



Report Identification Number: NY-21-097

Prepared by: New York City Regional Office

Issue Date: Feb 16, 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: 11 month(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 08/29/2021
Initial Date OCFS Notified: 08/30/2021

Presenting Information

The 8/30/21 SCR report alleged on 8/27/21, the aunt was caring for her 3-yo child and the subject child. The aunt fed the children breakfast that morning and then placed them in the bathtub together to bathe them. The aunt filled the bathtub with water and then left the children without adult supervision while she went to get towels. The aunt left the children unattended for a unknown length of time during which the subject child was found floating in the tub. The aunt took the subject child out of the tub, patted her on the back and then called 911. The aunt felt 911 was asking to many questions and made the decision to take the subject child to the hospital. The subject child was later transported to another medical facility that same day. The subject child was pronounced dead at 12:22 AM on 8/29/21. The report alleged the aunt's lack of adequate supervision resulted in the subject child's death. The BM had an unknown role.

Executive Summary

The 11-month-old female subject child died on 8/29/21. As of 2/16/22, NYCRO had not received a copy of the ME's report.

At the time of the SC's death, the subject child resided with her mother, 3-yo cousin, maternal aunt, a 17-yo maternal uncle, a paternal uncle of the 3-yo child, and the father of the 3-yo. The father of the SC resided outside the US. There were no surviving siblings.

ACS learned that on 8/27/21, the mother went to work and left the subject child and her 3-yo cousin with the maternal aunt. After the children ate breakfast, the aunt placed a plastic bathmat and toys in the tub, and filled the tub for the children's bath. While the children were in the tub, the aunt went to get towels. Shortly thereafter she heard her 3-yo yell for her and she ran to the bathroom. When the aunt entered the bathroom she saw the subject child face up with her hands in fists and there was food in her mouth. The aunt grabbed both children and placed the 3-yo on the floor. The aunt attempted CPR then called 911 at 11:53AM. The aunt said the operator was asking too many questions so she hung up, called her aunt to alert her to the situation, then ran from the home with the subject child. The aunt, in haste, left her 3-yo daughter alone in the home and ran to the hospital. Upon arrival at the hospital, the subject child was immediately admitted. The child remained hospitalized until her death on 8/29/21.

On 8/31/21, a Child Safety Conference was held. ACS discussed with the adults the dangers of bathing children and leaving them unsupervised for any amount of time. The aunt expressed her willingness to participate in services and was referred for child-parent psychotherapy, play therapy, coping and parenting skills training. On 9/10/21, ACS provided the mother with information for bereavement counseling.

As of 2/16/22, ACS had not made a determination on the case.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? N/A
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? The CPS report had not yet been determined at the time this Fatality report was written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The CPS report had not yet been determined at the time this fatality report was written.

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 was appropriate.

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: 08/29/2021

Time of Death: 12:22 AM

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

08/27/2021

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

11:53 AM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

11:53 AM

Did EMS respond to the scene?

Unknown

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

N/A

**Child's activity at time of incident:** Sleeping Working Driving / Vehicle occupant Playing Eating Unknown Other: Bathing.

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

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	Aunt/Uncle	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	28 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	17 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	11 Month(s)
Deceased Child's Household	Mother	No Role	Female	19 Year(s)
Deceased Child's Household	Other Adult - Paternal Uncle of 3-yo	No Role	Male	22
Deceased Child's Household	Other Child - cousin	Alleged Victim	Female	3 Year(s)

LDSS Response

On 8/30/21, ACS visited the case address and interviewed the BM who said she was at work at the time of the incident. The BM said the MA apologized and told her the SC ate and played with the 3-yo in the tub and while she went to get towels the incident occurred. The MA attempted CPR then ran to the hospital with the SC because the 911-operator was asking too many questions which she felt was taking too long. The BM said she understood that what occurred was an accident and explained she sometimes left the children alone for five minutes to get towels but would drain the water before leaving them.

On 8/30/21, the MA led ACS to the bathroom and informed the water in the bathtub was about halfway up the side of the tub when she bathed the children. The MA said she normally bathed the SC in the sink when the 3-yo did not want to take a bath. The SC's baths were typically quick, to wash her head and face. She never left the SC alone in the sink when she bathed her as it was more dangerous due to the sink was elevated.

