Child Fatality Report

Report Identification Number: NY-25-056

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

Issue Date: Sep 30, 2025

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

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grandmother	MGF-Maternal Grandfather	FF-Foster Father
PGM-Paternal Grandmother	PGF-Paternal Grandfather	DCP-Day Care Provider
MGGM-Maternal Great Grandmother	MGGF-Maternal Great Grandfather	PGGF-Paternal Great Grandfather
PGGM-Paternal Great Grandmother	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-Caseworker	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	
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	SXTF-Sex Trafficking
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		

Case Information

Report Type: Child Deceased
Age: 10 month(s)
Jurisdiction: Bronx
Gender: Female
Date of Death: 06/05/2025
Initial Date OCFS Notified: 06/05/2025

Presenting Information

An OCFS-7065 Agency Reporting Form was received on 6/5/25, regarding the death of the 10-month-old subject child. The form reflected that the child died on 6/5/25, due to chronic medical conditions she had suffered since birth. At the time of the fatality, the child resided in the hospital and was in the custody of ACS. The whereabouts of the subject mother was unknown.

Executive Summary

This report concerns the death of a 10-month-old female child. When the fatality occurred, the Administration for Children's Services (ACS) had an open Family Support Services case (FSS). At the time of the subject child's death, she was hospitalized and the subject mother's whereabouts was unknown.

The subject child was born prematurely at 26 weeks and weighed 1 pound at birth. She was born with many medical concerns and was diagnosed with pulmonary hypertension and chronic lung disease. She was also born with a positive toxicology for illicit substances. The subject child remained hospitalized from birth until her time of death.

An autopsy was not performed on the subject child due to her lifelong medical conditions.

PIP Requirement

ACS will submit a PIP to the Regional Office within 30 days of receipt of this report. The PIP will identify action(s) ACS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** N/A
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:
This death was not reported to the SCR. There were no allegations pertaining to the fatal incident.

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 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: 06/05/2025 **Time of Death:** 10:58 AM

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

County where fatality incident occurred:	Bronx
Was 911 or local emergency number called?	No
Did EMS respond to the scene?	No
At time of incident leading to death, had child used and/or ingested alcohol or drugs?	No

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	Deceased Child	No Role	Female	10 Month(s)
Other Household 1	Mother	No Role	Female	22 Year(s)

LDSS Response

On 6/5/25, ACS was notified of the subject child's death, which occurred on the same day. ACS notified the New York City Regional Office and completed the required OCFS-7065 Agency Reporting Form, reporting the death of the child.

On 7/16/24, the subject child was born prematurely at 26 weeks and weighed 1 pound at birth. She was born with many medical concerns and was diagnosed with pulmonary hypertension and chronic lung disease. She was also born with a positive toxicology for illicit substances.

The subject mother was discharged from the hospital following the birth of the child and never resumed contact with the child, ACS or the hospital staff. Prior to her discharge from the hospital, the subject mother admitted to illicit substance abuse and untreated mental health concerns. She also stated she was homeless and supported herself by prostituting. On 7/25/24, an Article 10 Neglect petition was filed in family court and the child was remanded to ACS custody. ACS attempted to locate and contact the subject mother repeatedly throughout the case, but her whereabouts remained unknown.

The subject child remained hospitalized from her birth until her time of death. ACS kept in regular contact with the hospital staff for updates on the medical status of the child. ACS also identified a discharge resource for the child in the event she could eventually be discharged from the hospital. On 6/5/25, at 10:58am, the subject child succumbed to her ongoing medical concerns.

Official Manner and Cause of Death

Official Manner: Natural
Primary Cause of Death: From a medical cause
Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality referred to an OCFS approved Child Fatality Review Team? No
Comments: The NYC region does not have an OCFS approved Child Fatality Review Team.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	☐	☐	☒	☐
When appropriate, children were interviewed?	☐	☐	☒	☐
Contact with source?	☐	☐	☒	☐
All appropriate Collaterals contacted?	☒	☐	☐	☐
Was a death-scene investigation performed?	☐	☐	☒	☐

Coordination of investigation with law enforcement?	☐	☐	☒	☐
Was there timely entry of progress notes and other required documentation?	☒	☐	☐	☐

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	☐	☒	☐	☐

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

Services at the Time of and/or in Response to the Fatality

Services	Received	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A
Bereavement counseling	☐	☒	☐	☐	☐	☐
Economic support	☐	☒	☐	☐	☐	☐
Funeral arrangements	☒	☐	☐	☐	☐	☐
Housing assistance	☐	☒	☐	☐	☐	☐
Mental health services	☐	☒	☐	☐	☐	☐
Foster care	☐	☒	☐	☐	☐	☐
Health care	☐	☐	☐	☐	☐	☒
Legal services	☐	☐	☐	☐	☐	☒
Family planning	☐	☐	☐	☐	☐	☒
Homemaking Services	☐	☐	☐	☐	☐	☒
Parenting Skills	☐	☐	☐	☐	☐	☒
Domestic Violence Services	☐	☐	☐	☐	☐	☒
Early Intervention	☐	☐	☐	☐	☐	☒

