



Report Identification Number: NY-23-051

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

Issue Date: Nov 13, 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: 10 month(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 05/23/2023
Initial Date OCFS Notified: 05/24/2023

Presenting Information

The New York City Administration for Children’s Services (ACS) received an SCR report on 5/23/2023, which alleged on the same date the father (SF) was giving the 10-month-old child (SC) a bath at approximately 2:00 AM. The father left the child unsupervised in the tub and upon his return found the child unresponsive. The father called 911 and the child was transported to the hospital by ambulance where she was pronounced dead at 3:28 AM. The mother (BM), 3-year-old surviving sibling (SS), and paternal great aunt had unknown roles. The SCR report was received subsequent to an open preventive case and an initial report made on the same date regarding the fatal incident prior to the death of the child.

Executive Summary

This report concerns the death of a 10-month-old child which occurred while in the care of her father on 5/23/2023. ACS received the SCR report, coordinated their response with law enforcement, and conducted a joint interview of the father.

The father was interviewed immediately following the incident. The father stated he was bathing the child at approximately 2:00 AM. The water was running, and the drain was unplugged. The father left the bathroom for approximately 3 minutes, leaving the child unsupervised in the tub. A toy tambourine which was in the tub with the child moved its location and blocked the drain, causing water to fill the tub. When the father returned, he found the child unresponsive, called 911, and began CPR until first responders arrived. The child was transported to the hospital by ambulance where she was pronounced dead.

The father and mother were living apart at the time of the fatal incident. The mother did not return any attempts made by ACS to contact her. The 3-year-old surviving sibling was assessed as safe in the care of the paternal great aunt and further services were declined.

Law enforcement concluded there was no criminality in the death of the child and criminal charges against the father would not be pursued. The medical examiner stated there were no injuries or signs of abuse or trauma present in the child, though the final autopsy report was pending at the time the investigation closed.

ACS determined the father’s lack of supervision while the child was in the bathtub contributed to her death, though incorrectly unsubstantiated the allegation of DOA/Fatality as ACS incorrectly determined they could not substantiate the allegation without the final autopsy report.

PIP Requirement

ACS will submit a PIP to the New York Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the 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:
 - 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

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 detailed records of supervisory consult throughout the investigation. The decision to close the investigation was appropriate, although the DOA/Fatality allegation was determined incorrectly.

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 allegation of DOA/Fatality was inappropriately determined despite the evidentiary standard for substantiation being met.
Legal Reference:	FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)
Action:	ACS will refer to the CPS Program Manual and/or consult with the New York Regional Office when determining the appropriateness of allegations, and will take into consideration all information when applying the circumstances to the definition(s).

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/23/2023

Time of Death: 03:28 AM

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

02:10 AM



County where fatality incident occurred: Queens
 Was 911 or local emergency number called? Yes
 Time of Call: 02:13 AM
 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: Being bathed

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	10 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	24 Year(s)
Other Household 1	Mother	No Role	Female	21 Year(s)
Other Household 2	Other Adult - Paternal Great Aunt	No Role	Female	69 Year(s)
Other Household 2	Sibling	No Role	Male	3 Year(s)

LDSS Response

Within the first 24 hours of the investigation, ACS contacted the source of the report, notified the ME and DA's offices of the death, documented a CPS history check, interviewed medical collaterals, and assessed the safety of the SS.

ACS interviewed the SF with LE directly following the incident. The SF stated he was bathing the SC in the tub at approximately 2:00 AM. The SF put the SC in the tub with the water running. The drain plug was not in and there were a few toys in the tub, including a plastic tambourine. The SF left the room to get a towel, clothes, and a diaper for the SC. The SF stated he was out of the room for approximately 3 minutes and upon his return found the SC unresponsive and the tambourine toy had moved to block the drain causing the tub to fill. The SF called 911, LE and EMS responded to the address, and the SC was transported to the hospital by ambulance where she was pronounced dead. The SF denied he had used any substances and appeared sober and coherent during his interview.

The BM was living apart from the SF and SC at the time of the fatal incident and did not return any attempts ACS made to contact her. ACS confirmed through a collateral contact the BM was receiving mental health treatment prior to the SC's death and would contact ACS if further services were needed.

The 3-year-old SS was assessed as safe in the care of the PGA. The PGA gained custody of the SS in August 2021 and he remained in her care when the investigation closed. Services in relation to the death of the SC were declined.

ACS interviewed LE and the ME. LE believed there to have been no criminality and would not be pursuing criminal



charges against the SF. The ME stated the autopsy results were pending and no injuries or signs of abuse or trauma were observed on the SC at the time of her death. The final autopsy report was pending at the time the investigation closed.

The allegations of IG and LS against the SF regarding the SC were substantiated. The allegation of DOA/Fatality against the SF regarding the SC was unsubstantiated as ACS incorrectly determined they could not substantiate the allegation without the final autopsy report. The SF declined further services and the investigation was closed.