On 8/30/21, the 17-yo MU said the MA informed him of what had occurred with the SC. He said the MA told him while bathing the SC and 3-yo, she left them unattended to get towels and the SC drowned. The 17-yo said he recognized it was an accident. The 17-yo MU declined therapy.

On 9/1/21, a forensic interview of the 3-yo occurred at the CAC. The 3-yo did not disclose any information. The previously implemented safety plan remained in place.

The documentation reflected that the doctors who treated the SC at both medical facilities expressed that the death was an accident caused by the SC drowning in the tub.



On 9/2/21, the family was introduced to the Early Engagement Program at a service provider agency The MA and MU agreed to services which worked with both the CH and parent.

On 9/15/21, ACS arranged for financial assistance for the child's funeral.

On 9/29/21, LE reported they had conferred with the Assistant District Attorney and decided there was no indication of criminality or abuse and ruled the incident accidental. LE informed that on 9/8/21, during a walk-through of the residence, reenactment occurred with the ME. The finding of accidental injury and death was confirmed after the reenactment.

On 12/29/21, the CW said the family was doing well in services. They were utilizing play therapy with the 3-yo.

ACS had not yet made a determination on this case at the time this report was written.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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 NYC.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059521 - Deceased Child, Female, 11 Mons	059522 - Aunt/Uncle, Female, 24 Year(s)	Inadequate Guardianship	Pending
059521 - Deceased Child, Female, 11 Mons	059522 - Aunt/Uncle, Female, 24 Year(s)	Lack of Supervision	Pending
059521 - Deceased Child, Female, 11 Mons	059522 - Aunt/Uncle, Female, 24 Year(s)	DOA / Fatality	Pending
059523 - Other Child - cousin, Female, 3 Year(s)	059522 - Aunt/Uncle, Female, 24 Year(s)	Inadequate Guardianship	Pending
059523 - Other Child - cousin, Female, 3 Year(s)	059522 - Aunt/Uncle, Female, 24 Year(s)	Lack of Supervision	Pending

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"/>
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 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
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"/>

Explain:
On 8/31/21, ACS opened a service case.

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 BM had no surviving children; however, there was a 3-yo cousin in the home. A safety plan was implemented with the father of the 3-yo child and the paternal uncle of the 3-yo child. The mother of the 3-yo child, was to be supervised with the 3-yo at all times, including bath time. Both the father of the 3-yo and the paternal uncle of the 3-yo agreed to the safety plan.

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

Other, specify: ACS delivered food and a bed

Additional information, if necessary:

On 9/2/21, the MA and MU agreed to the Early Engagement Program with a service provider agency.

ACS delivered food and a bed for the family.

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:

The service provider explained their program would work with the MA and the 3-yo child on child-parent psychotherapy, play therapy, coping skills, and parenting. The MA agreed to the program. ACS was attempting to obtain bereavement services for the BM. ACS provided the family with a bed.

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

Explain:

The MA was referred for child-parent psychotherapy, play therapy, coping skills, and parenting. The MA agreed to the program. ACS also provided food for the family.

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? N/A
- 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
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



Was not noted in the case record to have any of the issues listed

Infant was born:

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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)
08/27/2021	Deceased Child, Female, 11 Months	Aunt/Uncle, Female, 24 Years	Inadequate Guardianship	Pending	No
	Deceased Child, Female, 11 Months	Aunt/Uncle, Female, 24 Years	Lack of Supervision	Pending	
	Other Child - cousin, Female, 3 Years	Aunt/Uncle, Female, 24 Years	Inadequate Guardianship	Pending	
	Other Child - cousin, Female, 3 Years	Aunt/Uncle, Female, 24 Years	Lack of Supervision	Pending	

Report Summary:

The 8/27/21 SCR report alleged the aunt was aware the 3-yo cousin and the subject child required a higher level of supervision. Despite this knowledge on 8/27/21, the aunt was showering the children and for approximately five minutes, the aunt left the 3-yo and the subject child unsupervised in the bathtub to go get towels. When she returned, the aunt found the subject child floating face up. She was purple in color with food in her mouth. The aunt rushed the subject child to the nearest hospital which was approximately three blocks from the home. The child had a pulse but was not breathing.

Report Determination: Undetermined

OCFS Review Results:

The report was initiated within the required time frames. Contact was made with the family and with the hospital where the child was taken for treatment. The appropriate notifications were provided. There was evidence of supervisory involvement and a safety plan was implemented to control the situation and protect the 3-yo child.

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

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