



**Report Identification Number: NY-21-083**

**Prepared by: New York City Regional Office**

**Issue Date: Jan 28, 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:** 4 year(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 07/27/2021  
**Initial Date OCFS Notified:** 08/02/2021

## Presenting Information

The 8/2/21 SCR report alleged the mother was the sole caretaker of the 4-year-old and the 10-month-old children. The mother failed to adequately supervise the 4-year-old in the home for at least 10 minutes. As a result, the child opened the balcony door, stepped onto the balcony, and fell 10 floors to the ground. Law enforcement and EMS responded to the 911 call for emergency assistance. EMS transported the child to the hospital. The child had a head injury, bruises to the kidney and lungs, and bleeding to the brain. The child sustained fractures to the clavicle, right rib, and brain damage. As a result of his injuries, the child was declared brain dead and pronounced dead on 7/27/21 at 2:45PM.

## Executive Summary

This fatality report concerns the death of the 4-year-old male subject child who died on 7/27/21. The ME listed the cause of death as blunt force injuries to the head, torso, and extremities and the manner of death as accident (fall from a height).

At the time of his death, the subject child resided with his parents and an 10-month-old female sibling. At the time of the incident the father was at work while the mother was home providing care for the children.

ACS's investigation revealed on 7/24/21, the mother was at home caring for the children. At about 2:00PM the mother was breastfeeding the 10-month-old surviving sibling in preparation for placing the child down for a nap. She put the television on for the subject child while she went to put the 10-month-old sibling to nap. While in the room she continued to talk with the subject child who asked for a snack. The mother told the child to wait. Shortly thereafter, the mother exited the bedroom and started to call for the subject child. When he did not respond, she searched the apartment then looked over the balcony and saw that he had fallen to the ground. Unrelated individuals called for EMS who responded and transported the child to the hospital where he was placed on life support. The child remained on life support until 7/27/21 when he was pronounced dead.

EMS received the 911 call at approximately 2:30PM and arrived at the hospital at 2:47PM. The attending pediatric physician reported the subject child sustained traumatic head injury with multiple brain bleeds, lung injuries, pulmonary and kidney contusions, clavicle, and rib fractures. The subject child was on a ventilator and his prognosis was listed poor. The sibling was found with no visible marks; she was left in the care of the paternal aunt until 7/26/21 when ACS' Family Court Legal Services reported there was insufficient information to file a petition in court.

ACS visited the case address and noted it was clean and had adequate provisions. The parents stated they were aware of the broken lock on the balcony door from 7/10/21, and had safeguarded the door with a chain. They believe the subject child broke the chain.

ACS learned from LE that the chain on the door was broken and it could have been forced open by the subject child. Collaterals reported the mother was an excellent mother who loved her children and family.

On 9/22/21, ACS substantiated the allegations of IG and LS of the subject child by the mother citing the subject child's injuries and the mother's admission that she left the child alone for approximately ten minutes. ACS unsubstantiated the allegations of DOA/Fatality, II, and LBW of the subject child by the mother citing that the ME listed the manner of death as an accident and LE made no arrests.



ACS offered the family PPRS services and an Early Intervention referral for the 10-month-old surviving sibling.

## 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 gathered to make determination for all allegations on the intake report.

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 level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion 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: 07/27/2021

Time of Death: 02:45 PM



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

02:30 PM

**County where fatality incident occurred:**

Bronx

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

02:30 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

**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: **Feeding the younger sibling**

**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	4 Year(s)
Deceased Child's Household	Father	No Role	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Month(s)

### LDSS Response

ACS responded to the report by contacting the hospital, LE, and the parents. It was reported the SC sustained multiple injuries; he was placed on a ventilator and his condition was listed as critical. The hospital staff reported the SC was transported via EMS and accompanied by the mother. The subject child was pronounced brain dead at 2:45PM on 7/27/21.

LE reported the lock on the balcony door was broken and the chain could have been forced open by the child. LE said their investigation found no criminality. The ME listed the cause of death as blunt injuries to the head, torso, and extremities and the manner of death as accident.

The ACS Specialist learned from the parents that the 4-year and 10-month-old children were at home with the mother when the incident occurred; the father was at work. The parents reported the subject child was a normal boy who played with toys, watched TV, and played on his tablet. He was not known to climb on furniture or windowsills. They reported the subject child was excited about the pool and wanted to see it; however, he had never gone onto the balcony alone. The subject child was left in the living room to watch television while the mother was in the bedroom feeding and putting the



sibling down for a nap. The parents reported leaving the subject child in a separate room alone was a one-time occurrence, he was always in their sight. According to the parents, the balcony door had a broken lock, and the chain was in place to secure the door.