Alcohol/Substance abuse	☐	☒	☐	☐	☐	☐
Child Care	☐	☐	☐	☐	☐	☒
Intensive case management	☐	☒	☐	☐	☐	☐
Family or others as safety resources	☐	☐	☐	☐	☐	☒
Preventive Services	☐	☐	☐	☐	☐	☒
Other	☐	☐	☐	☐	☐	☒

Were services offered to and/or received by parent(s) and other care givers at the time of and/or in response to the fatality? No

Explain:

The subject mother abandoned the child at the hospital following her birth. ACS attempted to contact the subject mother repeatedly throughout the case but were unsuccessful in locating her.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes

Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- ☐ Had medical complications / infections
- ☐ Misused over-the-counter or prescription drugs
- ☐ Experienced domestic violence
- ☒ Had a positive toxicology at the time of delivery
- ☐ Used marijuana
- ☐ Had heavy alcohol use
- ☐ Smoked tobacco
- ☒ Used illicit drugs
- ☐ Used prescription drugs
- ☐ Was not noted in the case record to have any of the issues listed

Infant was born:

- ☒ With a positive toxicology
- ☒ Exhibiting withdrawal symptoms
- ☐ With fetal alcohol effects or syndrome
- ☐ With none of the issues listed noted in case record

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)
07/16/2024	Deceased Child, Female, 1 Days	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Substantiated	No

Deceased Child, Female, 1 Days	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated

Report Summary:
ACS received a report from the SCR alleging the subject mother abused illicit substances while she was pregnant. On 7/16/24, the mother delivered a newborn daughter prematurely at 26 weeks. The mother was homeless and was a sex worker who did not have any provisions for the newborn.

Report Determination: Indicated | **Date of Determination:** 09/04/2024

Basis for Determination:
Allegations from the report dated 7/16/24 of the subject child, by the subject mother, were substantiated. The child was born prematurely with illicit substances in her system and suffered a long list of health issues as a result. The child was also born positive for a sexually transmitted disease and the mother admitted that she regularly engaged in sex work. The subject mother also admitted to abusing illicit drugs and to untreated mental health concerns. The child remained in the hospital throughout the investigation and the mother failed to visit her or plan for her care.

OCFS Review Results:
The investigation was initiated promptly. Safety assessments and the RAP were completed timely and accurately. An Article 10 petition was filed appropriately, resulting in the child's removal from the mother's care and custody. An FSS case was created for long-term services.

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

No known CPS history outside of NYS.

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	☒	☐	☐	☐
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	☒	☐	☐	☐

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes
Date deceased child(ren) was placed in care: 07/25/2024
Date of placement with most recent caregiver? 07/25/2024

How did the child(ren) enter placement? Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	☒	☐	☐	☐
Did the placement comply with the appropriateness of placement standards?	☒	☐	☐	☐
Was the most recent placement stable?	☒	☐	☐	☐
Did the agency comply with sibling placement standards?	☐	☐	☒	☐
Was the child AWOL at the time of death?	☐	☒	☐	☐

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	☒	☐	☐	☐
Was visitation facilitated in accordance with the regulations?	☒	☐	☐	☐
Was there supervision of visits as required?	☐	☐	☒	☐

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	☒	☐	☐	☐
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	☐	☒	☐	☐
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	☐	☒	☐	☐
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	☐	☒	☐	☐

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine

Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	☐	☐	☒	☐
Did the provider comply with discipline standards?	☐	☐	☒	☐
Were the foster parents receiving enhanced levels of foster care payments because of child need?	☐	☐	☒	☐
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	☐	☐	☒	☐
Was the certification/approval for the placement current?	☐	☐	☒	☐
Was a Criminal History check conducted? Date:	☐	☐	☒	☐
Was a check completed through the State Central Register? Date:	☐	☐	☒	☐
Was a check completed through the Staff Exclusion List? Date:	☐	☐	☒	☐

Additional information, if necessary:
The subject mother abandoned the child in the hospital following her birth and could not be contacted or located. As a result, the child entered foster care to allow ACS to authorize her ongoing required medical care.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?
☒Yes ☐No

Issue:	Timeliness of completion of FASP
Summary:	The comprehensive FASP due on 10/23/24 was never completed and subsequently marked as "missed."
Legal Reference:	18 NYCRR428.3(f)
Action:	ACS will complete all required FASPs timely and accurately.

Issue:	Failure to Complete a Plan Amendment
Summary:	It was learned on 6/5/25 that the child had died. As the next FASP was not due for over 60 days, the death and subsequent end of services should have been recorded in a Plan Amendment.

Legal Reference:	18 NYCRR 428.7
Action:	The agency with case planning will complete a Plan Amendment when a significant change occurs in the status of the case, which includes when services end for a family member due to death. This will be done within 30 days of the change if an initial FASP has already been completed unless the change occurs within 60 days of the next FASP. In that instance, the change can be documented at that time.

Foster Care Placement History

The subject child entered foster care on 7/25/24, shortly after her birth, due to the subject mother abandoning the child in the hospital. ACS attempted to contact the subject mother repeatedly throughout the case, but were unsuccessful. The subject child remained hospitalized, in the custody of ACS, until her death on 6/5/25. The subject child did not have any siblings and there was not a father listed on her birth certificate.

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