



## Report Identification Number: SY-20-032

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

Issue Date: Dec 31, 2020

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:** 3 year(s)

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

**Date of Death:** 07/11/2020  
**Initial Date OCFS Notified:** 07/13/2020

## Presenting Information

Onondaga County Department of Social Services (OCDSS) received a report from the SCR regarding the death of the 3-year-old male subject child. In 2018, the mother left the subject child unattended, in a bathtub, while she went to another room. When she returned, the subject child was face down in the water. Due to the incident, the subject child sustained a brain injury and respiratory failure, a feeding tube, and the diagnosis of failure to thrive. On 7/11/20, the child's trachea became dislodged and was unable to be replaced. 911 was called and the child was transported to the hospital where he succumbed to his injuries. The subject child's cause of death was related to the near drowning incident that occurred in 2018.

## Executive Summary

Onondaga County Department of Social Services (OCDSS) received a report from the SCR on 7/13/20, concerning the death of the 3-year-old male child.

During the investigation it was learned the child was a victim of a near drowning. On 8/6/18, the child was submerged in the bathtub, which resulted in multiple injuries. On 7/11/20, the child was being cared for by the maternal grandmother. During that time, the child's trachea became dislodged and the grandmother was unable to replace it. The grandmother called 911 and performed CPR until EMS arrived. The child was then transported to the hospital where he was pronounced dead at 9:45PM.

The child resided with his mother and 4-year-old sibling. The mother and children resided with the maternal grandmother until shortly before the death. The maternal grandmother remained a primary caregiver for the subject child and sibling. The father had no contact with the subject child or sibling. There were several half-siblings on the father's side. All were assessed to be safe in the care of their parents.

The autopsy revealed the cause of death to be Anoxic Ischemic Encephalopathy resulting from submersion in water. The manner of death was determined to be accidental.

OCDSS contacted all necessary collaterals and determined there was credible evidence to substantiate the allegations of DOA/Fatality and Lack of Supervision against the mother based on evidence from the investigation that occurred as a result of the 8/6/18 incident where the mother left the then 14-month-old subject child alone in the bathtub while she completed a task in a different room. The subject child was alone in the bathtub for approximately 10 minutes and was unresponsive upon the mother's return to the bathroom.

## 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:**

Sufficient information was gathered to assess the safety of the sibling and surviving half-siblings. OCDSS appropriately determined the investigation and close the case once all case objectives had been met.

**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:**

The case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities**

**Incident Information**

**Date of Death:** 07/11/2020

**Time of Death:** 09:45 PM

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

08/06/2018

**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:**

09:01 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:**



# Child Fatality Report

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: taking a bath

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

**At time of incident supervisor was:**

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- 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	3 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	48 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Other Household 1	Father	No Role	Male	30 Year(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 grandmother, it was learned she was supervising the subject child and the surviving sibling on 7/13/20, at the mother's home. The grandmother reported the subject child's trachea hole had been stretching out due to the respirator pulling on it. Earlier in the week, the trachea had fallen out. The nurse who provided care during the week was at the home when this first occurred and was able to reinsert it. The grandmother reported she was home alone with the children on the day of the death as the mother was running errands. The trachea tube fell out and she was unable to blow up the balloon to reinsert it. She attempted multiple times and then called 911. When the trachea tube fell out, the child became unresponsive and turned purple in color. The grandmother attempted CPR using the respiratory bag while awaiting the arrival of EMS. First responders took over efforts and transported the child to the hospital where he was pronounced deceased.

OCDSS assessed the safety of the surviving sibling within 24-hours of the death. The sibling was observed to be safe in the care of her mother. No safety concerns were revealed for the surviving sibling, as the unsafe situation was isolated to the circumstances of the child's vulnerability at the time of the drowning.

The father and his children were interviewed, and the half-siblings were assessed to be safe in his care. The father reported having no contact with the subject child or sibling since the incident on 8/6/18. The father had another relationship, and



children from that relationship. Those children were unaware of and had never met the subject child and sibling.

