

**Report Identification Number: AL-14-026**

**Prepared by: Albany Regional Office**

**Issue Date: 3/31/2015**

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.

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

## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-plumonyary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	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 Suprevision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information

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**Report Type:** Child Deceased  
**Age:** 4 year(s)

**Jurisdiction:** Fulton  
**Gender:** Male

**Date of Death:** 09/05/2014  
**Initial Date OCFS Notified:** 09/05/2014

## Presenting Information

On 9/5/14, an SCR report was received alleging that a four-year-old male wandered outside his home while his mother was asleep in her bedroom. The subject child went to the neighbors home and was found dead in their pool at 3:00 p.m. The report added that the subject child had a history of wandering off unsupervised. It is unknown the amount of time the subject child was in the pool before he was found.

## Executive Summary

The report dated 9/5/14 was determined on 11/3/14. The allegations of DOA/Fatality, and Lack of Supervision were substantiated against the mother pertaining to the subject child. The allegation of inadequate guardianship was also substantiated against the mother pertaining to the subject child and the surviving sibling.

The mother admitted to falling asleep during the day for more than five hours leaving both children unattended. At the time of the incident, the mother went to sleep with the subject child at 9:30 a.m. and did not wake up until 3 p.m. when the neighbor was banging on the door. As a result of the mother sleeping for several hours, the subject child wandered off to a neighbors pool and subsequently drowned.

According to the preliminary autopsy report, the manner of death was determined to be accidental and the cause of death was determined to be asphyxia due to drowning. A final report has not yet been completed.

There were no criminal charges filed.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

**Was the decision to close the case appropriate?** Yes

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**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?**

**Was there sufficient documentation of supervisory consultation?**

Yes, the case record has detail of the consultation.

## 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:** 09/05/2014

**Time of Death:** Unknown

**County where fatality incident occurred:**

FULTON

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

03:14 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:**

- |                                   |                                  |   |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing  | <input type="checkbox"/> Eating  | <input checked="" type="checkbox"/> Unknown         |
| <input type="checkbox"/> Other    |                                  |   |

**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:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	27 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)

## LDSS Response

On 9/5/14, an SCR report was received by Fulton County Department of Social Services (FCDSS) alleging that a four year old male wandered outside his home while his mother was asleep in her bedroom. The subject child went to the neighbors home and was found dead in their pool at 3:00 p.m. The report added that the subject child had a history of wandering off unsupervised. It is unknown the amount of time the subject child was in the pool before he was found. FCDSS did not get this report at the time of death. Several hours had passed before it was reported to FCDSS.

In the early hours of 9/6/14, FCDSS contacted law enforcement and was unable to obtain initial information of the location of the family for several hours. Law enforcement had already conducted the initial interviews prior to the CPS report being made. At 10:30 a.m. FCDSS located the family and began obtaining the information surrounding the incident.

All household members were seen and interviewed. It was discovered that the aunt and the surviving sibling were not home at the time of the incident. It was learned that the mother worked during the overnight hours and came home that morning at 7:30 a.m. The mother assisted in getting the surviving sibling off to school and then the aunt left for work at 9:30 a.m. The mother locked the door after the aunt left and set the alarm for noon to get the subject child to pre k. The mother stated that she and the subject child laid down and she fell asleep. There was no evidence of drug or alcohol use by the mother. The mother stated that she was awoken to a neighbor banging on the door at 3 p.m. telling her that her son was in the pool not breathing. The neighbor called 911 and performed CPR until the EMT's arrived.

The mother later discovered that the subject child had piled clothes up next to the door to unlock the door. The mother had added that she had bought new locks and installed them higher so they would be out of reach from the subject child. The mother does not know how long the subject child was out of the home but admitted that he had left the home several times before with out adult supervision. The mother also admitted to sleeping for 5 hours during the day leaving the surviving sibling and the subject child unattended.

FCDSS interviewed several collaterals including, school, law enforcement, neighbors and family members. All confirmed that the subject child left the home often and was unattended. The day of the incident, a person working in the neighborhood saw the subject child at 1:30 p.m. and a delivery person was in the area at 2:00 p.m. and did not see anyone in the pool. The delivery person could see the pool as there was no fence and it was an open area.

The father was discovered to be incarcerated in Tennessee and was notified by FCDSS. The father had not had contact with the children for over 3 years and did not have any concerns with the children living with their mother.

On 10/16/14 FCDSS filed a neglect petition on the mother. On 1/7/15, the mother admitted to neglect and accepted mandated services for a year. FCDSS preventive is currently monitoring the family.