According to the mother, on 7/24/21 at about 2:00PM she was going to put the sibling down for a nap, like she would normally do during the days. The subject child wanted to watch television. The mother stated she turned the television on and went into the bedroom, but left the bedroom door open and was talking to the subject child, as he wanted a snack. The mother said she asked the subject child to wait because she was breastfeeding the sibling. The mother said after feeding the sibling she went into the living room but did not see the subject child. She called out his name, but he did not respond; she heard only the television. The mother said when she checked, the child was nowhere to be found in the apartment. She went to the balcony and gazed over to observe the subject child lying on the ground with one person nearby. The mother said she ran outside to find two persons standing around the child; they had called 911. The father was at his place of employment while the mother was in the home caring for the children who were not of school age and did not attend daycare.

The father stated the family moved into the apartment on 7/10/21 and noticed the lock to the balcony was broken, so they put a chain on the balcony door. The father stated he was not home at the time of the incident since he was at work. He learned of the incident when a NYPD police officer called him while he was at work.

ACS contacted maternal and paternal relatives and none of the relatives had any concerns with the care the family provided to the children.

ACS provided a Pack n' Play for the surviving sibling while she was in the care of the paternal aunt and discussed safe sleep. The sibling was deemed safe while in the care of the paternal family and parents, and she was referred for an early intervention evaluation. The parents were offered funeral assistance and they were referred to bereavement counseling. The family relocated.

On 9/22/21, ACS substantiated the IG and LS allegations and unsubstantiated the allegations of DOA/Fatality, II and LBW of the subject child by the mother.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

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

### Multidisciplinary Investigation/Review

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

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** No

**Comments:** There is no OCFS approved Child Fatality Review Team in the NYC region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059460 - Deceased Child, Male, 4 Yrs	059462 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated



059460 - Deceased Child, Male, 4 Yrs	059462 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
059460 - Deceased Child, Male, 4 Yrs	059462 - Mother, Female, 32 Year(s)	Internal Injuries	Unsubstantiated
059460 - Deceased Child, Male, 4 Yrs	059462 - Mother, Female, 32 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
059460 - Deceased Child, Male, 4 Yrs	059462 - Mother, Female, 32 Year(s)	Lack of Supervision	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

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



# Child Fatality Report

<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 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
<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:**

The parents were referred to PPRS and they accepted.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

The incident occurred on 7/24/21. In response to the incident, ACS removed the surviving sibling and allowed her to remain in the care of the paternal aunt. On 7/26/21, the ACS Family Court Legal Services decided there was no cause of action necessary and no petition was filed. The sibling remained in the home with the paternal aunt and 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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:**  
 The PPRS services that were offered were accepted.

**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:**  
 ACS referred the sibling for Early Intervention services.

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

**Explain:**  
 The parents were referred to bereavement counseling and the surviving sibling was referred to early intervention.

## 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

### 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)
07/24/2021	Deceased Child, Male, 4 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 4 Years	Mother, Female, 32 Years	Internal Injuries	Unsubstantiated	
	Deceased Child, Male, 4 Years	Mother, Female, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 4 Years	Mother, Female, 32 Years	Lack of Supervision	Substantiated	

**Report Summary:**

The SCR registered a report on 7/24/21, which alleged that while putting the 10-month-old down for a nap in another room, the mother left the 4-year-old unsupervised for an unknown amount of time. While unsupervised, the 4-year-old fell from the 10th floor balcony of the residence and sustained severe injuries to his head and lungs. The allegations of the report were IG, II, LBW and LS of the 4-year-old subject child by the mother.

**Report Determination:** Indicated **Date of Determination:** 09/22/2021

**Basis for Determination:**

On 9/22/21, ACS substantiated the IG and LS allegations and unsubstantiated the allegations of fatality, II, and LBW of the subject child by the mother.

**OCFS Review Results:**

ACS responded appropriately to the information in the SCR report. Contact was made with law enforcement and medical personnel. ACS interviewed the parents and other collaterals. The sibling, was removed from the mother's care. There was evidence of supervisory involvement throughout the investigation.

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

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

There was no CPS investigative history more than three years prior to the fatality.

#### Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

### 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



**Additional Local District Comments**

**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