



**Report Identification Number: BU-15-030**

**Prepared by: Buffalo Regional Office**

**Issue Date: 4/8/2016**

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

<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-pulmonary 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	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	
<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



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

**Report Type:** Child Deceased  
**Age:** 3 year(s)

**Jurisdiction:** Erie  
**Gender:** Male

**Date of Death:** 08/24/2015  
**Initial Date OCFS Notified:** 08/28/2015

## Presenting Information

On 8/28/15, the SCR registered a report alleging that on 8/23/15 the three-year-old child's parents left the child unsupervised for about 10 minutes while he played near a pond. When the parents returned, they found the SC face down in the pond in knee-deep water. The child was not breathing. As a result, the SC died on 8/24/15 at 10:22 A.M.

## Executive Summary

The 3-year-old child died on 8/24/15. The ME conducted a records review in lieu of an autopsy and determined the cause of death was due to an accidental drowning.

On 8/28/15, the SCR registered a report with allegations of DOA/Fatality, Lack of Supervision and Inadequate Guardianship of the child by the parents.

The LDSS investigation revealed that on 8/22/15, the parents took the child to a family gathering that was hosted at the vacation home of a relative in Boston, New York. The parents took the child to swim in the pond with other relatives. The child asked to get out of the water because he was cold. At about 5:50 P.M., the child asked for permission to play with the children of the mother's cousin who were in a tent. The mother initially said no, but her cousin volunteered to care for the child. Sometime later, the cousin was seen with his children and when he was asked about the child, he said the child was in the tent. The father went to get the child at the tent, but when he unzipped it, the child was not there. The tent had another zipper that was open and led to an exit not visible to the crowd. At that point, everyone began to look for the child who was found in the pond by the mother's cousin who initiated CPR with the assistance of others. The father and several other people who were present called 911.

EMS arrived and the child was taken to Bertrand Chafee Hospital where medical personnel attempted to stabilize him and he was then transported to Buffalo's Women's and Children's Hospital (BCWH) for further treatment. The child was admitted to the Intensive Care Unit (ICU) and after medical tests determined he had no brain activity, he was pronounced dead on 8/24/25 at 10:22 A.M. by the ICU team.

On 10/27/15, the LDSS unfounded the report as there was no evidence to support the allegations against the parents. In addition, the police confirmed that the death of the child was accidental.

## 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:



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

- 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: 08/24/2015

Time of Death: 10:22 AM

Date of fatal incident, if different than date of death: 08/23/2015

County where fatality incident occurred: ERIE

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? N/A

Child's activity at time of incident:

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

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	Deceased Child	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	41 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)

### LDSS Response

Following the SCR report concerning the fatality, the LDSS initiated the investigation with the multidisciplinary team (MDT). The LDSS interviewed first responders, relatives, and the parents.

The LDSS visited and photographed the location where the 8/22/15 incident occurred. The property belonged to a relative who authorized the LDSS to go to the property. The location was described as a large open field bordered by a wooded area on the eastern side of the property. The pond where the child was found unresponsive was toward the rear of the field and there were several tents boarding the wooded area.

The parents reported that they arrived at the gathering at about 2:00 P.M. and the father took the child to the pond to explain safety concerns. The parents said the child knew how to swim. Later, they went to the pond to swim with relatives and took the child out of the water because he said he was cold. At about 5:50 P.M. the child was allowed to go to the mother's cousin's tent to play with other children. The father emphasized that this cousin had a very close relationship with the child and was the person they planned to designate as the child's guardian, in the event anything happened to them. At 6:23 P.M. the parents realized that the child was missing and everyone began looking for him. The mother's cousin found the child in the bottom of the pond, pulled him out, and began CPR.

The mother's cousin reported that when he heard the child was missing, he went straight to the pond, but did not see any ripples in the water. Therefore, he went into the water and swam along the bottom until he came across the child and brought him out to the shore where he began CPR. The cousin estimated he found the child at about 6:33 P.M. about 5' to 7' from the edge of the pond at the bottom of several feet of water. The cousin said that when he administered the CPR, the child threw up water, peanuts, and pretzels. He continued to turn the child's head and water and stomach contents kept coming out, but the child did not respond. A neighbor assisted and CPR continued until patrol arrived.

