



**Report Identification Number: SV-15-042**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 5/3/2016**

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
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

## Case Information



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 5 year(s)

**Jurisdiction:** Suffolk  
**Gender:** Male

**Date of Death:** 08/10/2015  
**Initial Date OCFS Notified:** 08/10/2015

## Presenting Information

On Monday, 08/10/2015, the foster mother went to work and left the five-year-old foster child (subject child) in the care of her daughter. Around 1pm, the daughter went to take a shower while the foster child slept in a bedroom. The foster child was not adequately supervised. Consequently, the foster child went outside and into the swimming pool, where he was found deceased. It is suspected that the foster child drowned. The other foster children, ages two-years-old, two- and 4- month-old were not home at the time of the incident; their roles are unknown. The mother has no role. The foster mother has an unknown role.

## Executive Summary

On 08/10/2015, an SCR report was received by the Suffolk County Department of Social Services (SCDSS) with allegations of DOA/Fatality, Inadequate Guardianship and Lack of Supervision against the foster mother's daughter who resided in the Foster Parent's home. The subject child (SC) was in the custody of SCDSS and was placed in the kinship foster home of his maternal grandmother. There was one surviving sibling, age two, and two other foster children, siblings ages two and four months, that resided in the home at the time of the fatality. None of the other children were at home at the time of the fatality. All three children were removed from the home via a health and safety removal procedure and placed in other foster homes; the siblings were placed together. The Suffolk County Medical Examiner's Office conducted the autopsy and the preliminary results of the autopsy revealed no internal or external injuries. The preliminary autopsy also revealed Pulmonary Congestion Edema; the final results of the autopsy are still pending.

The CPS investigation established that, on 08/10/2015, the SC was at the foster home being cared for by the foster mother's 20-year-old daughter. The daughter was an approved secondary caregiver for the SC. While typically the SC would have been in daycare, the SC was kept at home in the day as there was a doctors appointment scheduled for the afternoon and the logistics were easier from the home. The SC was taking a nap around 11am and the daughter reports checking on him at 12pm and then again just before 1pm. She then went into the kitchen for a snack and then took a shower which lasted approximately 20 minutes. After her shower, she heard a guest at the home screaming and saying that the SC was in the pool. The daughter ran out to the pool and observed the SC submerged face down in the pool. She jumped into the pool, pulled the SC out and began CPR with the assistance of another house guest. Emergency Services (911) was called at 1:52pm and after waiting for an ambulance and the police to respond, she made the decision to drive the SC to the hospital as she felt this would get him there faster. The daughter stated she observed water coming out of the SC's mouth but saw no signs of him breathing. Once at the hospital, medical staff attempted to revive the SC without success and he was pronounced deceased at 2:54pm.

SCDSS' investigation included fatality conferences throughout the life of the case. All progress notes were timely and detailed. SCDSS determined that there was no credible evidence to substantiate the allegations against the daughter and SCDSS did not receive any evidence revealing any type of neglect, abuse or maltreatment on the part of the daughter that contributed to the death of the SC. It was determined that the daughter was providing a reasonable level of supervision and had repeatedly checked on the SC, who was sleeping in his bedroom. Interviews revealed the SC liked to sleep and took long naps. The allegations of DOA/Fatality, Inadequate Guardianship and Lack of Supervision



against the daughter were unsubstantiated. On 10/08/2015, the case was closed as unfounded, with no corrective action required. SCDSS completed a thorough investigation of the allegations and, based on the facts obtained, appropriately determined each allegation. OCFS concurs with the determination of the allegations.

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:

n/a

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:

n/a

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/10/2015

Time of Death: 02:54 PM

Time of fatal incident, if different than time of death: 01:00 PM



# NYS Office of Children and Family Services - Child Fatality Report

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: 01:52 PM

Did EMS to respond to the scene? No

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? Yes

How long before incident was the child last seen by caretaker? 20 Minutes

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	41 Year(s)
Deceased Child's Household	Other Adult	No Role	Male	18 Year(s)
Deceased Child's Household	Other Adult	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Other Child	No Role	Male	4 Month(s)
Deceased Child's Household	Other Child	No Role	Male	2 Year(s)
Deceased Child's Household	Other Child	No Role	Male	2 Year(s)
Other Household 1	Mother	No Role	Female	30 Year(s)
Other Household 2	Mother	No Role	Female	30 Year(s)
Other Household 3	Father	No Role	Male	35 Year(s)

### LDSS Response

Upon receipt of the SCR report on 08/10/2015, SCDSS responded to the report of the fatality and conducted a visit to the subject child's (SC) foster home (FH). Condolences were offered. Both doors leading to the yard had locks and the pool was fenced and had a gate with a lock. The SCDSS investigation consisted of face to face interviews with the foster mother (FM), FM's daughter, SC and sibling's mother and the parents of the two unrelated foster care siblings in the home at the time of the fatality. Collateral contacts were attempted and/or made with the following: the Suffolk County Medical Examiner's Office, the Suffolk County District Attorney's Office, the Suffolk County Homicide Unit, the guests of the



home where the child drowned, the SC’s pediatrician, criminal background reviews, the reporting party/source, the local Hospital, the SC’s birth records and the Town of Islip.

