



Report Identification Number: SV-15-026

Prepared by: Spring Valley Regional Office

Issue Date: 2/18/2016

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: 4 year(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 06/13/2015
Initial Date OCFS Notified: 06/14/2015

Presenting Information

Last night, 6/13/15 at 7:10 P.M., subject child was found face down at the bottom of a pool. The mother and the child were visiting a friend's home for a backyard barbeque where the child had been in and out of the pool. The child went inside to use the bathroom with another adult (name unknown). This other adult sent him outside to where the mother was sitting on the desk when he was finished. The child instead went to the pool where he drowned. When the mother realized the child was not with the other adult inside the house, she ran to the pool, pulled the child out, and along with other adults at the home attempted CPR. The child was transported to Brookhaven Medical Center where he was pronounced dead at 7:41 P.M. The cause of death was accidental drowning due to edema in the lungs. The role of the parent substitute is unknown.

Executive Summary

On 06/14/2015, 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 Subject Mother. There were no surviving siblings. The Suffolk County Medical Examiner's Office completed the autopsy and determined the cause of death to be drowning and the manner of death to be an accident (submerged in residential pool). The Medical Examiner stated there was no way to determine how long the subject child was in the pool. There were no other medical concerns noted aside from lung edema from the drowning.

The CPS investigation established that, on 06/13/2015, the mother, parent substitute and subject child attended a barbeque at a friend's parents' home. The subject child was the only child in attendance and there were seven adults present. The home had a pool and the child was swimming all day with the aid of arm swimmies and a kickboard. The mother was watching the child while sitting in a chair on the deck next to the pool. At one point, the child asked to use the bathroom and was escorted inside by the mother's friend. The mother then moved away from the pool area and sat down at a table to eat. Once the child was finished in the bathroom, the mother's friend remained inside to check on some food but sent the child back outside. When the mother's friend came back outside she observed the child at the bottom of the pool. Emergency assistance (911) was called and the mother jumped into the pool, pulled the child out and the parent substitute began CPR.

SCDSS' investigation included fatality conferences throughout the life of the case. All case documentation was comprehensive and all progress notes were entered timely. SCDSS determined that there was no credible evidence to support that the subject child's physical, mental, emotional or developmental condition was impaired or placed at risk of impairment by any action or inaction of the mother. There was no evidence of neglect or culpability regarding the mother. Allegations of DOA/Fatality, Inadequate Guardianship and Lack of Supervision against the mother were unsubstantiated. On 08/13/2015, the case was closed as unfounded, citing no services required. SCDSS completed a thorough investigation of the allegations and, based on the facts obtained, properly determined each allegation. OCFS is in agreement 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:
 - 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:

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 No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 06/13/2015

Time of Death: 07:41 PM

Time of fatal incident, if different than time of death: 07:10 PM

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: 07:10 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:

- Sleeping Working Driving / Vehicle occupant
- Playing Eating Unknown
- Other



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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Mother's Partner	No Role	Male	36 Year(s)
Other Household 1	Father	No Role	Male	27 Year(s)

LDSS Response

Upon receipt of the SCR report on 06/14/2015, an Emergency Services Senior Caseworker responded to the report of the fatality and conducted a visit to the subject child's home. Bereavement referrals were provided. The SCDSS investigation consisted of face to face interviews with the mother and parent substitute. Diligent efforts to locate the subject child's father were documented but unsuccessful. 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 Police Department, the members of the home where the child drowned, the subject child's pediatrician, criminal background reviews, the mother's friend, the local Emergency Medical Services/Ambulance Company, the reporting party/source, the local Hospital and Emergency Room attending physician, the subject child's pre-kindergarten program, the subject child's birth records and the Town of Brookhaven.

Interviews with the mother and parent substitute revealed that on 06/13/2015, they took the subject child to attend a barbeque and swim at a friend's parents' home. The subject child was swimming all day and was wearing arm swimmyies and using a kickboard while the mother sat in a chair next to the pool watching. The subject child requested to use the bathroom and was brought inside by the mother's friend. The mother then moved away from the pool and sat at a table to eat. The mother's friend sent the subject child back outside when he was finished using the bathroom and she went into the kitchen to check on the food. She then came back outside and saw the subject child at the bottom of the pool. The mother jumped into the pool, retrieved the subject child and the parent substitute performed CPR until the ambulance came. Emergency assistance (911) was called at 7:10 P.M.

All appropriate collateral contacts were interviewed and all accounts of the incident were consistent. All reported that although some of the adults at the barbeque had a few beers, no one was intoxicated and there was no music playing. The mother was not drinking at all and was supervising the subject child the entire time that he was in the pool. No one was able to recall whether or not the child was wearing his swimmyies after leaving the bathroom. The attending physician at the emergency room reported that the subject child had no life signs when she examined him and that his body had no concerning marks or bruises. She stated that it appeared to be a tragic accident and that the mother was devastated. The Homicide Detective assigned to the case confirmed that there were no concerns regarding the adults on the scene; no one was intoxicated and there was no evidence of any drug use or any other criminality.



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Prior to case closing, follow-up with the mother revealed that she was doing well and was working again. She reported that she had not yet utilized any bereavement referrals. SCDSS' investigation determined that there was no credible evidence to prove that the subject child's physical, mental, emotional or developmental condition was impaired or placed at risk of impairment by any action or inaction of the mother. There was no evidence of the mother's culpability. Allegations of DOA/Fatality, Inadequate Guardianship and Lack of Supervision against the mother were unsubstantiated and the case was closed as unfounded.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: There is no Child Fatality Review Team in Suffolk.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
020361 - Deceased Child, Male, 4 Yrs	020362 - Mother, Female, 26 Year(s)	Lack of Supervision	Unsubstantiated
020361 - Deceased Child, Male, 4 Yrs	020362 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
020361 - Deceased Child, Male, 4 Yrs	020362 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated

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



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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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No
 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? 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

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

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

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

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Services Open at the Time of the Fatality

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.

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