



Report Identification Number: NY-19-071

Prepared by: New York City Regional Office

Issue Date: Dec 18, 2019

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		



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: New York
Gender: Female

Date of Death: 06/21/2019
Initial Date OCFS Notified: 06/21/2019

Presenting Information

On 5/22/19, at approximately 12:00 PM, the SM was giving the SC a bath in an infant bathtub, within the apartment bathtub. The MGM was also in the bathroom while the SC was receiving a bath. The SM stepped away to get a towel and left the SC in the tub. The SM did not adequately supervise the SC and the MGM did not adequately attend to the SC while she was still left in the bathtub. As a result, the SC was submerged under the water, facing up for approximately 30 seconds. The SM then performed CPR on the SC while the MGM called EMS; however, the SC was pale at this point. The SC was pronounced brain dead between the dates of 5/22/19 and 6/21/19, and was placed on life support during this period. The SC was removed from life support on 6/21/19 and pronounced dead at 9:32 AM. The cause of death was hypoxic ischemic encephalopathy, which is a consequence of drowning.

The allegations of this report were DOA/ fatality, LS and IG by the SM and MGM.

Executive Summary

The two-month-old SC child had been hospitalized in the Pediatric Intensive Care Unit (PICU), in the Morgan Stanley Children's Hospital, of New York Presbyterian Hospital (NYPH) for one month. She had been in a vegetative state and prognosis was poor, the parents opted to remove the life support.

The SC became known to ACS Manhattan Field Office on 5/22/19, when the SCR registered a report that alleged the SM left the SC unattended in a bathtub with running water for an unspecified amount of time. The SM returned to find the SC submerged. The SM contacted 911 who responded and transported the SM and SC to Mount Sinai Hospital. The SC was placed on life support and then transferred to the PICU in NYPH for closer attention.

ACS initiated the 5/22/19 report as they visited the hospital and confirmed the report. The Dr. reported the SC's prognosis was poor. The SM was reported to have been distraught but hopeful. The Dr. reported the BF was realistic about the SC's condition.

ACS learned from LE they found no criminality. The ME completed an external examination and reported the cause of death of the SC was complications of drowning and the manner was accidental. ACS interviewed the parents at the hospital and learned that although the BF resides in another state, the family is very close. The SM, SC, SS resided at the case address with the MGM. At the time the incident occurred, the SS was at school and the MGM was at work. ACS learned that the MGM was not at home at the time the incident occurred; however, the SCR report referred to the MGM as opposed to the MGGM, who was visiting the home and had fallen asleep. The MGGM is hearing and visually impaired as to the reason for her not responding to the SM's cry for help. The parents had a lot of family support. ACS also interviewed the family members such as the MGM, PGM, MU, MA and others. They all reported the SM to be a good mother who is caring and trusted with other children.

ACS received information from the SS's school that reflected he was academically on target, with good behavior and attendance. The Dr. reported the SS had no medical conditions and was up to date with immunizations. ACS offered services to the family; however, they declined. The SM and SS relocated out of state to live with the BF.

On 8/21/19, ACS indicated the allegation of the SC by the SM and unsubstantiated the allegations by the MGM.



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

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 family has relocated to another state.

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: 06/21/2019

Time of Death: 09:32 AM

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

05/22/2019

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

01:30 PM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

01:45 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? Yes

How long before incident was the child last seen by caretaker? 1 Minutes

At time of incident supervisor was: Not impaired.

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	2 Month(s)
Deceased Child's Household	Father	No Role	Male	28 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	62 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	96 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)

LDSS Response

On 6/21/19, the SCR registered a report regarding the death of the two-month-old female SC that occurred on 6/21/19 as a result of having the life support system removed. The SC had been hospitalized in the Pediatric Intensive Care Unit, in the Morgan Stanley Children's Hospital, of New York Presbyterian Hospital (NYPH) in a vegetative state. This family first became known to ACS on 5/22/19 when the SCR registered a report. The report alleged that the SM was bathing the SC and left her in the bathtub, unattended for an unknown amount of time to fetch a towel. She returned to the bathroom and found the SC submerged in water, unresponsive. The SM called 911; EMS responded to the case address and transported the SC to Mount Sinai Hospital (MSH) where she was intubated and placed on a ventilator then transferred to NYPH.

