# Child Fatality Report

## Report Identification Number: SV-25-026

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

## Issue Date: Oct 15, 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:** 2 month(s)
**Jurisdiction:** Rockland
**Gender:** Male
**Date of Death:** 05/23/2025
**Initial Date OCFS Notified:** 05/23/2025

### Presenting Information

An SCR report alleged that on 5/22/25, the mother fell asleep while breastfeeding the subject child and the subject child rolled face down onto the bed. At 7:21AM, the family contacted EMS. The subject child was transported to the hospital where he was pronounced deceased at 8:10AM. The SCR report alleged the unsafe sleep conditions contributed to the subject child's death.

### Executive Summary

This report concerns the death of the 2-month-old male subject child. On 5/23/25, Rockland County Department of Social Services (RCDSS) received an SCR report regarding the child's death which contained allegations of Inadequate Guardianship and DOA/Fatality against the mother. During the investigation, additional information was learned which resulted in RCDSS adding allegations of Lack of Medical Care against the mother and father, and Inadequate Guardianship against the father, in regard to the subject child. At the time of his death, the subject child resided with his mother, father, and two siblings, ages 3 and 1.

On 5/22/25, the day before the fatal incident, the subject child was irritable and difficult to console. At approximately 11:30PM, the mother fed the subject child and placed him down to sleep on her adult twin sized bed. The mother then completed chores around the home before lying down with the subject child around 1:00AM. The mother woke at 7:20AM and found the subject child on his back, pale, and unresponsive. The subject mother performed CPR and woke the father, who slept in a separate bed in the same room, and called 911. On arrival, EMS took over CPR and transported the subject child to the hospital where he was pronounced deceased at 8:11AM.

The medical examiner was notified, and an external examination of the child was performed. There was no autopsy completed due to religious objections. The external examination did not reveal any suspicious injuries, and the subject child appeared well cared for. The medical examiner's report stated the cause and manner of death were undetermined. Law enforcement was notified and began an investigation. The criminal case closed without any charges.

RCDSS made several home visits and interviewed the caregivers. Due to the age of the surviving siblings, there were no full interviews conducted. The surviving siblings were free of visible marks and bruises and were assessed as safe in the care of their parents.

RCDSS appropriately unsubstantiated allegations of DOA/Fatality against the mother, and substantiated allegations of IG against the mother and father; however, the case record did not demonstrate a fair preponderance of evidence to substantiate allegations of Lack of Medical Care. The mother and father brought the subject child to the pediatrician and a follow up appointment was scheduled. There was no documentation present that showed the subject child required immediate treatment or was at risk of impairment if he was not evaluated by a specialist. Additionally, the surviving siblings were reported to have the same symptom which they outgrew without complication. There was no evidence demonstrating the subject child required medical treatment after the home birth. Following a conversation between OCFS and RCDSS, it was learned that while the mother was bedsharing with the subject child, there were aggravating factors present in the bed that were not documented in the case record.

The mother and father declined offers of bereavement services and burial assistance. There were no other needs identified during the investigation and the case was indicated and closed on 8/27/25.

**PIP Requirement**

RCDSS will submit a PIP to the Westchester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the RCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, RCDSS 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:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

**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?** No

**Explain:**

Allegations of LMC was inappropriately substantiated. The case record did not contain a preponderance of evidence demonstrating the SC was impaired due to the lack of medical care provided by the mother and father, or the their declining certain medical assessments.

**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

| | |
|---|---|
| **Issue:** | Appropriateness of allegation determination |
| **Summary:** | The case record did not demonstrate the SC was in imminent danger of harm as a result of the parent's failure to supply adequate medical care. |
| **Legal Reference:** | FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv) |
| **Action:** | RCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the Westchester Regional Office if further guidance is needed. |

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 05/23/2025 **Time of Death:** 08:11 AM

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

**County where fatality incident occurred:** Rockland
**Was 911 or local emergency number called?** Yes
**Time of Call:** 07:21 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 | Deceased Child | Alleged Victim | Male | 2 Month(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 24 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 24 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 3 Year(s) |

| | | | | |
|---|---|---|---|---|
| Deceased Child's Household | Sibling | No Role | Female | 1 Year(s) |

## LDSS Response

On 5/23/25, RCDSS received a report regarding the death of the SC. RCDSS initiated their investigation within 24 hours, coordinated efforts with LE, contacted the source of the report, completed a CPS history check regarding the family, informed the DA of the fatality, and conducted a home visit and assessed the SSs as safe.

RCDSS interviewed the SM and SF regarding the events leading up to the SC's death. A timeline was provided by both parents. The SM stated the day before the incident the SC was cranky and difficult to console. From 8:30-10:30PM, the SM carried the SC around, fed him, gave him a bath, dressed him, walked him around again, and played with him. At approximately 10:30PM, the SM fed the SC, and he fell asleep in her arms around 11:30PM. The SM stated she placed the SC on his back on the adult bed. The SM stated the SC was not placed in his crib as he would wake when she bent over the rail to lay him down. The SM's bed was against the wall and the crib was between the SM and SF's separate beds. At 1:00AM, the SM went to sleep in the bed next to the SC who was asleep on his back. RCDSS reported, per the caregivers, there were no pillows or blankets present when the SC was placed on the bed; however, the SM used a pillow and blanket when she joined the SC in the adult bed. At approximately 7:20AM, the SM woke and found the SC on his back, pale, and unresponsive. The SM performed CPR, woke the SF, gave him the SC, and called EMS. The SM stated EMS performed CPR on their arrival and transported the SC to the hospital.