Interviews with the FM’s daughter revealed that on 08/10/2015, the SC was at the FH being cared for by her as she was an approved secondary caregiver for the foster children. The SC was taking a nap around 11am and the daughter reports checking on him at 12pm and then again just before 1pm. She then went into the kitchen for a snack and then took a shower which lasted approximately 20 minutes. After her shower she heard a guest at the home screaming and saying that the SC was in the pool. The daughter ran out to the pool and observed the SC submerged face down in the pool. She jumped into the pool, pulled the SC out and began CPR with the assistance of another house guest. The daughter stated she observed water coming out of the SC’s mouth and he was unresponsive. Emergency Services (911) was called at 1:52pm. Shortly after waiting for an ambulance, she made the decision to drive the SC to the hospital. The SC arrived to the hospital at approximately 1:54pm. Medical staff attempted to revive the SC without success and he was pronounced deceased at 2:54pm.

All appropriate collateral contacts were interviewed and all accounts of the incident were consistent. All reported that nobody was distracted by using electronic devices and that the FM’s daughter checked on the sleeping subject child several times. The Suffolk County Homicide Detective reported that his investigation remained active and pending information from the Suffolk County Medical Examiner's Office regarding the autopsy. Pediatric records revealed that the subject child was a well-child and was up to date on vaccines and immunizations. Emergency room records showed that when the child arrived at the hospital he was exhibiting no pulse and was in full cardiopulmonary arrest. After 60 minutes of resuscitation efforts, the child was pronounced dead. The mother of the deceased child and his sibling and the parents of the two other foster children in the home reported no concerns with the care of their children in the FH. The Town of Islip initially reported that they did not have a Certificate of Occupancy for the pool but then stated they could not provide additional information without a subpoena.

All three surviving foster children were removed from the home via a health and safety removal. The siblings were placed together. At case closing, the SC’s sibling had been returned to the kinship FH after the FM added alarms to the pool and doors. Prior to case closing, follow-up with the FM, daughter and SC’s mother revealed that they were doing well and had their own external resources for bereavement support. SCDSS’ investigation determined that there was no credible evidence revealing any type of neglect, abuse or maltreatment on the part of the daughter that contributed to the death of the SC. It was determined that the daughter was providing a reasonable level of supervision and had repeatedly checked on the child. Allegations of DOA/Fatality, Inadequate Guardianship and Lack of Supervision against the daughter were unsubstantiated and the case was closed as unfounded.

### Official Manner and Cause of Death

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

### Multidisciplinary Investigation/Review

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

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



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## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
025801 - Deceased Child, Male, 5 Yrs	027609 - Other Adult - Foster mother's adult child, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
025801 - Deceased Child, Male, 5 Yrs	027609 - Other Adult - Foster mother's adult child, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
025801 - Deceased Child, Male, 5 Yrs	027609 - Other Adult - Foster mother's adult child, Female, 20 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 safety 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"/>





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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"/>
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: n/a				





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

## History Prior to the Fatality

## Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes

Was there an open CPS case with this child at the time of death? No

Was the child ever placed outside of the home prior to the death? Yes



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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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/22/2012	8852 - Sibling, Male, 5 Days	8853 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	8851 - Deceased Child, Male, 2 Years	8853 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8851 - Deceased Child, Male, 2 Years	8853 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	8852 - Sibling, Male, 5 Days	8853 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	

### Report Summary:

There is concern for the health and safety of the children, infant sibling and two year old subject child. Mother gave birth to newborn on 08/17/2015. Child is with mother. Mother has moved from shelter to shelter and does not have consistent housing. Mother is court ordered into a substance abuse program and has been sporadic with her attendance. Mother may be actively using illegal substances in the presence of her children. Due to mother's history of drug abuse and possible current drug abuse, there is a concern for the health and safety of the child.

**Determination:** Unfounded **Date of Determination:** 10/26/2012

### Basis for Determination:

Investigation revealed that the mother had been attending her substance abuse program consistently and had stable housing residing with her aunt. The subject child was also enrolled in day care.

### OCFS Review Results:

OCFS is in agreement with the determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/30/2012	8855 - Deceased Child, Male, 3 Years	8858 - Mother's Partner, Male, 35 Years	Inadequate Guardianship	Indicated	No
	8856 - Sibling, Male, 4 Months	8858 - Mother's Partner, Male, 35 Years	Inadequate Guardianship	Indicated	

### Report Summary:

The mother's paramour and mother got into a verbal altercation that turned physical. The paramour kept pushing the mother while she was holding her infant son. He repeated these actions several times. The subject child was also witnessing the violence.

