



Report Identification Number: SV-16-021

Prepared by: Spring Valley Regional Office

Issue Date: 11/4/2016

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
FM-Foster Mother	SS-Surviving Sibling	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 05/31/2016
Initial Date OCFS Notified: 05/31/2016

Presenting Information

An initial report was received by the SCR on May 24, 2016. The report stated the SC was left in the bathtub unsupervised at approximately 2:07 PM for an undetermined amount of time. The mother reportedly waited 10 minutes before calling for medical assistance. The SC allegedly drowned and went into cardiac arrest and CPR was performed and he was revived.

On 6/6/16, the SCR received a subsequent report alleging the SC was declared brain dead on 5/31/2016.

Executive Summary

The SCDSS received a subsequent SCR report on 6/6/2016 alleging DOA/Fatality, Inadequate Guardianship, and Lack of Supervision against the SC on behalf of the mother.

During the investigation, the SCDSS learned that on May 24, 2016, around 2:07 PM the mother received a phone call from the SC's father while the mother was bathing the SC. She proceeded to answer the phone and went outside talk to the father. She left the one-year SC in the bathtub unsupervised for an unknown period of time. When the mother came back inside the home, she checked on the child in the bathtub and found that and noticed that the child was unresponsive and blue. She waited for 10 minutes before calling for medical assistance. When EMS arrived CPR was performed on the SC for 20 minutes and he was then transported to local hospital and subsequently airlifted to another local hospital. The SC went into cardiac arrest and on May 31, 2016 and was declared brain dead by physicians.

Given the alleged delay of the mother in obtaining medical care, SCDSS added and explored lack of medical care allegation, but upon further investigation, this could not be substantiated. According to reviewed records, the mother attended routine medical visits and adequately cared for the subject child. SCDSS' investigation showed that the SC routine medical needs were met and medical care was up to date. Suffolk County Department of Social Services contacted all appropriate collateral contacts like medical providers, the ME, service providers, emergency personnel, the police, and the source of the report. The parents were provided with bereavement services packets and the district helped with the funeral costs.

The local district maintained contact with the family throughout the investigation, which established the mother was the sole caregiver at the time of incident and the father was not residing in the mother's household at the time of the SC's death. There was credible evidence to substantiate that the mother's actions contributed to the death of the SC. The allegations of DOA/Fatality and Lack of Supervision were substantiated against the mother and the case was indicated. All safety decision points were achieved appropriately per NYS law and regulations.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? 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:

Based on the reviewed records, SCDSS complied with regulatory requirements and acted appropriately investigating the child fatality. All the safety decisions points made by the district are deemed to be appropriate. The districts findings regarding the allegations against the mother are appropriate.

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 No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/31/2016

Time of Death: Unknown

Date of fatal incident, if different than date of death: 05/24/2016

Time of fatal incident, if different than time of death: 02:07 PM

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: 02:07 PM

Did EMS to 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:



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- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: The mother left the SC in the bathtub unsupervised

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 01

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Father	No Role	Male	27 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)

LDSS Response

On May 24, 2016, Suffolk County Department of Social Services (SCDSS) received an initial report of maltreatment of the SC from the SCR. The allegations of the report included Lack of Medical Care, Lack of Supervision, and Inadequate Guardianship. The SCDSS received a subsequent report dated June 6, 2016 alleging the SC died after suffering from unexplained cardiac arrest. SCDSS initiated and completed the investigation in a timely manner and coordinated their efforts with the ACS Queens Field Office as the SC was examined by the Queens Medical Examiner. SCDSS determined no other children resided in the home and the safety assessments were completed accurately and timely. The risk assessment was accurately completed in a timely manner as well. All pertinent collateral contacts were made. Those contacts included; law enforcement, the reporting source, medical staff, first responder, the medical examiner and the coordinator for the medical examiner, a family support worker, and a family friend who was in the home at the time of the incident. SCDSS listened to the 911 phone calls, reviewed all medical records, the US Census database, and arrest records. SCDSS visited the home and interviewed the parents.

