



**Report Identification Number: NY-19-085**

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

**Issue Date: Jan 02, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 4 year(s)

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

**Date of Death:** 07/13/2019  
**Initial Date OCFS Notified:** 07/13/2019

## Presenting Information

The report alleged on 7/13/19, the parents and the SC were at a beach with a large group of people. At about 4:00PM, the SC was in the water while the BPs remained on the beach, near the water. The BPs turned their back to the SC for approximately one minute and when the parents turned back around, they were unable to locate the SC in the lake. The BPs and a lifeguard entered the water, found the SC and pulled him out. At the time he was pulled out of the water, the SC still had a pulse but was not breathing. CPR was started and EMS was contacted. The SC was transported to the hospital; however, he did not take another breath and was pronounced deceased on 7/13/19 at 4:39PM.

## Executive Summary

On 7/13/19, the SC died after drowning in a lake at a State Park in Rockland County. According to the autopsy report, the SC's cause of death was asphyxiation due to drowning; due to submersion in lake. The manner of death was accident.

The case documentation reflected on 7/13/19, the family went to the State Park for a picnic. While the parents were unloading the car at the picnic area of the lake, the adult SS took the SC and four other children to the beach. The children sat around the life guard stand playing in the sand next to the lake. The adult SS was supervising the children at the time. The SC was going back and forth into the water. He was not wearing a life vest and did not go far into the water. The adult sibling lost sight of the SC for a few minutes and immediately notified a lifeguard that his brother was missing. The guard did not find the SC; however, a swimmer found the SC in the water unresponsive and pulled him out. The SC had a pulse but was not breathing. The lifeguard started CPR on the SC while EMS was called. EMS responded to the scene, took over CPR on the SC and continued the CPR efforts while transporting the SC to the hospital. The SC regained a pulse but did not breathe on his own. The hospital staff pronounced the SC deceased at 4:39PM. Due to the family's religion, the parents refused an autopsy; however, the ME completed an external exam on the SC. There were no signs of trauma to the SC.

Rockland County Child Protective Services (RCCPS) and ACS Bronx Field Office conducted the CPS investigation and obtained information from the local LE, the hospital staff and the family. LE did not suspect any criminality regarding the SC's death and no arrests were made. The hospital staff did not report any signs of trauma or known medical conditions for the SC. Throughout the investigation, the family was cooperative and the statements they provided about the incident were consistent. Also, ACS conducted home visits and assessed the surviving siblings as being safe with their parents. ACS referred the family for PPRS; however, the family traveled out of the country and was unable to receive services. Consequently, the service provider closed the family's case.

On 9/11/19, ACS unsubstantiated the allegations of the report against the parents. According to ACS, there was no credible evidence found to substantiate the allegations against the parents. At the time of the incident, the adult sibling who was not a person legally responsible for the SC was supervising the children at the lake.

During the investigation, ACS exhibited good practice by collaborating with RCCPS. Also, ACS was sensitive to and respectful of the family's religion and culture and did not engage the family while they were grieving. Additionally, ACS utilized language services to engage the BM and the seventeen-year-old SS who only spoke Arabic.

## 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:**  
ACS kept the case open for service; however, the family traveled out of jurisdiction and as a result, did not receive services. Consequently, the service provider closed the family's case.

### 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: 07/13/2019

Time of Death: 04:39 PM

County where fatality incident occurred:	Rockland
Was 911 or local emergency number called?	Yes
Time of Call:	03:50 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: Swimming

**Did child have supervision at time of incident leading to death? Yes****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	Adult Sibling	No Role	Male	29 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	52 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)

**LDSS Response**

On 7/13/19, ACS contacted the hospital staff and LE. The hospital staff reported that the family declined an autopsy for the SC due to religious beliefs. There was no trauma noted on the SC. The SC's body was released to the family. LE stated there was no suspicion of criminality. LE deemed the incident accidental and no arrest would be made.

