



**Report Identification Number: SY-21-047**

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

**Issue Date: Mar 25, 2022**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

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		
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	
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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 year(s)

**Jurisdiction:** Onondaga  
**Gender:** Male

**Date of Death:** 09/26/2021  
**Initial Date OCFS Notified:** 09/26/2021

## Presenting Information

Onondaga County Department of Social Services (OCDSS) received a report from the SCR alleging the mother was bathing the subject child on 9/24/21 along with a sibling. The mother took the sibling out of the bath and left the subject child unsupervised for 3-5 minutes while caring for the sibling. The 5-year-old sibling found the subject child unresponsive in the bathtub and alerted the mother. The mother began CPR on the subject child and called 911. The subject child was transported to the hospital in cardiac arrest and placed on life support. On 9/26/21, after failed brain death scanning, the subject child was pronounced deceased. It was determined the child drowned as a result of being left in the tub unsupervised.

## Executive Summary

OCDSS received an initial report from the SCR on 9/24/21, when the child was found unresponsive in the bathtub by his 5-year-old sibling. A fatality report was made on 9/26/21, when the child was taken off life support and pronounced dead at 4:58PM.

The subject child resided at home with the mother, father, and surviving siblings, ages 10, 5, and 7 months old. The siblings were assessed immediately upon receipt of the fatality report on 9/26/21. The siblings were assessed to be safe in the care of their parents.

The mother was home with the subject child and siblings on 9/24/21. The mother filled the tub to within 3-4 inches of the top and placed the subject child and 7-month-old sibling in to bathe together. The mother then took the sibling out of the tub to change and dry her. The mother had several things cooking on the stove at the same time as she was bathing the children. The mother was attending to the cooking when the 5-year-old sibling told the mother the subject child was drowning in the bathtub. The mother pulled the subject child out of the bathtub, called 911, and began CPR. First responders arrived and transported the child to the hospital where he was placed on life support. The mother reported the father was not home at the time of the incident.

The autopsy revealed the cause of death to be drowning. The manner of death was determined to be accidental. Additional testing showed the subject child had an upper respiratory illness and early pneumonia. Multiple findings consistent with a congenital cardiac anomaly were found during the autopsy. Law enforcement conducted a criminal investigation into the circumstances surrounding the fatality. The record did not reflect the status of the criminal investigation.

OCDSS contacted relevant collaterals and provided the parents with community-based grief and mental health counseling. OCDSS discussed Preventive Services with the family and both parents were receptive. The investigation remained open and Preventive Services had not yet been implemented at the time of this writing.

## 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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

At the time of this writing the investigation remained open.

Was the decision to close the case appropriate? N/A

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:**

The investigation remained open at the time of this writing. There was documentation of supervisory consultation.

**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: 09/26/2021

Time of Death: 04:58 PM

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

09/24/2021

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

Unknown

County where fatality incident occurred:

Onondaga

Was 911 or local emergency number called?

Yes

Time of Call:

07:11 PM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: bathing

**Did child have supervision at time of incident leading to death?** No - but needed

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

- Distracted
- Absent
- Asleep
- Other:

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Month(s)

**LDSS Response**

OCDSS coordinated efforts with LE, reviewed the CPS history, and notified the DA's office about the death upon receipt of the SCR report. Throughout the investigation, collateral contacts were made with the source of the report, personal collaterals for the family, first responders, and various service providers.

Through interviews with the mother, it was learned she was home with the subject child and siblings on 9/24/21. The father was not present at home. The mother was cooking and bathing the subject child and 7-month-old sibling while also caring for the 5 and 10-year-old siblings. The mother bathed the subject child and 7-month-old sibling together. The mother removed the 7-month-old from the bathtub first and dried her off. The mother then went to the kitchen to check on the food she was cooking. While in the kitchen, the mother was approached by the 5-year-old sibling who reported the subject child was drowning in the bathtub. The mother found the subject child unresponsive in the bath, removed him from the water, and called 911. The mother began CPR at the direction of the 911 operator. The mother reported both water and mucus came out of the child's mouth during resuscitation efforts, though the child remained unresponsive. First responders arrived and took over resuscitation efforts while transporting the child to the hospital.

The father was interviewed but did not provide additional information related to the fatality. The father was not home at the time of the fatal incident. The father reported the subject child had a mild fever and a cough on 9/24/21 and he provided him with Tylenol and cough medication. Both parents agreed to provide adequate supervision for the surviving siblings.