The SF stated he was not home until about 10:30PM, and he was relaxing while the SM fed and carried the SC around while he cried nonstop. At approximately 1:00AM, the SF went to bed and observed the SC in the SM's bed, lying on his back with no blankets or pillows. The SF did not put the SC in his crib. The SF stated the SM woke him and he observed her performing CPR on the SC. The SM handed the SC to the SF and called EMS. The SM and SF were aware of safe sleep recommendations.

RCDSS obtained medical records from the pediatrician which showed that on 5/13/25, the SC was referred to an Ears, Nose and Throat (ENT) specialist for an evaluation and treatment for a medical condition. The SC was also referred to audiology for a hearing evaluation and treatment as he did not have a hearing test completed after birth. The document stated the parents reported the SC had noisy breathing since birth; however, the SM and SF denied there were any respiratory issues, and the document showed there was no coughing, wheezing, or difficulty breathing noted by the pediatrician. There were no additional concerns noted in the records, nor was there any documented treatment for the noisy breathing. RCDSS interviewed the pediatrician and learned the SC was not seen by the pediatrician until he was 1 month 26 days old, and the pediatrician had concerns regarding the SC's breathing during the visit. A referral was provided for the ENT and an audiologist for an evaluation and treatment; however, the appointments were never completed. The pediatrician was unable to say whether the breathing issue could have contributed to the SC's death, and noted there was a follow up appointment scheduled for the SC. RCDSS questioned the parents regarding why the SC was not seen by the pediatrician for so long after birth. The SF stated they missed the originally scheduled appointment and had to take the next appointment available, which was 5/13/25. There was no documentation in the record that this information was confirmed by RCDSS.

RCDSS contacted collateral sources, including the pediatrician, hospital staff, and law enforcement. There were no concerns reported. RCDSS offered appropriate referrals related to the fatality which were declined by the family.

## Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical 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 referred to an OCFS approved Child Fatality Review Team?** No

**Comments:** There is no OCFS approved Child Fatality Review Team in Rockland County.

## SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|---|---|---|
| 071752 - Deceased Child, Male, 2 Month(s) | 071756 - Father, Male, 24 Year(s) | Lack of Medical Care | Substantiated |
| 071752 - Deceased Child, Male, 2 Month(s) | 071756 - Father, Male, 24 Year(s) | Inadequate Guardianship | Substantiated |
| 071752 - Deceased Child, Male, 2 Month(s) | 071755 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Substantiated |
| 071752 - Deceased Child, Male, 2 Month(s) | 071755 - Mother, Female, 24 Year(s) | DOA / Fatality | Unsubstantiated |
| 071752 - Deceased Child, Male, 2 Month(s) | 071755 - Mother, Female, 24 Year(s) | Lack of Medical Care | Substantiated |

## CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **All children observed?** | ☒ | ☐ | ☐ | ☐ |
| **When appropriate, children were interviewed?** | ☐ | ☐ | ☒ | ☐ |
| **Alleged subject(s) interviewed face-to-face?** | ☒ | ☐ | ☐ | ☐ |
| **All 'other persons named' interviewed face-to-face?** | ☐ | ☐ | ☒ | ☐ |
| **Contact with source?** | ☒ | ☐ | ☐ | ☐ |
| **All appropriate Collaterals contacted?** | ☐ | ☒ | ☐ | ☐ |
| Family Members | ☐ | ☒ | ☐ | ☐ |
| **Was a death-scene investigation performed?** | ☒ | ☐ | ☐ | ☐ |
| **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)?** | ☒ | ☐ | ☐ | ☐ |

| | | | | |
|---|---|---|---|---|
| **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?** | ☒ | ☐ | ☐ | ☐ |
| **Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:** | | | | |
| **Within 24 hours?** | ☒ | ☐ | ☐ | ☐ |
| **At 7 days?** | ☒ | ☐ | ☐ | ☐ |
| **At 30 days?** | ☒ | ☐ | ☐ | ☐ |
| **Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?** | ☒ | ☐ | ☐ | ☐ |
| **Are there any safety issues that need to be referred back to the local district?** | ☐ | ☒ | ☐ | ☐ |
| **When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?** | ☐ | ☐ | ☒ | ☐ |

**Fatality Risk Assessment / Risk Assessment Profile**

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **Was the risk assessment/RAP adequate in this case?** | ☒ | ☐ | ☐ | ☐ |
| **During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?** | ☒ | ☐ | ☐ | ☐ |
| **Was there an adequate assessment of the family's need for services?** | ☒ | ☐ | ☐ | ☐ |
| **Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?** | ☐ | ☒ | ☐ | ☐ |
| **Were appropriate/needed services offered in this case** | ☒ | ☐ | ☐ | ☐ |

**Explain:**
Appropriate referrals were offered to the family and declined.

**Placement Activities in Response to the Fatality Investigation**

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?** | ☐ | ☒ | ☐ | ☐ |
| **Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?** | ☐ | ☒ | ☐ | ☐ |

## Legal Activity Related to the Fatality

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

## 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** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |

**Additional information, if necessary:**
Appropriate services were offered to the family in response to the fatality. There were no additional needs identified during the investigation.

**Were services offered to and/or received by siblings or other children in the household at the time of and/or in response to the fatality?** Yes
**Explain:**
Services were offered on behalf of the surviving siblings.

**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?** Yes
**Explain:**
Services were offered to the parents in response to the fatality and were declined.

## 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:**

- ☐ 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

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