



Report Identification Number: BU-19-031

Prepared by: New York State Office of Children & Family Services

Issue Date: Jan 28, 2020

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

| Relationships | | |
|---|---|---------------------------------------|
| BM-Biological Mother | SM-Subject Mother | SC-Subject Child |
| BF-Biological Father | SF-Subject Father | OC-Other Child |
| MGM-Maternal Grand Mother | MGF-Maternal Grand Father | FF-Foster Father |
| PGM-Paternal Grand Mother | PGF-Paternal Grand Father | DCP-Day Care Provider |
| MGGM-Maternal Great Grand Mother | MGGF-Maternal Great Grand Father | PGGF-Paternal Great Grand Father |
| PGGM-Paternal Great Grand Mother | MA/MU-Maternal Aunt/Maternal Uncle | PA/PU-Paternal Aunt/Paternal Uncle |
| FM-Foster Mother | SS-Surviving Sibling | PS-Parent Sub |
| CH/CHN-Child/Children | OA-Other Adult | |
| Contacts | | |
| LE-Law Enforcement | CW-Case Worker | CP-Case Planner |
| Dr.-Doctor | ME-Medical Examiner | EMS-Emergency Medical Services |
| DC-Day Care | FD-Fire Department | BM-Biological Mother |
| CPS-Child Protective Services | | |
| Allegations | | |
| FX-Fractures | II-Internal Injuries | L/B/W-Lacerations/Bruises/Welts |
| S/D/S-Swelling/Dislocation/Sprains | C/T/S-Choking/Twisting/Shaking | B/S-Burns/Scalding |
| P/Nx-Poisoning/ Noxious Substance | XCP-Excessive Corporal Punishment | PD/AM-Parent's Drug Alcohol Misuse |
| CD/A-Child's Drug/Alcohol Use | LMC-Lack of Medical Care | EdN-Educational Neglect |
| EN-Emotional Neglect | SA-Sexual Abuse | M/FTTH-Malnutrition/Failure-to-thrive |
| IF/C/S-Inadequate Food/ Clothing/ Shelter | IG-Inadequate Guardianship | LS-Lack of Supervision |
| Ab-Abandonment | OTH/COI-Other | |
| Miscellaneous | | |
| IND-Indicated | UNF-Unfounded | SO-Sexual Offender |
| Sub-Substantiated | Unsub-Unsubstantiated | DV-Domestic Violence |
| LDSS-Local Department of Social Service | ACS-Administration for Children's Services | NYPD-New York City Police Department |
| PPRS-Purchased Preventive Rehabilitative Services | TANF-Temporary Assistance to Needy Families | FC-Foster Care |
| MH-Mental Health | ER-Emergency Room | COS-Court Ordered Services |
| OP-Order of Protection | RAP-Risk Assessment Profile | FASP-Family Assessment Plan |
| FAR-Family Assessment Response | Hx-History | Tx-Treatment |
| CAC-Child Advocacy Center | PIP-Program Improvement Plan | yo- year(s) old |
| CPR-Cardiopulmonary Resuscitation | | |



Case Information

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

Jurisdiction: Genesee
Gender: Male

Date of Death: 08/28/2019
Initial Date OCFS Notified: 08/28/2019

Presenting Information

An SCR report was received on 8/28/2019, alleging earlier in the day the mother failed to appropriately supervise the four-year-old subject child and as a result he left the home. At 7:45AM the mother contacted law enforcement to report the four-year-old missing and at 8:30AM the child was located about 150 yards from the home, face down in a swimming pool. The child had a pulse and was transferred to the hospital. At the hospital the child was declared deceased. The mother allegedly failed to supervise all three children on an ongoing basis. There were several times that the child and two siblings were able to leave the home unnoticed for extended periods of time. It was unknown if the siblings were injured during the periods when they left the home unsupervised. The role of the father was unknown.

Executive Summary

On 8/28/19, the Genesee County Department of Social Services (GCDSS) received an SCR report regarding the death of the four-year-old male subject child. The subject child resided with his mother and two siblings, ages five and three-years-old. The father did not reside in the home and he visited the children regularly. On 11/27/19, GCDSS received a second SCR report about the child's death and no new information was learned.

A joint investigation with law enforcement revealed on 8/28/19 around 7:30 AM, the mother discovered that the subject child had gotten out of the home through an unlocked door. The mother looked for the child for 15 minutes, then called law enforcement for assistance. At 8:30 AM, the child was located face-down in a neighbor's swimming pool and he was unresponsive. First responders performed CPR and the child was transported to the hospital via ambulance. Resuscitative efforts were unsuccessful, and the child was pronounced deceased by the hospital physician.

An autopsy was performed, and the final report had not been received at the time this report was written. The coroner stated that no injuries were observed on the child and the cause of death appeared to be from accidental drowning. The law enforcement investigation remained open pending the final autopsy results and no criminal charges had been filed.