**Determination:** Indicated **Date of Determination:** 02/10/2013

### Basis for Determination:



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Investigation revealed that the paramour did physically assault the mother in the presence of the children, while she was holding her infant in her arms. This was not the first incident. The mother sought police assistance, obtained an order of protection and was placed in a domestic violence shelter. The mother did not have further contact with the paramour and his whereabouts were unknown.

**OCFS Review Results:**

OCFS is in agreement with the determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/17/2014	8859 - Other Child - Unrelated foster child, Male, 1 Years	8861 - Father, Male, 33 Years	Inadequate Guardianship	Indicated	No
	8859 - Other Child - Unrelated foster child, Male, 1 Years	8860 - Mother, Female, 28 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

The parents were arrested for possession of heroin in the presence of their 15-month-old son, who was an unrelated foster child in the home at the time of the fatality. The parents were selling heroin in the car. The heroin was found under the car seat. The father attempted to throw the heroin out the car window. The incident occurred in front of the child.

**Determination:** Indicated

**Date of Determination:** 01/30/2014

**Basis for Determination:**

Investigation revealed that both parents were arrested for possession of heroin and endangering the welfare of a child while the child was in the car. There was heroin under the child's car seat and the buyer was also in the car. The child was removed from his parent's custody and placed in the N-docket custody of a maternal aunt.

**OCFS Review Results:**

OCFS is in agreement with the determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/21/2014	8862 - Deceased Child, Male, 4 Years	8864 - Mother, Female, 29 Years	Lack of Supervision	Indicated	No
	8863 - Sibling, Male, 1 Years	8864 - Mother, Female, 29 Years	Lack of Supervision	Indicated	
	8862 - Deceased Child, Male, 4 Years	8864 - Mother, Female, 29 Years	Inadequate Guardianship	Indicated	
	8863 - Sibling, Male, 1 Years	8864 - Mother, Female, 29 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

On 01/17/2014 to 01/18/2014, mother left subject child (4) and sibling (1) home alone. Mother did not make a plan for the children's care.

**Determination:** Indicated

**Date of Determination:** 02/12/2014

**Basis for Determination:**

Investigation revealed that the mother did admit to leaving the children home alone sleeping and she reported that she asked another resident to keep an eye out for the children while she went to the movies. She did not return until the next



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day at 1pm and she did not call to check on her children. At the time the case was closed the children were residing with a cousin while the mother got herself together. She was offered services and refused.

**OCFS Review Results:**

OCFS is in agreement with the determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/24/2014	8869 - Deceased Child, Male, 4 Years	8866 - Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	8870 - Sibling, Male, 1 Years	8866 - Mother, Female, 29 Years	Inadequate Food / Clothing / Shelter	Indicated	
	8869 - Deceased Child, Male, 4 Years	8866 - Mother, Female, 29 Years	Inadequate Guardianship	Indicated	
	8870 - Sibling, Male, 1 Years	8866 - Mother, Female, 29 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

The mother recently stated she does not want to care for the sibling (1) and the subject child (4) any longer. The mother left the children at the aunt's home about a month prior without permission and her whereabouts were unknown. The mother has not supported the children in any manner including financial and there is no way of contacting her. The roles of the aunt and other family member are unknown.

**Determination:** Indicated

**Date of Determination:** 04/23/2014

**Basis for Determination:**

The investigation revealed that the mother dropped the children off with her maternal aunt without making a long term plan for the children. The aunt expressed that she could not care for the children without some type of assistance but agreed to be a N-docket resource and complete all necessary training to become certified to be a foster parent for DSS. The mother reported that she would be resuming care of the children but never followed through. The mother eventually agreed that it would be in the children's best interest to remain in the care of her aunt as she could not properly take care of the children.

**OCFS Review Results:**

OCFS is in agreement with the determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/18/2014	8875 - Other Child - Unrelated foster child, Male, 1 Years	8873 - Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	No
	8875 - Other Child - Unrelated foster child, Male, 1 Years	8873 - Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8875 - Other Child - Unrelated foster child, Male, 1 Years	8872 - Other Adult - Guardian, Female, 25 Years	Inadequate Guardianship	Unfounded	
	8875 - Other Child - Unrelated foster child, Male, 1 Years	8874 - Father, Male, 34 Years	Parents Drug / Alcohol Misuse	Unfounded	



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8875 - Other Child - Unrelated foster child, Male, 1 Years	8874 - Father, Male, 34 Years	Inadequate Guardianship	Unfounded
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**Report Summary:**  
 The 18-month-old, who was an unrelated foster child in the home at the time of the fatality, was in the care of his aunt. The mother and father were allowed only supervised visitation due to a court order. The father also had a stay away order of protection in place. The aunt was allowing the mother and father to keep the child overnight with no supervision. The parents were using alcohol on a regular basis with the child in their care, and the mother was known to drive while intoxicated with the child in the car. The situation was on-going.