Official Manner and Cause of Death

Official Manner: Pending

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: ACS does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
065017 - Deceased Child, Female, 10 Month(s)	065018 - Father, Male, 24 Year(s)	DOA / Fatality	Unsubstantiated
065017 - Deceased Child, Female, 10 Month(s)	065018 - Father, Male, 24 Year(s)	Inadequate Guardianship	Substantiated
065017 - Deceased Child, Female, 10 Month(s)	065018 - Father, Male, 24 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 type="checkbox"/>	<input checked="" 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"/>
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"/>
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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 of the SS was assessed and services were offered in relation to the death of the SC.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to
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				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.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? No

Explain:

Services were offered on behalf of the SS and declined by the family.



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

Explain:

Services were offered in relation to the death of the SC and declined by the family.

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? 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/16/2023	Deceased Child, Female, 6 Months	Father, Male, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 6 Months	Father, Male, 24 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

The SCR report alleged the SF carried the SC down the stairs inside the stroller. The SF lost his grip and dropped the stroller down the stairs. As a result, the SC fell out of the car seat and sustained a laceration to her lip.

Report Determination: Unfounded **Date of Determination:** 04/17/2023

Basis for Determination:

Immediately following the incident, the SF and BM brought the SC to the hospital to be checked out. The SC did not have any injuries and was discharged to the care of the parents. The SF stated he would not carry the SC in the stroller up or down the stairs again.

OCFS Review Results:

ACS conducted an investigation which met regulatory requirements and a determination of the allegations was made in congruence with evidence gathered.



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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/01/2022	Deceased Child, Female, 3 Months	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

The SCR report alleged the BM physically assaulted the SF while she was holding the 3-month-old SC. It was unknown if the SC was injured. There was a history of domestic violence in the home.

Report Determination: Unfounded

Date of Determination: 12/31/2022

Basis for Determination:

The SF stated the incident occurred as reported, though the BM denied the allegations. The SF stated the BM was not normally violent but believed she needed treatment for her mental health. The BM agreed and was hospitalized for mental health treatment and asked for additional therapy services. The SC was observed to be free of marks and bruises and was not injured in the altercation. A prevention case was opened to support the family's needs and the investigation was closed.

OCFS Review Results:

ACS conducted an investigation which met regulatory requirements and a determination of the allegations was made in congruence with the evidence gathered.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/28/2022	Deceased Child, Female, 2 Months	Mother, Female, 20 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child, Female, 2 Months	Father, Male, 23 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

The SCR report alleged the SF was aware the BM was exhibiting symptoms of postpartum depression and did not want to care for or touch the 2-month-old SC. The SF left the SC alone in the care of the BM in a crowded area which was not a safe plan for the care of the SC. The BM refused to accept mental health treatment.

OCFS Review Results:

ACS applied FAR standards appropriately to convert the investigation to a FAR response. ACS linked the BM with mental health providers and assisted the family to receive daycare services. A subsequent SCR report was received on 11/1/2022 and the FAR case was closed.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/30/2021	Sibling, Male, 1 Years	Mother, Female, 19 Years	Other	Unsubstantiated	No
	Sibling, Male, 1 Years	Father, Male, 22 Years	Other	Unsubstantiated	



Child Fatality Report

Sibling, Male, 1 Years	Other Adult - Paternal Great Aunt, Female, 67 Years	Other	Unsubstantiated
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Report Summary:

ACS received the SCR report for a court ordered investigation which contained allegations there was domestic violence between the SF and BM and the BM was suffering from untreated mental health concerns.

Report Determination: Unfounded**Date of Determination:** 08/16/2021**Basis for Determination:**

ACS initiated their investigation and learned the then 1-year-old SS had been in the care of the PGA. The SF and BM left the SS in the care of the PGA and she filed for custody of the SS to be able to plan for his care more appropriately. The SF and BM did not return attempts made by ACS to contact them.

OCFS Review Results:

ACS met with the PGA and SS and assessed the SS was safe in her care. ACS made sufficient attempts to contact both the SF and BM and were unsuccessful. The SS remained in the care of the PGA at the time the investigation closed.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/10/2021	Sibling, Male, 11 Months	Father, Male, 22 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 11 Months	Mother, Female, 19 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The SCR report alleged the BM and SF had a history of being physically aggressive towards one another in the presence of the then 11-month-old SS. On 3/9/2021, there was an altercation in which the SF bit the SM on her arm and LE intervention was required.

Report Determination: Indicated**Date of Determination:** 05/09/2021**Basis for Determination:**

ACS interviewed all family members and relevant collateral contacts. The SF was arrested due to the physical altercation. Concerns were identified for the BM's mental health and the BM refused to participate in services. The SS was in the custody of the PGA at the time the investigation closed.

OCFS Review Results:

ACS conducted an investigation which met regulatory requirements and made a determination of the allegations commensurate with evidence gathered.

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 NYS.

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: 10/12/2022

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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:

The services provided were coded advocate protective and case records were not maintained in Connections.

Preventive Services History

The family had a Preventive Services case from 10/12/2022-7/26/2023 which was providing support to the BM for her mental health, addressing concerns for domestic violence between the BM and SF, and to assist the family by providing shelter.

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