GCDSS conducted a thorough investigation and substantiated the allegations of Inadequate Guardianship, Lack of Supervision and DOA/Fatality against the mother. The investigation revealed the children had gotten out of the home on multiple occasions and the mother failed to take the proper precautions to ensure their safety. The mother had installed locks high up on the doors, although on the morning of the incident she left the front door unlocked after letting out the dog. While the mother was getting ready for work, the child got out of the home and wandered to a neighbor's home, where he was found face-down in the swimming pool.

GCDSS provided the mother with a chain lock and door alarms and assisted the mother with installing them on both exit doors. Throughout the investigation GCDSS monitored the siblings' safety and determined the mother was utilizing the door locks and alarms and was providing proper supervision. GCDSS referred the mother for mental health counseling and bereavement services and a Preventive Services case was opened.

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:

The case was appropriately indicated and opened for Preventive Services.

Was the decision to close the case appropriate? N/A

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

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

Casework activity was commensurate with best casework practice.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/28/2019

Time of Death: Unknown

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

County where fatality incident occurred: Genesee

Was 911 or local emergency number called? Yes

Time of Call: 07:45 AM

Did EMS 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? Yes

How long before incident was the child last seen by caretaker? 15 Minutes

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 4 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 29 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Female | 3 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 5 Year(s) |
| Other Household 1 | Father | No Role | Male | 31 Year(s) |

LDSS Response

Upon receipt of the SCR report, GCDSS spoke to the source of the report, law enforcement, a neighbor, and the coroner. The mother, maternal grandmother and five-year-old sibling were spoken to and the siblings were assessed to be safe.

Through interviews it was learned that the subject child was being evaluated for a developmental delay and he was otherwise healthy. All three children had gotten out of the home on multiple occasions and a neighbor had returned the children to the home several times in the past. On the morning of 8/28/19, the mother let the dog out around 7:30 AM and she forgot to re-lock the front door. The mother was doing laundry, getting ready for work and getting the children ready for daycare. The mother realized the subject child was not in the home and she asked the siblings where he was. The five-year-old sibling said he was outside. The mother looked for the child outside for about 15 minutes, then she called law enforcement for assistance. She stayed home with the siblings while law enforcement searched for the child. At 8:30 AM, the child was located about 150 yards away in a neighbor's in-ground swimming pool. There was a four-foot fence surrounding the pool with a gate that was locked and law enforcement said the pool and fence met code requirements.

The home owner reported he had never met the family. He left his home about 7:00 AM on 8/28/19, and he was notified about the incident by law enforcement. He said the child must have climbed over the fence to gain entry to his pool. Law enforcement reported the child was naked and was floating near the filter. The officer pulled him out of the water, and he wasn't breathing. CPR was performed and the child regained a faint pulse. He was then transported to the hospital, where he was pronounced deceased from drowning.



The father stated that the child was always a “runner” and he would take off if he got the chance. He received a call from hospital staff informing him of the incident and the mother told him she was in a room in the other end of the home and the child got out. The father reported he visited the children every other Saturday and he had no concerns for the mother’s care of the children. GCDSS offered bereavement services to the father and he declined.

GCDSS contacted the children’s pediatrician, Early Intervention, and the children’s daycare. There were concerns expressed for the five-year-old sibling’s behavior and he was referred for mental health counseling. GCDSS conducted home visits throughout the investigation and observed the door alarms and locks being utilized. The mother and neighbor reported no additional incidents of the siblings leaving the home or being outside unsupervised.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Coroner

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: Genesee does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--------------------------------------|-------------------------------------|-------------------------|--------------------|
| 052793 - Deceased Child, Male, 4 Yrs | 052794 - Mother, Female, 29 Year(s) | Lack of Supervision | Substantiated |
| 052793 - Deceased Child, Male, 4 Yrs | 052794 - Mother, Female, 29 Year(s) | Inadequate Guardianship | Substantiated |
| 052793 - Deceased Child, Male, 4 Yrs | 052794 - Mother, Female, 29 Year(s) | DOA / Fatality | Substantiated |
| 052795 - Sibling, Male, 5 Year(s) | 052794 - Mother, Female, 29 Year(s) | Lack of Supervision | Substantiated |
| 052795 - Sibling, Male, 5 Year(s) | 052794 - Mother, Female, 29 Year(s) | Inadequate Guardianship | Substantiated |
| 052796 - Sibling, Female, 3 Year(s) | 052794 - Mother, Female, 29 Year(s) | Lack of Supervision | Substantiated |
| 052796 - Sibling, Female, 3 Year(s) | 052794 - Mother, Female, 29 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"/> |
| Was there timely entry of progress notes and other required documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: | | | | |
| Within 24 hours? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 7 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any safety issues that need to be referred back to the local district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

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"/> |



Child Fatality Report

| | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Was there an adequate assessment of the family's need for services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were appropriate/needed services offered in this case | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain:
A Preventive Services case was opened to provide the needed services to the family.

Placement Activities in Response to the Fatality Investigation

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

| Services | Provided After Death | Offered, but Refused | Offered, Unknown if Used | Not Offered | Needed but Unavailable | N/A | CDR Lead to Referral |
|----------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Economic support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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"/> |

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 five-year-old sibling was referred for bereavement counseling.

