



**Report Identification Number: NY-21-059**

**Prepared by: New York City Regional Office**

**Issue Date: Nov 22, 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

<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:** 4 year(s)

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

**Date of Death:** 05/27/2021  
**Initial Date OCFS Notified:** 05/27/2021

## Presenting Information

The 5/27/21 SCR report alleged the SM did not adequately supervise the subject child (SC); she left the SC in a room for an extended period of time and while alone, the cords from the window blinds got wrapped around the SC's neck. As a result, the SC could not breathe and fell unconscious. When the SM found the SC, she was unresponsive and medical assistance was required. The SM called 911 and they transported the SC to the hospital where she was placed on life support.

Another report alleged the SC was declared brain dead on 5/27/21, at 11:40 AM and was removed from life support and was pronounced dead at 2:12 PM. The SM's failure to provide adequate supervision resulted in the SC's demise.

## Executive Summary

This fatality report concerns the death of a four-year-old female SC that occurred on 5/27/21. The incident leading to the death of this four-year-old female occurred on 5/21/21, while in the home with the SM. The medical examiner listed the cause of death was anoxic encephalopathy due to hanging and the manner of death as accident. ACS established that there were no surviving siblings or other children in the home.

ACS' investigation revealed that on 5/21/21 the mother and subject child shared breakfast. The father was at work. After breakfast the mother began cleaning the kitchen. The SC went to her bedroom to play. The mother called and did not hear the SC. The mother went to the SC's bedroom and found the cords from the window blinds wrapped around the SC's neck. The SC was not breathing. The SM untangled the cords from the SC's neck, initiated CPR; she then called 911 for emergency medical assistance. The 911 operator instructed her to continue CPR until EMS arrived. When EMS responded to the home, they transported the mother and SC to the hospital. The SC was placed on life support. Medical personnel indicated the SC had no brain functions. On 5/27/21, the parents made the decision to remove the child from life support and she died on the same day at 2:12 PM.

LE visited the family's home on 5/25/21; they found no criminality and no arrest was made. They also told ACS there was no need to visit the home.

ACS offered the parents services however they declined. ACS provided information for community-based individual and family bereavement counseling and therapy.

On 7/19/21, ACS substantiated allegations of Inadequate Guardianship and Lack of Supervision of the SC by the SM. ACS documented the SM failed to exercise a minimum degree of care to protect the SC from harm as she left the four-year-old SC unattended for an unspecified time without supervision and as a result, the SC was strangled and subsequently died.

## 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 substantiated the allegations based on the result of 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:**

There were no surviving children and the parents declined services.

### 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: 05/27/2021

Time of Death: 02:12 PM

Time of fatal incident, if different than time of death: 11:40 AM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: Unknown

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
- Playing
- Other
- Working
- Eating
- Driving / Vehicle occupant
- Unknown



**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	Deceased Child	Alleged Victim	Female	4 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Other Household 1	Father	No Role	Male	31 Year(s)

### LDSS Response

ACS initiated the SCR report within the required timeframe by interviewing the hospital staff, LE, ME and the parents. The parents had no other children.

The SM reported that on 5/21/21, she and the SC had just enjoyed breakfast. She stayed in the kitchen to clean up while the SC went to her bedroom to play. The SM called to the SC and when she did not hear her respond, she went to her bedroom and observed the window cord wrapped around the SC's neck; the SC appeared to be choking. The mother said she removed the cord and patted the SC's back and the SC vomited the food she had just eaten. The SC was not breathing, and the SM called 911 for emergency medical assistance. The 9-1-1 operator directed the SM to continue CPR until EMS arrived. EMS transported the SC to the hospital; they arrived at 11:28AM. The SM said she called the MGM and the BF to notify them of the incident.

The attending Dr reported tests results indicated no activity in the SC's brain due to a lack of oxygen. There were marks around the SC's neck that indicated strangulation. The SC was put on a life support system that helped her to breathe. On 5/27/21, the SC was declared brain dead; she was pronounced dead at 2:12PM on 5/27/21.

On 5/27/21, the SCR registered a report with allegations of DOA/Fatality and LS of the SC by the SM. On 5/28/21, the SCR registered another report and added the allegation of II of the SC by the SM.

On 6/21/21, the ME reported there was no evidence of abuse and that the mark under the SC's neck was consistent with the explanation given by the SM. The autopsy listed the cause of death as anoxic encephalopathy due to hanging and the manner of death was accident. LE reported no criminality was found.

The BF reported that at the time of the incident, the SM called him at work and stated the SC choked on cereal while in her room and the ambulance was taking her to the hospital. The BF said he was very involved with the SC; they spoke daily. Both parents denied mental health conditions, drug, or alcohol misuse or ongoing DV, since the BF no longer resided at the case address.

The MGM reported no concerns for the care the SM provided to the SC.



The SC's pediatrician reported the SC was last seen on 3/4/21, she was up to date with immunizations, and she was a well child with no medical conditions. There were no reported concerns regarding the care given by the SM who ensured the SC's medical needs were met.

On 9/10/21, ACS unsubstantiated the allegation of DOA/Fatality of the SC by the SM. ACS did not provide a narrative to support the decision. ACS was asked to update the information in CONNECTIONS. ACS substantiated the IG and LS allegation of the SC by the SM citing credible evidence was found that the SM failed to exercise a minimum degree of care to protect the SC from harm. The results of their investigation revealed the SM left the four-year-old SC unattended for an unspecified time without periodically checking to ensure her well-being. The SC was unable to untangle herself from the cord around her neck; she depended the SM to protect her from harm. As a result, the SC was strangled and subsequently died.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058807 - Deceased Child, Female, 4 Yrs	058808 - Mother, Female, 29 Year(s)	DOA / Fatality	Substantiated
058807 - Deceased Child, Female, 4 Yrs	058808 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
058807 - Deceased Child, Female, 4 Yrs	058808 - Mother, Female, 29 Year(s)	Lack of Supervision	Substantiated

### 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"/>



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:**

LE did not allow ACS access to the SM's home; however, they submitted pictures that indicated a clean home. There were no other children in the home. The SC was not of school age and the SM provided all care.

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



# Child Fatality Report

<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"/>				

**Additional information, if necessary:**  
The parents declined DV services.

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

**Explain:**

Services were offered; however, both parents declined.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- 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?** N/A
- Was the child acutely ill during the two weeks before death?** No

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/06/2021	Deceased Child, Female, 4 Years	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated	No

**Report Summary:**

The SCR registered a report on 2/6/21, that alleged on 2/3/21, at approximately 3:10AM, the BF choked the SM in the presence of the four-year-old SC, and refused to leave the home.

**Report Determination:** Indicated **Date of Determination:** 04/06/2021

**Basis for Determination:**

On 4/6/21, ACS substantiated the IG allegation of the SC by the mother based on the admission to a verbal altercation. ACS wrote that the mother failed to exercise a minimum degree of care to protect the SC from harm.

**OCFS Review Results:**

The investigation was completed in a timely manner. Appropriate notices were provided. There was evidence of supervisory involvement.

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



## 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 were 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