



Report Identification Number: NY-23-015

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

Issue Date: Jul 18, 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

Relationships		
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	
Contacts		
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	
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 year(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 01/28/2023
Initial Date OCFS Notified: 02/01/2023

Presenting Information

An SCR report was received that alleged on 4/15/22, the mother left then 1-year-old subject child unattended and unsupervised in the bathtub for an unknown period of time while she left the room. During that time, the child slipped under the water with his head fully submerged. When the mother returned, the child was found to be unconscious. The parents immediately called 911 and the child was transported to the hospital. The child suffered cardiac arrest and was hospitalized before eventually being placed in a long-term medical care facility and put on life support. The child was declared brain dead and passed away due to his medical condition on 1/28/23.

Executive Summary

On 2/1/23, the New York City Administration for Children’s Services (ACS) received an SCR report regarding the death of the 2-year-old male subject child that occurred on 1/28/23. The report contained allegations of DOA/Fatality, Lack of Supervision, and Inadequate Guardianship against the mother regarding the subject child. At the time of the subject child’s death, he was residing in a long-term medical care facility. The child had been hospitalized and placed on life support since a drowning incident that occurred in the child’s home on 4/15/22. Prior to the incident, the child resided with his mother, father and 3 siblings, now ages 11, 9, and 6.

The investigation into the child’s death revealed that on 4/15/22, the father and siblings took a nap while the mother prepared dinner. The mother put the child in the bathtub with water up to his naval, and she left him unattended for several minutes while she went to the kitchen. When the mother returned to the bathroom, she found the child face down and submerged under water. The mother removed the child from the bathtub and performed CPR while the father called 911. EMS arrived and continued performing life-saving measures on the child. He was then transported to the hospital via ambulance, where he was revived and placed on a ventilator. The child suffered a hypoxic brain injury and multiple organ failure. Neurological testing showed the child had no brain activity. The child was transferred to a long-term medical care facility in September 2022, where he remained on life support until he passed away on 1/28/23.

A review of the record showed that an SCR report regarding the incident that led to the child’s death was received on 4/16/22 and substantiated against the mother on 6/15/22. An Ongoing CPS Services case was opened on 4/17/22 and an Article 10 Neglect Petition was filed on behalf of the subject child and 3 siblings. An order of protection barred the mother from unsupervised contact with the children until 7/27/22. On that date, there was a finding of neglect with an adjournment in contemplation of dismissal. The parents were cooperative with preventive services and the siblings were assessed to be safe in their care. Court ordered services ended on 1/9/23.

The medical examiner reported that the child’s manner of death was accidental, and the cause of death was due to complications from a brain injury following the drowning. Law enforcement found no criminality and their investigation closed with no charges filed.

ACS substantiated the allegations of DOA/Fatality, Inadequate Guardianship and Lack of Supervision against the mother based on a fair preponderance of evidence that the mother left the child unattended in the bathtub, leading to the child drowning and being placed on life support until he passed away from his injuries on 1/28/23. The family continued to engage in mental health counseling, and they received bereavement services following the child’s death. The family’s service plan goals were achieved and the services case closed on 5/8/23.



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? Yes

Explain:

The investigation was appropriately indicated and the family continued to receive preventive services until the service plan goals were achieved and the case closed on 5/8/23.

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: 01/28/2023

Time of Death: 03:08 PM

Date of fatal incident, if different than date of death:

04/15/2022

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:

Unknown

Did EMS respond to the scene?

Yes

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: Bathing

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 Year(s)
Deceased Child's Household	Father	No Role	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)

LDSS Response

ACS began their investigation of the incident that led to the child's death upon receipt of an SCR report on 4/16/22. During this investigation, the parents reported that the father and siblings took a nap while the mother bathed the subject child in the bathroom near the kitchen. The mother said the water level was at the child's navel. There was a rubber mat on the bottom of the tub and some toys in the water for the child to play with. The mother said she went into the kitchen for several minutes to check on the food she was preparing for dinner. She heard the child splashing and she thought he was playing in the water like usual. When she returned to the bathroom, the child was face down and submerged under water. She immediately removed the child from the bathtub and woke the father, who was sleeping. The father called 911 and the paternal grandmother while the mother performed CPR. The mother said it was the first time she left the child unattended in the bathtub. The father reported he was sleeping in the bedroom when he heard the mother crying and she said the child was not breathing. The parents said the now 11 and 6-year-old siblings saw the mother performing CPR and the now 9-year-old sibling was asleep during the incident. The siblings did not report any concerns for their care or supervision. They said they were told by the parents that the child drowned in the bathtub, but they denied witnessing the incident.

Hospital staff reported the child was in cardiac arrest upon arrival on 4/15/22 at 4:00 PM, and it took 20 minutes to resuscitate the child. It was reported that the child suffered from multiple organ failure and hypoxic brain injury and the child was placed on life support. The parents decided to keep the child on life support and he was transferred to a long-term medical care facility in September 2022.