OCDSS spoke with several medical professionals known to the child. All reported the child was a victim of a near-drowning, which played a role in the child's death. Medical professionals reported the child suffered from multiple medical conditions because of the near-drowning and he was not expected to survive. There were no notable concerns in the medical records for the sibling.

In response to the fatality, OCDSS accurately determined the allegations after conducting a complete investigation. The safety and risk assessments were fitting to the case circumstances. OCDSS offered the family community-based services, but it is unknown if these services were utilized. They concluded their involvement at an appropriate time when all necessary information was gathered, and services were offered. The mother did not accept a referral for Preventive Services.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055721 - Deceased Child, Male, 3 Yrs	055723 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated
055721 - Deceased Child, Male, 3 Yrs	055723 - Mother, Female, 24 Year(s)	Lack of Supervision	Substantiated

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



# Child Fatality Report

<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"/>

### Fatality Safety Assessment Activities

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

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 OCDSS offered a referral for community-based services to the mother, grandmother, and father. The mother refused services for herself but was receptive to community-based bereavement services for the surviving sibling.

### 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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> There was no removal of the surviving sibling.				

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



**Additional information, if necessary:**

OCDSS offered referrals to the mother and grandmother following the death. The family was receptive to the referred community-based services.

**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 the sibling with children's books and coloring books related to grief and bereavement. Additionally, OCDSS provided the mother with referrals for providers who worked with children on bereavement services.

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

**Explain:**  
OCDSS provided resources to the mother and father related to bereavement and mental health counseling. A referral was made to Healthy Families.

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** Yes  
**Was the child ever placed outside of the home prior to the death?** No  
**Were there any siblings ever placed outside of the home prior to this child's death?** No  
**Was the child acutely ill during the two weeks before death?** 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)
08/06/2018	Deceased Child, Male, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 1 Years	Mother, Female, 22 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 22 Years	Lack of Supervision	Substantiated	

**Report Summary:**

OCDSS received a report from the SCR alleging on 8/6/18, the mother left the year old subject child and 2-year-old sibling unsupervised in the bathtub. When the mother returned to the bathroom, she found the subject child floating in the water unresponsive. The subject child suffered from cardiac arrest and did not have a pulse for 40 minutes.

**Report Determination:** Indicated

**Date of Determination:** 12/28/2018

**Basis for Determination:**

OCDSS determined there was credible evidence to support the LS and IG allegations. The mother left the deceased child



and sibling in the bathtub with running water for approximately 5-10 mins. As a result, the subject child was found face down in the water, unresponsive. The subject child sustained an anoxic brain injury and required regular medical intervention as a result. OCDSS filed a Neglect Petition in family court.

**OCFS Review Results:**

OCDSS was appropriate in completing casework adequately and in a timely manner. OCDSS contacted all collateral sources and appropriately determined the case once all case objectives were met.

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

**CPS - Investigative History More Than Three Years Prior to the Fatality**

There were reports from 2014-2015 regarding the father's other children. The father was primarily listed on the reports with "No Role." A 2014 FAR case listed concerns regarding the father's ability to meet the medical needs of the half-sibling. The father was provided education during the open FAR and was able to meet the sibling's needs by the end of the investigation.

**Known CPS History Outside of NYS**

There was no known history outside of New York.

**Preventive Services History**

Preventive Services were in place from 12/11/18 until 1/23/20. Services were in place following the incident where the mother left the subject child and sibling unsupervised in the bathtub, which led to the subject child's injuries. As a result of the incident, a Neglect Petition was filed and the mother was court ordered to engage in Preventive Services. Due to the severity of the subject child's injuries, 24-hour nursing care and education for the family was necessary. The order of supervision was vacated on 1/14/20 and the mother was able to meet the subject child's needs in her home, with the assistance of in home nursing services. The mother was in agreement with closing the Preventive Services case.

**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:
12/11/2018	Adjudicated Neglected	Order of Supervision
<b>Respondent:</b>	055723 Mother Female 24 Year(s)	
<b>Comments:</b>	The mother consented to the Article 10 Neglect and was ordered to engage in Preventive Services.	

**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