The 10 and 5-year-old siblings were interviewed regarding the fatality. Both siblings were aware the subject child passed away after drowning. The 5-year-old reported he found the subject child drowning in the bathtub while his mother was tending to the 7-month-old sibling and cooking in the kitchen. The 5-year-old reported he told his mother about the subject child. The 10-year-old sibling reported he heard about what happened to the subject child but did not witness the events leading up to the fatal incident nor did he see the subject child drown in the bathtub. The 10-year-old reported the mother had left the subject child in the bathtub unsupervised before. The siblings were assessed to be safe in the care of their parents.

OCDSS spoke with several medical professionals known to the child. The record reflected a respiratory viral panel was positive for respiratory syncytial virus (RSV) and additional testing confirmed the subject child had an upper respiratory infection and early pneumonia. Per the family, the subject child was experiencing symptoms of a cold, including a fever, which was why the mother had him in the bath as she hoped it would help with his breathing. Medical professionals surmised the subject child had a febrile seizure due to his high fever at the time of his admittance to the hospital.

The safety assessments were fitting to the case circumstances. OCDSS offered the family community-based services related to the fatality. The investigation remained open at the time of this writing and the record reflected OCDSS was in the process of opening a Preventive Services case for the family to provide additional support. Concerns arose during the investigation and an additional subsequent report was registered and being investigated at the time of this writing.

### 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

**Comments:** OCDSS adhered to previously approved protocols for joint investigations by coordinating efforts with law enforcement and notifying the DA's office of the death.

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059664 - Deceased Child, Male, 2 Year(s)	059666 - Father, Male, 30 Year(s)	DOA / Fatality	Pending
059664 - Deceased Child, Male, 2 Year(s)	059666 - Father, Male, 30 Year(s)	Inadequate Guardianship	Pending
059664 - Deceased Child, Male, 2 Year(s)	059666 - Father, Male, 30 Year(s)	Lack of Supervision	Pending
059664 - Deceased Child, Male, 2 Year(s)	059665 - Mother, Female, 24 Year(s)	DOA / Fatality	Pending
059664 - Deceased Child, Male, 2 Year(s)	059665 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Pending



059664 - Deceased Child, Male, 2 Year(s)	059665 - Mother, Female, 24 Year(s)	Lack of Supervision	Pending
059667 - Sibling, Male, 5 Year(s)	059666 - Father, Male, 30 Year(s)	Lacerations / Bruises / Welts	Pending
059667 - Sibling, Male, 5 Year(s)	059666 - Father, Male, 30 Year(s)	Inadequate Guardianship	Pending
059667 - Sibling, Male, 5 Year(s)	059666 - Father, Male, 30 Year(s)	Lack of Medical Care	Pending
059667 - Sibling, Male, 5 Year(s)	059666 - Father, Male, 30 Year(s)	Swelling / Dislocations / Sprains	Pending
059667 - Sibling, Male, 5 Year(s)	059665 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Pending
059667 - Sibling, Male, 5 Year(s)	059665 - Mother, Female, 24 Year(s)	Lacerations / Bruises / Welts	Pending
059667 - Sibling, Male, 5 Year(s)	059665 - Mother, Female, 24 Year(s)	Lack of Medical Care	Pending
059667 - Sibling, Male, 5 Year(s)	059665 - Mother, Female, 24 Year(s)	Swelling / Dislocations / Sprains	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Relevant collateral sources were contacted.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
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Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**  
 Though the Risk Assessment Profile was not yet completed in CONNECTIONS at the time of this writing, OCDSS assessed the family's need for services. OCDSS provided information on burial assistance to the family as well as resources for community-based mental health and bereavement counseling. Preventive Services were discussed and the family was receptive to 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"/>



<b>Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain as necessary:**  
 Removal of the siblings was not deemed necessary. A safety plan was implemented for the parents to provide adequate supervision for the siblings at all times. The siblings were assessed to be safe in the care of the parents.

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

**Other, specify:** community-based services

**Additional information, if necessary:**  
 OCDSS provided the family with information on burial assistance, mental health counseling, and bereavement services. The family was already engaged in community-based services and Preventive Services were discussed and the family was receptive. At the time of this writing, Preventive Services had not yet been implemented and the investigation remained open.



**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:**  
OCDSS provided referrals for community-based mental health and bereavement counseling to the parents for the older siblings.