On 7/14/19, ACS visited the family. The BM refused to speak with ACS, but she allowed ACS to speak to the children. ACS assessed the four SS and deemed them to be safe in the home. The 14-year-old SS had a developmental delay and was non-verbal. She received school-based services. The adult SS provided an account of the incident which was consistent with the information that was already known. The family's neighbors did not report any concerns regarding the care the parents provided to the children.

On 7/15/19, ACS visited the family. The BF reported the family already told EMS, LE and the hospital staff about the events that led to the incident. He asked ACS to give the family time to mourn the death of their son. He stated the SC was buried on 7/14/19 according to the family's culture.

On 7/16/19, RCDSS contacted LE. LE reported the criminal investigation was completed and no arrests were made, or



charges filed. LE deemed the SC's death an unfortunate accident.

On 7/16/19, ACS visited the family. They did not provide any new information regarding the fatality. The BF denied any concerns regarding changes in behavior and or functioning for any family member which required ACS' assistance. The family identified their mosque, family, and friends as strong supports. They reported utilizing prayer as an important part of their grieving process. ACS utilized language services to engage the BM and the 17-year-old SS who only spoke Arabic. The BM declined an interview as she was very emotional.

On 7/18/19, ACS held a child safety conference (CSC). The CSC recommended PPRS services for the family. The family agreed to receive PPRS and community-based services.

On 7/19/19, ACS received the children's medical records from the pediatrician. The children's immunizations were current. There were no suspicions of abuse or maltreatment for the children.

On 7/23/19, the ME reported the SC's cause of death was asphyxiation due to drowning; due to submersion in lake. The manner of death was accident.

On 7/31/19, ACS visited the family. The BF reported the family was scheduled to travel out of the country on 8/3/19. He provided ACS with the flight information. The BF stated that the family would explore getting the 14-year-old SS additional services once the family returned. ACS observed all the children in the home free of visible marks.

Between 8/26/19 and 9/9/19, ACS made contact with the family over the phone. The BF stated that he did not know when the family would return from their trip outside the country. He reported the family was fine and the children were receiving help from the mosque.

On 9/11/19, ACS unsubstantiated the allegations of the report against the parents.

### 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)?**No

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050794 - Deceased Child, Male, 4 Yrs	052484 - Mother, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
050794 - Deceased Child, Male, 4 Yrs	052484 - Mother, Female, 37 Year(s)	Lack of Supervision	Unsubstantiated
050794 - Deceased Child, Male, 4 Yrs	052485 - Father, Male, 52 Year(s)	DOA / Fatality	Unsubstantiated
050794 - Deceased Child, Male, 4 Yrs	052485 - Father, Male, 52 Year(s)	Lack of Supervision	Unsubstantiated



## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input 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"/>
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"/>

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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

## Fatality Risk Assessment / Risk Assessment Profile



# Child Fatality Report

	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"/>
<b>Explain:</b> The family refused services offered by ACS.				

### 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"/>

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

**Explain:**

The family traveled out of jurisdiction.

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

**Explain:**

The family traveled out of jurisdiction.

## 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)
09/20/2018	Sibling, Female, 13 Years	Mother, Female, 36 Years	Burns / Scalding	Unsubstantiated	No
	Sibling, Female, 13 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

There was a concern that the BM burned the now 14-year-old SS with an iron because she was upset with the BF. The SS sustained a burn to her right wrist. The BF had an unknown role.

**Report Determination:** Unfounded

**Date of Determination:** 11/19/2018

**Basis for Determination:**

ACS unsubstantiated the allegations BS, and IG of the SS by the BM. During the investigation, ACS determined that the mark on the SS' arm was a rash from a plastic watch she was wearing causing redness to her skin. The SS had refused to take the watch off. The BF took the SS to her Dr. who provided the BF with cream for the SS' rash. The Dr. provided ACS with documentation stating the SS' mark was caused by a rash. Also, the Dr. did not report any concerns regarding the SS' well-being. The SS' needs were being met and the BM was a stay at home mother. ACS closed the case with no services required as the Closure Reason.

**OCFS Review Results:**

ACS conducted the investigation appropriately.

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

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

The family did not have any CPS history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

The family did not have any known CPS history outside of New York State.

**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