According to the reports from the Erie County Sherriff's Office, on 8/22/15 at 6:33 P.M. patrol was dispatched to a call noting that a child fell into a pond and was not responsive. Two deputies arrived at the scene and found that CPR was being administered to the child. The deputies arrived with an automated external defibrillator and continued resuscitation efforts. Other first responders and law enforcement officers arrived to assist and cleared the scene. Due to the child's condition, he was transported to Bertrand Chaffee Hospital where it was reported that the child regained a pulse and some cardiac activity, and therefore, was transferred by Mercy Flight to the BWCH. The first responders interviewed several individuals present and their accounts were consistent.

The responders from the Erie County Sheriff's Office indicated that the gathering was a picnic with about 35 close friends and family. Alcohol was observed at the scene; however, none of the attendees who were interviewed appeared



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

intoxicated. Based on the interviews, deputies determined that the child was not accounted for up to 20 minutes prior to being pulled from the water.

The parents and those interviewed by the LDSS and first responders gave similar accounts of the events leading to the child's death. The Sheriff's Office ruled the death as an accidental drowning and this was confirmed by the ME.

On 10/27/15, the LDSS unfounded the report as there was no evidence to support the allegations. In addition, the police confirmed that the death of the child was accidental.

## 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:** Hospital physician

## 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?**Yes

**Comments:** N/A

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026222 - Deceased Child, Male, 3 Yrs	026223 - Mother, Female, 35 Year(s)	Lack of Supervision	Unsubstantiated
026222 - Deceased Child, Male, 3 Yrs	026224 - Father, Male, 41 Year(s)	DOA / Fatality	Unsubstantiated
026222 - Deceased Child, Male, 3 Yrs	026223 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
026222 - Deceased Child, Male, 3 Yrs	026224 - Father, Male, 41 Year(s)	Inadequate Guardianship	Unsubstantiated
026222 - Deceased Child, Male, 3 Yrs	026224 - Father, Male, 41 Year(s)	Lack of Supervision	Unsubstantiated
026222 - Deceased Child, Male, 3 Yrs	026223 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to
--	-----	----	-----	-----------



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

				Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" 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"/>

**Additional information:**

The LDSS discussed the case and/or collected reports from individuals directly involved with the response to the incident; however, they did not interview all the friends and relatives who were present at the gathering.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Legal Activity Related to the Fatality**

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

**Services Provided to the Family in Response to the Fatality**

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



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

Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**

The parents and the unrelated family member were offered bereavement services and were provided with information concerning the grieving process.

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

**Explain:**

There were no immediate needs related to the fatality.

## 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**

The parents had no CPS history in the NYS.

**Known CPS History Outside of NYS**

The parents had no known CPS history outside NYS.

**Services Open at the Time of the Fatality**

**Required Action(s)**

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes No

**Preventive Services History**

There is no record of Preventive Services History provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

**Required Action(s)**

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

Yes No

**Foster Care Placement History**

There is no record of foster care placement history provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation? There was no legal activity**

**Additional Local District Comments**



ECDSS appreciates the opportunity to partner with OCFS in providing the best possible services to families in our community. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. Additionally, we appreciate the reviewer’s recommendation with respect to the “no surviving siblings” check box in fatality investigations. We are aware that selecting the “no surviving siblings” box would prevent the CONNECTIONS system from generating a Risk Assessment Profile (RAP). However, as OCFS is aware, the RAP is a tool used to assess the likelihood of future danger or harm to children. We would like to point out that the record reflects that this family is in the process of adopting another child. Assessing risk and the possibility of any future harm to children being placed in this home is considered important by ECDSS. Nevertheless, ECDSS takes note of the recommended action by OCFS, and we will address this directly with our staff members who handle fatality investigations.

**Recommended Action(s)**

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

<b>Action:</b>	<p>OCFS is recommending that Erie County Supervisory Team review with the Specialists the CONNECTIONS’ Step-by-Step Guide: Training for CPS Workers (rev 3/1/07) page 204, which addresses Safety Assessments, and to review the Safety Assessments submitted for this report.</p> <p>Staff must be reminded that when there are no surviving siblings and/or minor children in the home, the Specialist must select “no surviving siblings” in the Investigation Conclusion window of the CONNECTIONS database at the inception of the investigation to prevent the CONNECTIONS system from generating the Safety Assessments and Risk Assessment Profile.</p>
----------------	---

**Are there any recommended prevention activities resulting from the review?**  Yes  No