On 11/3/14, The report was substantiated against the mother for Lack of Supervision, and DOA/Fatality pertaining to the subject child. The allegation of IG was substantiated against the mother pertaining to the subject child and surviving sibling.

## 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:** Coroner

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## Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** No

**Comments:** FCDSS worked closely with law enforcement and medical personnel.

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

**Comments:** The county does not have a fatality review team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
014221 - Deceased Child, Male, 4 Yrs	014243 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
014221 - Deceased Child, Male, 4 Yrs	014243 - Mother, Female, 25 Year(s)	DOA / Fatality	Substantiated
014221 - Deceased Child, Male, 4 Yrs	014243 - Mother, Female, 25 Year(s)	Lack of Supervision	Substantiated
014245 - Sibling, Female, 5 Year(s)	014243 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine

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Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<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?

- Family Court
  Criminal Court
  Order of Protection

<b>Family Court Petition Type: FCA Article 10 - CPS</b>		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
10/16/2014	Adjudicated Neglected	Not LDSS Custody
<b>Respondent:</b>	014243 Mother Female 25 Year(s)	
<b>Comments:</b>	As result of the neglect petition, the court ordered an order of supervision for the mother to cooperate with FCDSS preventive services for a period of one year expiring 1/6/16. The mother will sign all necessary releases, will provide proper supervision, will cooperate and report to FCDSS. FCDSS will submit progress reports to the court every 90 days and will report back to the court within 60 days prior to the expiration of the order.	

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**

The surviving sibling and her mother temporarily went to stay with a relative. Greif counseling is also being provided.

## History Prior to the Fatality

### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was there an open CPS case with this child at the time of death?</b>	No
<b>Was the child ever placed outside of the home prior to the death?</b>	Yes
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	Yes
<b>Was the child acutely ill during the two weeks before death?</b>	No

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

<b>Date of SCR Report</b>	<b>Alleged Victim(s)</b>	<b>Alleged Perpetrator(s)</b>	<b>Allegation(s)</b>	<b>Status/Outcome</b>	<b>Compliance Issue(s)</b>
10/05/2011	1454-Other Child,Male, 9 Years	1451-Mother,Female, 22 Years	Inadequate Guardianship	Unfounded	No
	1454-Other Child,Male, 9 Years	1451-Mother,Female, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1455-Other Child,Male, 7 Years	1451-Mother,Female, 22 Years	Inadequate Guardianship	Unfounded	
	1455-Other Child,Male, 7 Years	1451-Mother,Female, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1474-Deceased Child,Male, 1 Years	1451-Mother,Female, 22 Years	Inadequate Guardianship	Unfounded	

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1474-Deceased Child,Male, 1 Years	1451-Mother,Female, 22 Years	Parents Drug / Alcohol Misuse	Unfounded
1475-Sibling,Female, 3 Years	1451-Mother,Female, 22 Years	Inadequate Guardianship	Unfounded
1475-Sibling,Female, 3 Years	1451-Mother,Female, 22 Years	Parents Drug / Alcohol Misuse	Unfounded
1454-Other Child,Male, 9 Years	1452-Mother,Female, 29 Years	Inappropriate Custodial Conduct	Unfounded
1454-Other Child,Male, 9 Years	1452-Mother,Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded
1455-Other Child,Male, 7 Years	1452-Mother,Female, 29 Years	Inappropriate Custodial Conduct	Unfounded
1455-Other Child,Male, 7 Years	1452-Mother,Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded
1474-Deceased Child,Male, 1 Years	1452-Mother,Female, 29 Years	Inappropriate Custodial Conduct	Unfounded
1474-Deceased Child,Male, 1 Years	1452-Mother,Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded
1475-Sibling,Female, 3 Years	1452-Mother,Female, 29 Years	Inappropriate Custodial Conduct	Unfounded
1475-Sibling,Female, 3 Years	1452-Mother,Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded
1454-Other Child,Male, 9 Years	1464-Father,Male, 30 Years	Inadequate Guardianship	Indicated
1454-Other Child,Male, 9 Years	1464-Father,Male, 30 Years	Parents Drug / Alcohol Misuse	Indicated
1455-Other Child,Male, 7 Years	1464-Father,Male, 30 Years	Inadequate Guardianship	Indicated
1455-Other Child,Male, 7 Years	1464-Father,Male, 30 Years	Parents Drug / Alcohol Misuse	Indicated
1474-Deceased Child,Male, 1 Years	1464-Father,Male, 30 Years	Inadequate Guardianship	Indicated
1474-Deceased Child,Male, 1 Years	1464-Father,Male, 30 Years	Parents Drug / Alcohol Misuse	Indicated
1475-Sibling,Female, 3 Years	1464-Father,Male, 30 Years	Inadequate Guardianship	Indicated
1475-Sibling,Female, 3 Years	1464-Father,Male, 30 Years	Parents Drug / Alcohol Misuse	Indicated