The Specialist contacted MSH and NYPH and obtained information regarding the SC. The Specialist learned that the SC had no suspicious marks or bruises. The Specialist interviewed the SM who sobbed continuously; however, she was compliant. The SM explained she was bathing the SC in a baby tub which sat in the adult bathtub. She left the SC for approximately thirty seconds to fetch a towel. She explained she left the water running to keep the SC warm. Upon her return, she observed the SC on her back and water had covered most of her head and face. The SM stated she called out for help, but the MGGM who is hearing impaired had fallen asleep did not respond. The SM called 911 and was instructed to administer CPR. The MA arrived at the home shortly after the discovery and directed EMS to the case address. The SS was at school at the time of the incident and the MGM was not home.

On 5/22/19, ACS contacted the LE, CPH staff and first responders. ACS learned from LE there was no foul play and no arrest was made; it appeared accidental. The Dr. described the SC's prognosis as grim.



The Specialist interviewed several close relatives at the hospital including the PGM, MU, MA. All denied knowledge of drug use or mental illness by the SM; they all stated she is a good, attentive mother. The Specialist documented the SS was safe; the home had clutter but there were no hazardous conditions.

The BF was interviewed at the hospital and he told the Specialist that he resides in another state. He explained that he is constantly in contact with his family, and they have a close bond. The BF stated he never observed the SM leave the SC unattended and she is a very good mother. He reported he learned of the incident from the SM who called him just after she called 911 but he could not understand what she said due to the commotion. She informed him fifteen minutes later while she was in the ambulance.

ACS held a Child Safety Conference with the parents and discussed the discrepancies regarding the incident. The SM reported the SC's head was not facing the faucet as reported. Also, the adult bathtub contained water. The SM explained that the SS usually assists her when she gives the SC a bath; however, he was not home. The SM reiterated she thought the SC would not move because of her age and that was the first time she had ever left the SC unattended. The SS said he always helped his mother and that she never left he or his sister alone; she was a great mother. The SM and BF denied mental illness and drug use. ACS referred the family to services but they declined. The SM and SS moved out of state to live with the BF.

According to the case documentation, the SC was hospitalized for one month before the parents gave permission to remove the life support. The ME listed the cause of death was complications of drowning and the manner was accidental.

On 8/21/19, ACS indicated the allegations of DOA/ fatality, IG and LS of the SC by the SM. ACS cited the SM's admission to leaving the SC unattended in a tub of water. ACS unsubstantiated the same allegations by the MGM as the MGM was not home.

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: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: The here is no OCFS approved CFRT in New York City.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052194 - Deceased Child, Female, 2 Mons	052223 - Grandparent, Female, 62 Year(s)	Inadequate Guardianship	Unsubstantiated
052194 - Deceased Child, Female, 2 Mons	052195 - Mother, Female, 28 Year(s)	DOA / Fatality	Substantiated
052194 - Deceased Child, Female, 2 Mons	052223 - Grandparent, Female, 62 Year(s)	Lack of Supervision	Unsubstantiated



052194 - Deceased Child, Female, 2 Mons	052223 - Grandparent, Female, 62 Year(s)	DOA / Fatality	Unsubstantiated
052194 - Deceased Child, Female, 2 Mons	052195 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
052194 - Deceased Child, Female, 2 Mons	052195 - Mother, Female, 28 Year(s)	Lack of Supervision	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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"/>



Child Fatality Report

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 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"/>

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"/>

Explain as necessary:
The SS remained in the custody of his 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The parents declined services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome



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)
05/22/2019	Deceased Child, Female, 2 Months	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 2 Months	Mother, Female, 27 Years	Lack of Supervision	Substantiated	

Report Summary:

On 5/22/19, at approximately 1:45 PM, the SM left the SC unattended in the bathtub for an unknown length of time. The SM returned to find the SC submerged in the water, blue in color and unresponsive. The SC was intubated and stabilized. EMS was called.

Report Determination: Indicated

Date of Determination: 07/19/2019

Basis for Determination:

ACS substantiated the allegations of IG and LS of the SC by the SM citing the SM used extremely poor judgment and negligence. ACS noted that it was a horrific accident.

OCFS Review Results:

The investigation was thorough and the allegations were appropriately substantiated.

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 history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No