The progress notes were detailed and contemporaneous. Supervisory consultations and case consultations were documented in the progress notes.

The investigation concluded within 60 days of the report date. SCDSS appropriately indicated the allegations of DOA/Fatality, Inadequate Guardianship, and Lack of Supervision. The investigation was appropriately indicated on 7/26/16 and the case was closed for services as the mother does not have any other children. Bereavement and counseling services were offered to the mother and she was receptive to them.

Official Manner and Cause of Death

Official Manner: Accident



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Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: Suffolk County has a MDT team and does not have an approved CFRT team .

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

Comments: Suffolk County does not have an OCFS approved CFRT.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
030561 - Deceased Child, Male, 1 Yrs	030563 - Mother, Female, 19 Year(s)	Lack of Supervision	Substantiated
030561 - Deceased Child, Male, 1 Yrs	030563 - Mother, Female, 19 Year(s)	Lack of Medical Care	Unsubstantiated
030561 - Deceased Child, Male, 1 Yrs	030563 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated
030561 - Deceased Child, Male, 1 Yrs	030563 - Mother, Female, 19 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input checked="" 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"/>



NYS Office of Children and Family Services - Child Fatality Report

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"/>

Additional information:

SCDSS attempted to make contact with the SC's babysitter; however, was unsuccessful.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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	Needed but 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"/>



NYS Office of Children and Family Services - Child Fatality Report

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"/>

Additional information, if necessary:

The district helped with the family with the funeral arrangements by working directly with the funeral home to alleviate the funeral cost.

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? N/A

Explain:

There are no surviving siblings or other children residing in the household.

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

Explain:

The district provided packets of bereavement resources to both parents. The caseworker explored counseling services with the mother, however, the mother was not receptive.

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?	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?	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)	Status/Outcome	Compliance Issue(s)
05/24/2016	11502 - Deceased Child, Male, 1 Years	11501 - Mother, Female, 19 Years	Lack of Supervision	Indicated	No
	11502 - Deceased Child, Male, 1 Years	11501 - Mother, Female, 19 Years	Lack of Medical Care	Unfounded	



NYS Office of Children and Family Services - Child Fatality Report

11502 - Deceased Child, Male, 1 Years	11501 - Mother, Female, 19 Years	Inadequate Guardianship	Indicated
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Report Summary:

On May 24, 2016 at around 2:07PM, the subject mother received a phone call from the SC's father while she bathing the SC. She answered the phone and went outside to talk to the father leaving the SC in bathtub unsupervised for unknown period. When the mother came inside the home, she checked on the SC in the bathtub and noticed that the SC was unresponsive and blue. The mother took the SC out of the bathtub and did to do stomach compression. She instructed the person who was in the home to call the police. EMS arrived CPR was performed on the SC and he was transported to the local hospital and subsequently airlifted to another hospital and SC was declared dead on 5/24/16 by a physician.

Determination: Indicated**Date of Determination:** 07/21/2016**Basis for Determination:**

The local district investigations revealed that the mother attended routine medical visits and adequately cared for the SC. The local district determined during its investigations that the mother was the sole caregiver the SC at the time of incident and that the father was not residing in the household at the time of the SC's death. SCDSS determine during the investigations that the mother failed to provide constant surveillance of the SC as result the SC was harmed. SCDSS found credible evidence to indicate the subject mother for Lack of Supervision and Inadequate Guardianship on the initial report and no credible evidence for Lack of Medical care.

OCFS Review Results:

Based on the reviewed case notes records, the local district investigations revealed that the mother attended routine medical visits and adequately cared for the SC. The local district determined during its investigations that the mother was the sole caregiver the SC at the time of incident and that the father was not residing in the household at the time of the SC's death. SCDSS determine during the investigations that the mother failed to provide constant surveillance of the SC as result the SC was harmed. SCDSS found credible evidence to indicate the subject mother for Lack of Supervision and Inadequate Guardianship on the initial report and no credible evidence for Lack of Medical care.

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

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

N/A

Known CPS History Outside of NYS

N/A

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.

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

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement 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.

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