**Report Summary:**

The report alleged that the mother and two other adults were using drugs in the presence of the children and the drugs were in reach of the children. The report added that the night before the report the biological father came to the home and punched the mother in the face in the presence of the children. The allegations listed were inadequate guardianship and parents drug/alcohol misuse.

**Determination:** Indicated

**Date of Determination:** 01/01/2012

**Basis for Determination:**

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The allegation of IG was substantiated against the father pertaining to all the children listed in the report as he displayed aggressive/physical violence (while high) towards the mother while the children were present. The father had taken a golf club and smashed the window while the children had been in the room. The mother had called the police and the father moved back to Tennessee where he previously resided.

**OCFS Review Results:**

The NYSOCFS agrees 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)
12/26/2011	1460-Deceased Child, Male, 1 Years	1458-Mother, Female, 22 Years	Inadequate Guardianship	Indicated	No
	1460-Deceased Child, Male, 1 Years	1458-Mother, Female, 22 Years	Poisoning / Noxious Substances	Indicated	
	1460-Deceased Child, Male, 1 Years	1459-Aunt/Uncle, Female, 30 Years	Poisoning / Noxious Substances	Unfounded	
	1460-Deceased Child, Male, 1 Years	1459-Aunt/Uncle, Female, 30 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

The mother had a history of opiate addiction. On 12/26/11 the subject child (then 18 months) had exhibited signs of a drug overdose. A urine test revealed The subject child had amphetamines, opiates and benzodiazepines. No one in the home had an explanation as to how the subject child had ingested the drugs and the subject child was in critical condition. The report listed the mother and another adult in the home as subjects. The allegations listed were IG and Poisoning.

**Determination:** Indicated

**Date of Determination:** 02/28/2012

**Basis for Determination:**

On 2/28/12 the report was indicated against the mother for IG and poisoning pertaining to the subject child. The investigation was conducted jointly with law enforcement and no charges were filed. The subject child had tested positive for amphetamines and it was unclear if other drugs were ingested. As a result of the subject child ingesting the medications, he was placed on a ventilator. The children resided with the maternal grandfather throughout the investigation as a result of a safety plan. A neglect petition was filed and the mother admitted to neglect. The case was monitored by preventive services.

**OCFS Review Results:**

THE NYSOCFS agrees with the determination and the actions taken during the investigation.

**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)
05/31/2012	1467-Deceased Child, Male, 2 Years	1466-Mother, Female, 23 Years	Inadequate Guardianship	Indicated	No
	1467-Deceased Child, Male, 2 Years	1466-Mother, Female, 23 Years	Lack of Supervision	Indicated	

**Report Summary:**

The subject child (then 2) has a history of getting into things and requires additional supervision. On Monday 5/28/12 the

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subject child left his home and wandered down the street. The mother was unaware and it was a few hours before she began actively looking for him. The mother was listed as the subject and the allegations were listed as IG and Lack of Supervision.

**Determination:** Indicated **Date of Determination:** 08/09/2012

**Basis for Determination:**  
The report was indicated against the mother for Lack of Supervision and IG pertaining to the subject child and his sibling. The mother was staying at a friends home and when the friend left for work, the mother did not wake up to supervise her children. The door was left opened because it was warm and they wanted a breeze. As a result, the subject child wandered out of the home and neighbors located him at 7:30 a.m. The mother did not contact law enforcement until 10:00 a.m. A violation of the OOS was filed and preventive services remained involved with the family.

**OCFS Review Results:**  
NYSOCFS agrees with the determination and the actions taken during the investigation.

**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)
11/13/2013	1470-Deceased Child,Male, 3 Years	1469-Mother,Female, 24 Years	Inadequate Guardianship	Indicated	No
	1470-Deceased Child,Male, 3 Years	1469-Mother,Female, 24 Years	Lack of Supervision	Indicated	

**Report Summary:**  
The mother failed to provide adequate supervision to the subject child (then 3) while in public. The mother would go outside and smoke cigarettes while the child remained in a public building. when the mother came inside she did not know his whereabouts. He was located playing next to elevator doors. The allegations were listed as IG and Lack of Supervision against the mother.

