence gathered during the investigation. There were no surviving siblings; therefore, the completion of the safety assessment tools was not required.

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 statutory and regulatory requirements. Case closure was appropriate as the parents were no longer in the country and there were no surviving children.

## 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: 12/31/2023

Time of Death: 02:45 AM

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

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes



**Time of Call:** 01:50 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       Working       Driving / Vehicle occupant  
 Playing       Eating       Unknown  
 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	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	61 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	4 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	45 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	40 Year(s)

**LDSS Response**

Upon receipt of the SCR report on 12/31/23, ACS coordinated their investigation with LE, sent notification to the ME and DA, interviewed the family, spoke with collaterals, and offered the family fatality-related services.

ACS interviewed the parents together at the home. The mother reported she came to New York in October 2023 and the father in November 2023. The parents were visiting relatives and intended to return to their home country after the holidays. The mother reported she received prenatal care. The mother gave birth to the child on 12/27/23. There were no complications with the birth and the child was discharged home. The parents denied the child required any specialized care or they were provided with any instructions for such. The child had a medical appointment scheduled for 1/2/24 regarding the child failing the hearing screening in her left ear due to a buildup of fluid. The mother reported the child was not fussy and often slept. The parents provided a joint account of events, in which the child was fed, burped and then placed to sleep in her bassinet. The bassinet was placed on the parents' queen sized bed positioned between the parents. The parents denied there were any items in the bassinet. The child was placed to sleep on her back and when she slept her head was slightly tilted to the left. The child was discovered by the father in the same position.

ACS interviewed the two maternal aunts with whom the family was residing. One of the aunts reported being alerted by the father that the child was unresponsive and she told the father to call 911. The aunt checked if the child was breathing, which she was not. The other aunt was not home at the time of the fatality. Neither of the aunts had any concerns about the parents' abilities to care for the child.

ACS documented a search of the families CPS history, domestic incident reports, and family court involvement, for all of which the family had no record. The child was not yet established with a pediatrician. The parents returned to their home country following the fatality, and the CPS investigation was closed.



## 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:** NYC does not have an OCFS approved Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066748 - Deceased Child, Female, 4 Day(s)	066749 - Mother, Female, 40 Year(s)	DOA / Fatality	Unsubstantiated
066748 - Deceased Child, Female, 4 Day(s)	066749 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
066748 - Deceased Child, Female, 4 Day(s)	066750 - Father, Male, 45 Year(s)	DOA / Fatality	Unsubstantiated
066748 - Deceased Child, Female, 4 Day(s)	066750 - Father, Male, 45 Year(s)	Inadequate Guardianship	Unsubstantiated
066748 - Deceased Child, Female, 4 Day(s)	066751 - Aunt/Uncle, Female, 41 Year(s)	DOA / Fatality	Unsubstantiated
066748 - Deceased Child, Female, 4 Day(s)	066751 - Aunt/Uncle, Female, 41 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input 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 checked="" 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"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:





The family was offered bereavement services, but they were not utilized at the closure of the CPS investigation. ACS provided the family assistance with the funeral arrangements.

## 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? No

### Infants Under One Year Old

#### During pregnancy, mother:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use   |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs    | <input type="checkbox"/> Smoked tobacco  |
| <input type="checkbox"/> Experienced domestic violence                     | <input type="checkbox"/> Used illicit drugs  |
| <input type="checkbox"/> Had a positive toxicology at the time of delivery | <input type="checkbox"/> Used prescription drugs   |
| <input type="checkbox"/> Used marijuana                                    | <input type="checkbox"/> Was not noted in the case record to have any of the issues listed |

#### Infant was born:

- |   |   |
|---|---|
| <input type="checkbox"/> With a positive toxicology     | <input type="checkbox"/> With fetal alcohol effects or syndrome                         |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> With none of the issues listed noted in case record |

## 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 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