Child Fatality Report

Following receipt of the SCR report on 2/1/23, ACS investigated the circumstances of the child's death. They contacted the source of the SCR report, reviewed SCR history, and referred the child's death to the district attorney's office. ACS spoke to the family's preventive services caseworker, mental health provider, health homes care manager, staff at the child's long-term care facility, school staff, the district attorney's office, and the medical examiner's office. ACS spoke to the parents and siblings, and they assessed the home to be safe.

Service providers reported no concerns for the siblings' care. Staff at the subject child's long-term care facility reported that for several weeks prior to the child's death, the child's oxygen levels had been decreasing and it was very low. Staff informed the parents that the child's death was imminent, and the parents signed paperwork for the child not to be resuscitated. On 1/28/23, the subject child's condition worsened, and the child passed away at 3:08 PM.

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 referred to an OCFS approved Child Fatality Review Team? No

Comments: There is no OCFS approved Child Fatality Review Team in New York City.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
064029 - Deceased Child, Male, 2 Yrs	064030 - Mother, Female, 32 Year(s)	DOA / Fatality	Substantiated
064029 - Deceased Child, Male, 2 Yrs	064030 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
064029 - Deceased Child, Male, 2 Yrs	064030 - Mother, Female, 32 Year(s)	Lack of Supervision	Substantiated

CPS Fatality Casework/Investigative Activities

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



Child Fatality Report

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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
Risk was adequately assessed and the family continued to engage in counseling services.



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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<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.

Have any Orders of Protection been issued? No

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



Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
The siblings received bereavement counseling and they continued in mental health counseling following the child's death.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:
The parents received bereavement counseling and they continued in mental health counseling following the child's death.

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

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)
04/16/2022	Deceased Child, Male, 1 Years	Mother, Female, 31 Years	Internal Injuries	Substantiated	No
	Deceased Child, Male, 1 Years	Mother, Female, 31 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 10 Years	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 8 Years	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Years	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	

Report Summary:
An SCR report alleged that on 4/15/22, the mother left the subject child alone and unsupervised in the bathtub, for approximately 5 minutes, when she left the room. During that time the child slipped under the water and went into cardiac arrest. The child was in the hospital on a ventilator to support his breathing. The father was sleeping at that time of the incident.

Report Determination: Indicated **Date of Determination:** 06/15/2022

Basis for Determination:
Allegations of IG, LS and II were Sub against the mother regarding the subject child. The mother left the subject child unsupervised in the bathtub for several minutes while she prepared a meal. As a result, the child drowned and



experienced multiple organ failure and hypoxic brain injury. The child had no brain activity and remained on life support. IG was added and Sub against the mother regarding the 3 siblings for derivative neglect as the mother's actions placed them at risk of harm. ACS filed a neglect petition against the mother and an order of protection was issued barring the mother from unsupervised contact with the children. The case was opened for Ongoing CPS Services.

OCFS Review Results:

ACS spoke to the source of the report, conducted a search of SCR history, and contacted medical and school collaterals. Collateral contacts had no concerns for the children's health or care. The parents' and grandparents' homes were assessed and the parents, siblings, and grandparents were interviewed. Safety Assessments and the RAP were completed timely and accurately. The family was referred for counseling 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

There was no known CPS history outside of New York State.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 04/17/2022

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 04/17/2022

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

A preventive services agency provided preventive services to the family.

Preventive Services History

An ongoing CPS Services case opened on 4/17/22 following an incident where the mother left the subject child unattended in the bathtub for several minutes and he drowned. The child was hospitalized on life support and had no brain activity. A neglect petition was filed against the mother on 4/18/22 and the children were released to the father with court ordered services. An order of protection was issued that barred the mother from unsupervised contact with the children. The order of protection was modified on 7/27/22 to require adequate supervision of the children at all times. On 7/27/22 there was a finding of neglect and a 9-month adjournment in contemplation of dismissal. The parents and siblings engaged in counseling services, the children were assigned a health home care manager, and the mother received parenting skills



training. The parents developed a supervision plan and there were no further concerns. Court ordered services ended on 1/9/23. The family achieved all service plan goals and the services case closed on 5/8/23.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
04/18/2022	Adjudicated Neglected	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	064030 Mother Female 32 Year(s)	
Comments:	An Article 10 Neglect Petition was filed against the mother on 4/18/22. On 7/27/22, there was a finding of neglect and the mother received a 9-month adjournment in contemplation of dismissal with court ordered services.	

Have any Orders of Protection been issued? Yes

From: 04/18/2022

To: 01/09/2023

Explain:
An order of protection was issued on 4/18/22 that barred the mother from unsupervised contact with the children. The order of protection was modified on 7/27/22 to require adequate supervision of the children at all times. Court ordered services and the order of protection ended on 1/9/23.

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