**Determination:** Unfounded **Date of Determination:** 06/02/2014

**Basis for Determination:**  
 The investigation revealed that there was no credible evidence to show that the aunt was allowing unsupervised contact between the child and mother. In addition, there was no credible evidence to show that the aunt was allowing contact between the father and child. Copies of the Orders of Protection were hand delivered and explained to the N-docket custodian and both parents. All parties were made aware that should it come out that they were in fact been violating the court orders, it could result in a removal of the child.

**OCFS Review Results:**  
 OCFS is in agreement with the determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/17/2015	8878 - Other Child - Unrelated foster child, Male, 2 Years	8880 - Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Indicated	No
	8879 - Other Child - Unrelated foster child's sibling, Male, 2 Months	8880 - Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Indicated	
	8879 - Other Child - Unrelated foster child's sibling, Male, 2 Months	8881 - Father, Male, 35 Years	Inadequate Guardianship	Indicated	
	8878 - Other Child - Unrelated foster child, Male, 2 Years	8881 - Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Indicated	
	8878 - Other Child - Unrelated foster child, Male, 2 Years	8880 - Mother, Female, 30 Years	Inadequate Guardianship	Indicated	
	8879 - Other Child - Unrelated foster child's sibling, Male, 2 Months	8880 - Mother, Female, 30 Years	Inadequate Guardianship	Indicated	
	8878 - Other Child - Unrelated foster child, Male, 2 Years	8881 - Father, Male, 35 Years	Inadequate Guardianship	Indicated	
	8879 - Other Child - Unrelated foster child's sibling, Male, 2 Months	8881 - Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**  
 The father was arrested on 06/05/2015 for his involvement in a large drug trafficking ring. He was dealing drugs. Located in the home where he resided with the mother and two-week-old child (who was a foster child in the home at the time of the fatality) were cocaine, heroin, crack, drug packaging materials and weapons. The mother was aware of the drug operation taking place in her home and failed to intervene for the sake of the child.

**Determination:** Indicated **Date of Determination:** 08/18/2015

**Basis for Determination:**



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The investigation revealed that the father was arrested on several felony charges for his involvement in a large drug trafficking ring. Large amounts of heroin were delivered each week to the address where father established a legitimate business front. The mother was aware of this drug operation and failed to intervene to protect her children. Large sums of money were found at case address. On 06/18/2015, the children were placed in the N-docket Custody of the maternal aunt. On 07/09/2015 the children were removed and placed in foster care. The mother was allowed supervised contact with the children and father remained incarcerated.

**OCFS Review Results:**

OCFS is in agreement with the determination.

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

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

On 09/23/2009, SCDSS received a report from the SCR alleging Inadequate Guardianship and Parent's Dug Alcohol Misuse against the BM on behalf of the SC who was one-day-old at the time. The report alleged that the BM had a history of mental illness, homelessness and substance abuse and that the SC's sibling was in foster care with a TPR pending. CPS filed a derivative neglect petition for the SC. On 10/26/2009, the allegations were substantiated and the case was indicated and opened for court-ordered services. At the time of case closing, the BM's rights had been terminated for the sibling and the SC was living with the BM in a supervised program.

### Known CPS History Outside of NYS

There is no known CPS History outside NYS.

### Services Open at the Time of the Fatality

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes No

### Preventive Services History



There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

## Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 03/20/2014

Date of placement with most recent caregiver? 03/20/2014

How did the child(ren) enter placement? Court Order

## Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 08/11/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 08/11/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: n/a				

### Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes  No

### Foster Care Placement History

On 02/06/2014, the BM left the SC and his sibling in the care of her maternal aunt (MA), stating that she could no longer care for them. The BM left the children without making a long term plan for their care. The MA was willing to be a resource for the children and, after the case was petitioned in Family Court on 03/20/2014, the SC and his sibling were placed in the N-docket custody of the MA. The MA, who was a certified foster parent with a private agency, then completed the necessary trainings to become certified with SCDSS. On 11/06/2015, the court order was changed to reflect



that the children were in foster care.

On 06/05/2015, the father of two foster children (siblings unrelated to the SC) was arrested for trafficking drugs out of the address where the children and mother were residing. The mother was aware of the drug operation that was being conducted out of the home and failed to intervene to protect the children from this criminal activity. On 06/18/2015, the children were placed in the N-docket custody of a maternal aunt and removed on 07/09/2015 following a negative home study. The children were placed in a foster home and then transferred to the kinship foster home of the mother's friend on 07/14/2015. This was the same home that the SC and his sibling resided in. At the time of the fatality, all four children were still in foster care in this home.

**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