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

**Explain:**  
OCDSS provided information on burial assistance to the family as well as resources for community-based mental health and bereavement counseling. Preventive Services were discussed and the family was receptive to services.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	No

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/16/2021	Sibling, Male, 5 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 10 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Months	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Months	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	

Sibling, Male, 10 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 7 Months	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Deceased Child, Male, 2 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 5 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 10 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 7 Months	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 10 Years	Mother, Female, 24 Years	Internal Injuries	Unsubstantiated
Sibling, Male, 10 Years	Mother, Female, 24 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 10 Years	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 10 Years	Mother, Female, 24 Years	Sexual Abuse	Unsubstantiated
Sibling, Male, 10 Years	Father, Male, 30 Years	Sexual Abuse	Unsubstantiated
Sibling, Male, 5 Years	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated
Deceased Child, Male, 2 Years	Mother, Female, 24 Years	Lack of Supervision	Substantiated
Deceased Child, Male, 2 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated

**Report Summary:**

OCDSS received a report from the SCR alleging the father sexually abused the 10-year-old sibling and the mother was aware and allowed the behavior to continue. As a result, the sibling was sexually acting out towards other children. The mother used illicit substances while caring for the child, and the home was deplorable with trash and rodent infested. There was physical domestic violence between the parents with the father acting as the aggressor. A subsequent report was received from the SCR on 9/24/21 regarding the drowning.

**Report Determination:** Indicated

**Date of Determination:** 10/29/2021

**Basis for Determination:**

During the investigation, the subject child drowned in a bathtub while not being supervised appropriately by the mother. OCDSS added the allegations of lack of supervision and inadequate guardianship against the mother and substantiated both allegations. A forensic interview regarding the sexual abuse allegation was conducted and there were no valid concerns for the abuse. The allegation of IF/C/S was unsubstantiated as the home was assessed to meet minimal standards. Though concerns for the mother's substance misuse were ongoing, OCDSS did not find credible evidence to substantiate the allegation of PD/AM regarding the subject child and siblings.

**OCFS Review Results:**

The 7-day safety assessment was not completed within the required timeframe. The safety assessment was completed 18 days after receipt of the report. Notice of existence letters were not provided until 18 days after receipt of the report. The record did not reflect a review of CPS history was completed within the required timeframe, though an investigation was opened concurrently and the record reflected history was reviewed and documented during that investigation. Safe sleep



was addressed throughout the investigation as there was a sibling under one residing in the home. OCDSS contacted relevant collateral sources and provided referrals for services related to the death.

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

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

The 7-day safety assessment was not completed within the required timeframe. Notice of existence letters were not provided until 18 days after receipt of the report. The record did not reflect a review of CPS history was completed within the required timeframe, though an investigation was opened concurrently, and the record reflected history was reviewed and documented during that investigation.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

OCDSS will review and adhere to regulations regarding casework practice. OCDSS will complete case objectives within the required timeframes.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/21/2021	Sibling, Male, 10 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 10 Years	Mother, Female, 24 Years	Lacerations / Bruises / Welts	Substantiated	
	Sibling, Male, 10 Years	Father, Male, 30 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 10 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

OCDSS received a report from the SCR alleging the mother became angry with the 10-year-old sibling because he was engaging in inappropriate activities on the computer. The mother disciplined the sibling by hitting him with a belt. The sibling sustained a bruise on his shoulder as a result of the discipline. A subsequent report was received alleging the father failed to intervene to protect the sibling when the mother became angry and used excessive discipline.

**Report Determination:** Indicated

**Date of Determination:** 09/29/2021

**Basis for Determination:**

OCDSS determined there was credible evidence to substantiate the allegations of inadequate guardianship and lacerations/bruises/welts against the mother regarding the sibling. The mother confirmed that she hit the sibling causing him to bruise. An allegation of inadequate guardianship against the father regarding the sibling was added and substantiated, though the investigation conclusion screen in CONNECTIONS does not address the substantiation of the allegation.

**OCFS Review Results:**

OCDSS failed to individually address each allegation in the report as they did not document the reason for substantiating the allegation of IG against the father in the investigation conclusion narrative. The safety assessment did not accurately reflect the safety factors present. OCDSS chose safety decision 1, which reported no safety factors were present but the investigation was indicated due to concerns for excessive corporal punishment. Case objectives were completed within the required time frames and safe sleep education was provided multiple times during the investigation.

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

**Issue:**



## Determination of Nature, Extent and Cause of Conditions (Report)

**Summary:**

OCDSS did not justify substantiating the allegation of Inadequate Guardianship against the father in the investigation conclusion narrative.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(d)

**Action:**

OCDSS will accurately reflect the children and adults involved in events of suspected abuse or maltreatment when determining each allegation. Each allegation in the report will be individually addressed.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

Though completed within the required timeframe, the initial safety assessment failed to consider, weigh, and evaluate the safety factors leading to substantiating the investigation. OCDSS chose safety decision 1, reflecting there were no safety concerns, though the record reflected there was credible evidence to substantiate the allegations of IG and L/B/W.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

OCDSS will document and approve all assessments and accurately reflect the safety factors that are present, along with any safety plan that has been devised.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/29/2020	Deceased Child, Male, 11 Months	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 9 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 11 Months	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 23 Years	Educational Neglect	Substantiated	
	Deceased Child, Male, 11 Months	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

OCDSS received a report from the SCR alleging the father physically assaulted the mother in the presence of the



children. The mother hit the children with force on a daily basis. The mother used illicit substances to the point of impairment and was unable to care for the children. A subsequent report was received alleging the sibling missed 43 days of school and was failing as a result. The mother did not address the sibling's educational needs.

