



Report Identification Number: SV-15-035

Prepared by: Spring Valley Regional Office

Issue Date: 3/10/2016

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

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

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

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

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

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

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

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



Abbreviations

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

Case Information



NYS Office of Children and Family Services - Child Fatality Report

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

Jurisdiction: Suffolk
Gender: Female

Date of Death: 07/18/2015
Initial Date OCFS Notified: 07/19/2015

Presenting Information

Subject child (SC) (age 5) died on 7/18/15 at 8:18 p.m. as a result of drowning. Mother (SM) was not adequately supervising SC at the time that she drowned. At the time of the incident, SM and SC were at a party at a family friend's home. There were many people at the party. SC had been asking SM to go in the in-ground pool and SM had forbidden her to do so. Sometime later, SC who was playing with other children near SM had gotten away from SM for three to five minutes before SM noticed. Upon noticing that SC had gotten away from her, SM went looking for SC. SM then heard screams and found SC on the ground in the vicinity of the in-ground pool. A little girl that was also at the party had noticed that SC was in the in-ground pool and appeared to be drowning. The little girl then told her own mother. Two other children attempted to assist SC. There were other adults in the pool at the time of SC's drowning but they did not notice her until the little girl told her mother.

Executive Summary

On 07/19/2015, an SCR report was received by the Suffolk County Department of Social Services (SCDSS) with allegations of DOA/Fatality and Lack of Supervision against the SM. There were no surviving siblings. The Suffolk County Medical Examiner's Office conducted the autopsy and the preliminary findings certified the death as an accidental drowning. At the close of the investigation, the final autopsy report had not yet been completed.

The CPS investigation established that, on 07/18/2015, the mother and subject child attended a block party at a family friend's home at approximately 4:00pm. There were approximately 20-30 people at the home, in both the front and back yards. The subject child was playing in the front yard and the mother was inside the home, watching from the living room window. The subject child went into the children's pool fully clothed and was called into the home by her mother and told that she could not go in the pool. Within a few minutes, the mother realized that the subject child was no longer in the front yard and began asking where she was. At the same time, a guest at the party came and informed the homeowner that there was a girl drowning in the back yard in-ground pool. An unknown person called 911, the subject child was pulled from the pool and CPR was administered by a nurse who was in attendance at the party. The subject child was then transported by ambulance to the hospital and was pronounced deceased at 8:20pm.

SCDSS' investigation included fatality conferences at key points throughout the case. All progress notes were contemporaneous and detailed. SCDSS determined that there was no credible evidence to substantiate the allegations against the mother and SCDSS did not receive any evidence indicating that the mother had failed to provide proper supervision of the subject child as the child was in sight of the mother within minutes of the fatality. Allegations of DOA/Fatality and Lack of Supervision against the mother were unsubstantiated. On 09/17/2015, 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 concurs with the determination of the allegations.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - 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: 07/18/2015

Time of Death: 08:20 PM

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

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: Unknown

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



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Did child have supervision at time of incident leading to death? Yes

How long before incident was the child last seen by caretaker? 5 Minutes

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Other Household 1	Father	No Role	Male	55 Year(s)

LDSS Response

Upon receipt of the SCR report on 07/19/2015, an Emergency Services Senior Caseworker (ES SCW) responded and conducted a visit to the subject child's (SC) home. The SCW met with the SC's aunt who initially reported that the mother (SM) was not available. After explaining CPS' involvement and providing the aunt with a bereavement package, the aunt welcomed the SCW into the home, explained that the SM was home but was not doing well and that she felt she needed to see a psychiatrist. The SM then came out of her room and the SCW observed her to be distraught, distant and in a daze. Emergency assistance (911) was called as it was agreed that the SM needed to be evaluated in a medical setting. With coaxing from family members, SCW and Local Police, the SM agreed to be evaluated at the hospital if she could be driven there by a family member. The Local Police followed to ensure that the SM did indeed arrive at the hospital. While at the home the ES SCW observed the word SWIMMING written several times on a calendar and a family member reported that the SC had been taking swimming lessons. Due to the SM's mental state, the ES SCW was unable to conduct an interview with the SM.

The SCDSS investigation consisted of an attempted face to face interview with the SM and interviews with various family members. Diligent efforts to locate the SC'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 Islip.

Interviews with the owners of the home where the SC drowned revealed that on 07/18/2015, SC was playing in the front yard and the SM was inside the home, watching the SC from the living room window. The SC went into the children's pool with all of her clothes on and the SM called her into the home. The SM went to the entrance of the home, dried the SC off and told her that she could not go in the pool. Within a few minutes, a guest at the party came and informed the homeowner that there was a girl drowning in the back yard in-ground pool. At the same time the homeowner heard the SM



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asking where the SC was. The homeowner ran to the backyard as the SC was pulled from the pool. CPR was administered by the homeowner and a friend, both of whom were nurses. The SC was then transported by ambulance to the hospital. The homeowner did not know who called 911. While at the home, the CW observed the in-ground pool, along with a fence and alarm. The SCW also confirmed with the Town of Islip that the pool met all requirements and that the homeowners held a permit for it. Further attempts to meet with the homeowners were met with resistance and the homeowners stated that they were advised by their attorney to cease communication with Child Protective Services.

All appropriate collateral contacts were interviewed and all accounts of the incident were consistent. No one reported that the mother had been drinking or distracted in any way. SCW made multiple attempts, via phone calls and home visits, to follow up with the SM but was never able to reach her directly. SCW was able to meet with several relatives who all reported that SM was doing better and had returned to work. It was confirmed that the SM was in counseling. SCDSS' investigation determined that there was no credible evidence to indicate that the SM failed to provide proper supervision of the SC. Allegations of DOA/Fatality and Lack of Supervision against the SM 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 County.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
023421 - Deceased Child, Female, 5 Yrs	023422 - Mother, Female, 36 Year(s)	DOA / Fatality	Unsubstantiated
023421 - Deceased Child, Female, 5 Yrs	023422 - Mother, Female, 36 Year(s)	Lack of Supervision	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

History Prior to the Fatality

Child Information

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

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