



## Report Identification Number: SV-19-035

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

Issue Date: Nov 14, 2019

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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-Other	
<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	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:** 2 year(s)

**Jurisdiction:** Ulster  
**Gender:** Female

**Date of Death:** 07/01/2019  
**Initial Date OCFS Notified:** 07/01/2019

## Presenting Information

The SCR report alleged that on 7/1/19, at approximately 12:15 PM, the two-year-old female child was found unresponsive in the swimming pool by her mother. The child left the home through an open door and was found in the pool. The mother was the only adult in the home and was responsible for the care of the child. The child was able to get out of the home due to a lack of supervision. EMS was called to the home. It was unknown if CPR was performed prior to EMS arrival. The child drowned and was pronounced dead on 7/1/19. The time of death was unknown. The father and other children had unknown roles.

## Executive Summary

This fatality report concerns the death of the 2-year-old female subject child that occurred on 7/1/19. A report was made to the SCR on the same date concerning the child’s death, with allegations of lack of supervision, inadequate guardianship, and DOA/Fatality against the mother and father of the child. There were three surviving siblings (9, 8, and 6 years old) who lived with their father, but were on visitation at the mother’s home at the time of the fatality.

Ulster County Department of Social Services (UCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. An autopsy was completed by a medical examiner who determined the cause of death was drowning and the manner was accident.

The mother reported she was in her bedroom on the morning of 7/1/19 and told the subject child to go play; the 8 and 6-year-old siblings had been playing with the subject child. The father was in a different bedroom with the 9-year-old sibling watching TV when the mother walked in (the 8 and 6-year-old siblings behind her) and the father asked where the subject child was. The mother immediately went outside to the pool as the subject child had been known to try and climb in the pool. The mother found the child at the bottom of the pool, pulled her out, and attempted CPR. A neighbor called 911 at 11:44 AM and EMS took over resuscitative efforts when they arrived. The child was transported to St. Luke’s Hospital where she was pronounced dead. It was unknown how long the child was left unsupervised.

UCDSS gathered information regarding the child’s death from the mother, father, surviving siblings, and medical examiner. Several home visits were completed throughout the investigation and UCDSS arranged for the surviving siblings to receive trauma therapy. The mother and father declined services. UCDSS completed required reports and safety assessments accurately and on time.

A neglect petition was filed against the mother and father of the subject child. The CPS investigation was indicated on 8/30/19 and opened for preventive services. The parents were aware the child had a history of climbing into the pool and failed to provide adequate supervision of the child and/or take measures to prevent her from so doing. The surviving siblings remained in the care of their father.

### PIP Requirement

For issues identified in historical cases, UCDSS will submit a Program Improvement Plan (PIP) to their Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) UCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, UCDSS will review the plan(s) and revise as needed to further address on-going concern



## 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

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:

The level of casework activity was commensurate with best casework practice as outlined in the CPS manual.

## 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: 07/01/2019

Time of Death: 11:44 AM (Approximate)

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

County where fatality incident occurred: Ulster

Was 911 or local emergency number called? Yes

Time of Call: 11:44 AM

Did EMS 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:**

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability

- Absent
- Asleep
- Impaired by illness
- 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	Female	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	64 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Male	29 Year(s)
Other Household 1	Other Adult - Father of SS	No Role	Male	43 Year(s)
Other Household 1	Sibling	Alleged Victim	Female	8 Year(s)
Other Household 1	Sibling	Alleged Victim	Male	6 Year(s)
Other Household 1	Sibling	Alleged Victim	Male	9 Year(s)

### LDSS Response

On 7/1/19, UCDSS received the fatality report from the SCR, initiated their investigation within 24 hours and coordinated efforts with LE. UCDSS contacted the source of the report, completed a CPS history check, and notified the ME and DA of the SC's death. The three surviving siblings went back to their father's home after the death of the SC and they were assessed to be safe in his care.

On 7/1/19, the PGM brought the SS to the CAC to be interviewed. The 9yo male SS said, earlier that morning, he was in a bedroom with the father watching TV and that the other siblings had been playing outside. He said that later, his 8yo sister was crying that the baby was drowning. He said he ran outside and saw his mom put the SC down on the porch and try to get her pulse. The 9yo said his mom took a hammer and smashed the pool after "that happened." He said before the hammer, his mom was sleeping.

The 8yo female SS was interviewed and supported her brother's account of the day. She said on the morning of 7/1/19, the family ate breakfast, she then played in the bounce house, then her mom took a nap. She said that she and the SC were in the computer room building a fort, then the SC went outside and jumped in the pool. The 8yo said the 9yo and the father were in a bedroom watching TV. She said her mother woke up and ran outside looking for the SC, a neighbor jumped the fence and called the police, and then the SS's father came to get them.



The 6yo male SS was interviewed and gave a similar account to his siblings. He said he had been playing outside that morning, then built a fort with his 8yo sister; his brother was with the father watching TV and he did not know where the SC was or what his mother was doing at that time.

On 7/2/19, the mother and father were interviewed at their home; the pool had been removed. The father said, the morning of the incident, the mother made breakfast, then he and the 9yo went in the bedroom to watch TV; the SC was in and out of the room. He denied he or the mother were sleeping that morning. He said the mother came in the room with the other 2 siblings and he asked where the SC was. The mother and 2 siblings went to look for the SC and the siblings returned and told the father where the SC was found. The father denied he or the mother misused drugs/alcohol. The mother was then interviewed and said that on 7/1/19, she had been on the phone with the sheriff's department about an unrelated matter. The CW verified this phone call on her phone, which took place at 11:02 AM. She said the SC came in her room while she was on the phone and she told her to go play. She stayed in her room a while and then went to look for the SC. She said she after looking around the house, she went right to the pool because the SC loves the pool. She said the ladder was supposed to be out and down on its side, but it was not, because the SS do not listen to her. The CW offered parenting classes, burial assistance, and a trauma therapist and the mother and father declined. The mother denied any drug/alcohol misuse but said she did take prescription medication for pain. The mother was uncooperative signing releases for her doctor. The mother and father both failed to show for scheduled drug tests and refused to reschedule.