**Report Determination:** Indicated **Date of Determination:** 04/28/2020

**Basis for Determination:**

OCDSS found credible evidence that the mother was not meeting the educational needs of the sibling. The sibling missed a significant amount of school and was failing as a result. Letters were sent home, but attendance did not improve. Though concerns for the mother's substance misuse as well as the domestic violence between the mother and father were ongoing, OCDSS did not find credible evidence to substantiate the allegation of PD/AM nor IG regarding the subject child and siblings.

**OCFS Review Results:**

OCDSS completed case objectives within the required timeframes. 9 of the 36 notes were entered more than a month after their event dates. There were concerns regarding the sibling's educational neglect and the mother was indicated for the concerns, but the record did not reflect further communication with the school about the sibling. The record did not reflect the educational neglect concerns were addressed with the father.

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

**Issue:**

Determination of Nature, Extent and Cause of Conditions (Report)

**Summary:**

The record reflected the sibling was an educationally neglected child and the mother was indicated for the allegation. Though the father was in the home and aware of the concerns, allegations were not added or substantiated against him for the sibling's educational neglect.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(d)

**Action:**

OCDSS will address new concerns as they arise with all applicable caregivers, in an effort to determine whether the action(s)/inaction(s) constitute as abuse or maltreatment.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/18/2019	Deceased Child, Male, 5 Months	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 5 Months	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 5 Months	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	



# Child Fatality Report

Deceased Child, Male, 5 Months	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 2 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 8 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 8 Years	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

**Report Summary:**

OCDSS received a report from the SCR alleging on 8/17/19, the mother and father were involved in an altercation in the presence of the subject child and siblings. The situation escalated into a physical confrontation where the mother hit the father and broke windows in the home. The then 8-year-old sibling woke and witnessed the violence. At the time of the incident, the father was under the influence of illicit substances.

**Report Determination:** Unfounded**Date of Determination:** 09/27/2019**Basis for Determination:**

OCDSS determined there was no credible evidence to substantiate the allegations. OCDSS did not find evidence that the parents engaged in domestic violence nor was there evidence of any substance misuse. The parents were not compliant with OCDSS, but information received from collateral sources, including law enforcement, reflected there was no sufficient evidence to substantiate the allegations of IG related to the DV between the parents. Though concerns for the mother's substance misuse were ongoing, OCDSS did not find credible evidence to substantiate the allegation of PD/AM regarding the subject child and siblings.

**OCFS Review Results:**

OCDSS completed case objectives within the required timeframes. OCDSS provided the family with community-based resources related to service needs and provided the family with safe sleep provisions and education.

**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 a FAR case from 2016 with allegations of the mother testing positive for cannabis at the time of the birth of the sibling.

There was an indicated SCR investigation from 2017 related to inadequate guardianship against both parents regarding the sibling. There was ongoing discord between the parents, including the mother throwing a recycling bin at the father with the intent to hit him. The mother was carrying the sibling in a baby carrier at the time. There were additional concerns that the mother was misusing substances.

The father was indicated in 2013 for sexual abuse of the mother. The mother was 15 years old at the time and she and the father were engaged in a sexual relationship.

**Known CPS History Outside of NYS**

There was no known history outside of New York State.

**Preventive Services History**

There was an open Preventive Services case from 1/7/20 through 2/27/20 due to the eldest sibling's truancy and the family's failure to secure safe and stable housing. Preventive Services ended as the mother would not communicate with



OCDSS or engage in the recommended services.

There was an open Preventive Services case from 11/27/18 through 6/20/19 following a period of domestic violence between the parents, the mother's substance misuse, and ongoing law enforcement involvement. There were concerns that both parents were acting as aggressors and physically assaulting one another or throwing objects at one another in the presence of the children. The family lacked basic needs including food, clothing, and shelter. The mother was 6 months pregnant at the time of the referral and was not adequately prepared to meet the child's basic needs. The then 2-year-old sibling was non-verbal and required early intervention services. Though there was minimal improvement in the home, the mother requested an end to the Preventive Services case and became noncompliant with OCDSS.

### 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