**Determination:** Indicated **Date of Determination:** 12/24/2013

**Basis for Determination:**  
The report was indicated for IG and lack of supervision against the mother pertaining to the subject child. The mother had brought the subject child to DSS for appointments and left him in the hallway while she went outside to smoke. The subject child was seen playing next to the elevator where the mother could not see him. The mother moved in with her father to stabilize the living arrangements for her children. The order of supervision had expired but she agreed to continue to work with preventive services voluntarily.

**OCFS Review Results:**  
NYSOCFS agrees with the determination and actions taken during the investigation.

**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)
03/03/2014	1472-Deceased Child,Male, 3 Years	1471-Mother,Female, 25 Years	Inadequate Guardianship	Unfounded	No
	1472-Deceased Child,Male, 3 Years	1471-Mother,Female, 25 Years	Lack of Supervision	Unfounded	

**Report Summary:**  
The subject child (then 3) was observed running into the neighbors apartment while the mother slept on the couch with the door open. The subject child was unsupervised for 30 minutes until the neighbor woke the mother up. The allegations

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listed were lack of supervision and IG against the mother.

**Determination:** Unfounded

**Date of Determination:** 04/10/2014

**Basis for Determination:**

It was learned that the other sibling was at school at the time of the incident. The mother and the subject child usually slept together on the couch and on that day when he awoke, asked if he could go upstairs. The mother asked him to wait while she went to the bathroom but he did not listen. The mother and the neighbor confirmed that soon after the subject child entered his home the mother did as well. There was no evidence to support the allegations. The case was closed.

**OCFS Review Results:**

NYSOCFS agrees with the actions taken and 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 4/27/10 an SCR report was received pertaining to the subject child. Allegations listed against the mother were Inadequate Guardianship (IG) and Parents Drug Alcohol Misuse. The mother had given birth to the subject child and was displaying withdrawal symptoms. It was learned during the investigation that the mother and father frequently used drugs in the presence of the surviving sibling and while the mother was pregnant. The children went to stay with the paternal grandfather who agreed to ensure the safety of both children. Fulton County DSS filed petitions against both parents and an order of supervision and order of protection was granted. Both parents were substantiated regarding allegations pertaining to both children on 5/26/10. The family was monitored with preventive services and the case was closed on 5/18/11.

## Known CPS History Outside of NYS

There is no known history.

## 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

The family was known to Fulton County DSS Preventive Services the family went to court for an article 10 neglect petition. The mother admitted to neglect and an order of supervision was ordered by the judge in May 2010. Preventive Services worked with the family until May 2011 when the order expired. After the order expired the family no longer wanted the services and the case was closed.

In February 2012, FCDSS filed a neglect petition as a result of the deceased overdosing with the mother's pills. During a court proceeding the mother admitted to neglect. An order of supervision was again granted and preventive services worked with the family on several issues. FCDSS assisted the mother to obtain a stable living arrangement, parenting skills, drug addiction services, day care/school and supervision issues with the deceased. The children's custody had gone back and forth between the mother and the maternal grandfather. Preventive services worked with both to ensure that the

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order of supervision was followed. The order expired and the family no longer wanted to work with the services. The case was closed in January 2014.

## 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?**

Family Court  Criminal Court  Order of Protection

### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
01/06/2012	Adjudicated Neglected	Adjourned
<b>Respondent:</b>	014243 Mother Female 25 Year(s)	
<b>Comments:</b>	<p>The mother consented to the neglect and the Family Court Judge ordered that an order of supervision remain in effect until 1/10/13. It also stated that the mother would need to cooperate with a drug alcohol evaluation and treatment, ensure the children have regular preventive and emergency care, cooperate with a mental health evaluation and follow recommendations, cooperate and accepting a psychological evaluation and recommendations, sign all necessary releases, maintain a clean and safe home, provide proper care and supervision and cooperate with services from Fulton County DSS Preventive Services. On 7/31/12 a notice of motion was filed (violation of disposition) as the mother was not complying with services. On 11/30/12 the court found that the mother failed to obey the order. In addition to the 2/16/12 disposition, the new disposition added that the grandfather be granted physical joint custody with the mother. The grandfather had filed an article 6 petition prior to the violation. It further ordered that the mother be placed under the supervision of the FCDSS for a year. On 4/10/13 the mother filed an article 6 petition to gain full custody of the children. On May 30, 2013 it was granted that the mother have joint physical custody with the grandfather.</p>	

## 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