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

Explain:

The parents were referred for mental health counseling, grief counseling and Preventive Services.

History Prior to the Fatality

Child Information

| | |
|--|-----|
| Did the child have a history of alleged child abuse/maltreatment? | Yes |
| Was the child ever placed outside of the home prior to the death? | No |
| Were there any siblings ever placed outside of the home prior to this child's death? | 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) | Allegation Outcome | Compliance Issue(s) |
|--------------------|---------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 10/03/2017 | Sibling, Female, 1 Years | Mother, Female, 27 Years | Inadequate Guardianship | Substantiated | Yes |
| | Sibling, Female, 1 Years | Mother, Female, 27 Years | Lack of Supervision | Substantiated | |
| | Deceased Child, Female, 2 Years | Mother, Female, 27 Years | Inadequate Guardianship | Substantiated | |
| | Deceased Child, Female, 2 Years | Mother, Female, 27 Years | Lack of Supervision | Substantiated | |

Report Summary:

An SCR report was received that alleged the mother left the deceased child and his younger sibling alone in the home for an extended period of time. The children were found alone and the police were notified. The mother was subsequently arrested. The role of the oldest sibling and father was unknown.

Report Determination: Indicated

Date of Determination: 11/30/2017

**Basis for Determination:**

The children were found home alone and the mother admitted to leaving them while she went to the store. The mother was arrested for endangering the welfare of a child and subsequently agreed to Preventive Services. The father was not home during the event and the oldest sibling was with the mother. At subsequent home visits the children appeared well cared for and the mother was seeking mental health services.

OCFS Review Results:

The casework was commensurate with the case circumstances and an ongoing Preventive Services case was appropriately opened to assist the parents. There were several case notes entered more than 30 days after the event date.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

There were several case notes that were entered more than 30 days after the event occurred.

Legal Reference:

18 NYCRR 428.5

Action:

GCDSS will enter progress notes contemporaneously as they occur.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|-------------------------------|--------------------------|--------------------------------------|--------------------|---------------------|
| 08/18/2017 | Deceased Child, Male, 2 Years | Father, Male, 29 Years | Inadequate Guardianship | Unsubstantiated | No |
| | Sibling, Male, 3 Years | Father, Male, 29 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 1 Years | Father, Male, 29 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child, Male, 2 Years | Father, Male, 29 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Female, 1 Years | Father, Male, 29 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Deceased Child, Male, 2 Years | Mother, Female, 27 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Deceased Child, Male, 2 Years | Mother, Female, 27 Years | Lack of Medical Care | Unsubstantiated | |
| | Deceased Child, Male, 2 Years | Father, Male, 29 Years | Lack of Medical Care | Unsubstantiated | |

Report Summary:

An SCR report was received that alleged the mother and father of the deceased child failed to get him services that they were aware he required due to a developmental delay. The deceased child began receiving services in April of 2017 and then his mother began cancelling his sessions, causing the child to regress. The father assaulted the mother and destroyed her property in front of the deceased child and his siblings. It was further alleged the children were drinking curdled milk on a regular basis and vomiting as a result.

Report Determination: Unfounded

Date of Determination: 10/13/2017

Basis for Determination:

During the investigation, GCDSS learned there was an incident where the father threw a gallon of milk at the mother's



car and he was arrested and an order of protection was issued. There was no evidence found that the children were present or that the incident had an impact on their well being. The mother later modified the order of protection and the father returned home. The mother accepted a referral for domestic violence services but declined participation when she was contacted by the provider. The deceased child was receiving services from early intervention and food was observed in the home during the investigation. There was no evidence the children were drinking curdled milk.

OCFS Review Results:

GCDSS contacted the source and performed a CPS history search upon receiving the report. Multiple unannounced home visits were made and the children were assessed to be safe at each visit. The mother and father were interviewed and reconciled at the conclusion of the investigation. GCDSS contacted the pediatrician and Early Intervention services and they had no concerns. Throughout the investigation all concerns were addressed and appropriate services were offered.

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

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 New York State.

Preventive Services History

A Preventive Services case was opened by GCDSS on 11/22/17. The case was opened as the result of an indicated CPS investigation and services were voluntary. The mother and father were both living in the home with the deceased child and two siblings and the mother left the deceased child and youngest sibling alone in the home while she and the oldest sibling went to the store. The service goals were to provide the family assistance with financial management and budgeting to meet their essential needs, assist with enrolling the oldest child in pre-school, assist with connecting the deceased child with speech and occupational therapy and monitor the mother's mental health treatment. During the open case the father left the home and there was a full stay away order of protection put in place. GCDSS successfully assisted the mother in securing financial assistance to meet the family's immediate needs. The mother secured a full-time job and the children were all enrolled and attending daycare/pre-school. The deceased child received occupational and speech therapy within the home. The mother was discharged from mental health for non-compliance, but her mood and functioning improved throughout the case. The case concluded on 9/5/18, as all the family's goals were achieved and no needs went unmet.

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

Additional Local District Comments

We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We appreciate the partnership with OCFS in order to provide the best services possible.

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