LE said they removed three marijuana plants from the home and a rifle; the father was a convicted felon and was not supposed to have guns in the home.

On 8/21/19, the father was arrested for criminal possession of a weapon. On 8/27/19, UCDSS filed a neglect petition against the mother and father and orders of protection were issued against the father on behalf of the three SS.

### 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:** Ulster County does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051834 - Deceased Child, Female, 2 Year(s)	051836 - Father, Male, 64 Year(s)	Inadequate Guardianship	Substantiated
051834 - Deceased Child, Female, 2 Year(s)	051835 - Mother, Male, 29 Year(s)	Inadequate Guardianship	Substantiated
051834 - Deceased Child, Female, 2 Year(s)	051836 - Father, Male, 64 Year(s)	Lack of Supervision	Substantiated



051834 - Deceased Child, Female, 2 Year(s)	051836 - Father, Male, 64 Year(s)	DOA / Fatality	Substantiated
051834 - Deceased Child, Female, 2 Year(s)	051835 - Mother, Male, 29 Year(s)	Lack of Supervision	Substantiated
051834 - Deceased Child, Female, 2 Year(s)	051835 - Mother, Male, 29 Year(s)	DOA / Fatality	Substantiated
051838 - Sibling, Male, 9 Year(s)	051836 - Father, Male, 64 Year(s)	Inadequate Guardianship	Substantiated
051838 - Sibling, Male, 9 Year(s)	051836 - Father, Male, 64 Year(s)	Lack of Supervision	Substantiated
051838 - Sibling, Male, 9 Year(s)	051835 - Mother, Male, 29 Year(s)	Lack of Supervision	Substantiated
051838 - Sibling, Male, 9 Year(s)	051835 - Mother, Male, 29 Year(s)	Inadequate Guardianship	Substantiated
051839 - Sibling, Female, 8 Year(s)	051836 - Father, Male, 64 Year(s)	Lack of Supervision	Substantiated
051839 - Sibling, Female, 8 Year(s)	051836 - Father, Male, 64 Year(s)	Inadequate Guardianship	Substantiated
051839 - Sibling, Female, 8 Year(s)	051835 - Mother, Male, 29 Year(s)	Inadequate Guardianship	Substantiated
051839 - Sibling, Female, 8 Year(s)	051835 - Mother, Male, 29 Year(s)	Lack of Supervision	Substantiated
051840 - Sibling, Male, 6 Year(s)	051835 - Mother, Male, 29 Year(s)	Inadequate Guardianship	Substantiated
051840 - Sibling, Male, 6 Year(s)	051836 - Father, Male, 64 Year(s)	Lack of Supervision	Substantiated
051840 - Sibling, Male, 6 Year(s)	051836 - Father, Male, 64 Year(s)	Inadequate Guardianship	Substantiated
051840 - Sibling, Male, 6 Year(s)	051835 - Mother, Male, 29 Year(s)	Lack of Supervision	Substantiated

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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"/>
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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 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"/>

## 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?

 Family Court Criminal Court Order of Protection

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

Date Filed:	Fact Finding Description:	Disposition Description:
09/20/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	051835 Mother Male 29 Year(s)	
<b>Comments:</b>	The mother failed to provide adequate supervision of the SC and the SC drowned and died as a result. The mother was aware the child had a history of climbing into the pool and did not provide adequate supervision or barriers to prevent the child from getting into the pool. The mother had a history of substance abuse and was found to be not taking her current pain medication as prescribed. The mother had been uncooperative with caseworkers and failed to show for drug tests and sign releases.	

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

Date Filed:	Fact Finding Description:	Disposition Description:
09/20/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	051836 Father Male 64 Year(s)	
<b>Comments:</b>	The father failed to provide adequate supervision of the SC and the SC drowned and died as a result. The father was aware the child had a history of climbing into the pool and did not provide adequate supervision or barriers to prevent the child from getting into the pool. The father was a convicted felon found to have a gun in his home; he was subsequently arrested.	

## Have any Orders of Protection been issued? Yes

From: 09/20/2019

To: Unknown

## Explain:

A stay away order of protection was put in place against the father of the SC for the three surviving siblings.

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



# Child Fatality Report

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

Services were offered to the parents and they declined.

## 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



# Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/28/2019	Sibling, Male, 9 Years	Other Adult - Father of SS, Male, 43 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 8 Years	Other Adult - Father of SS, Male, 43 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Other Adult - Father of SS, Male, 43 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Unrelated Home Member, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 8 Years	Unrelated Home Member, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Unrelated Home Member, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Unrelated Home Member, Male, 34 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Sibling, Female, 8 Years	Unrelated Home Member, Male, 34 Years	Choking / Twisting / Shaking	Unsubstantiated	
	Sibling, Male, 6 Years	Unrelated Home Member, Male, 34 Years	Choking / Twisting / Shaking	Unsubstantiated	

**Report Summary:**

An SCR report alleged an unrelated home member lived with the three SS and their father. The unrelated home member hit the children on top of their heads, pushed them and twisted their arms. He also threw balls at them. The father was aware the unrelated home member did this, but did not address it.

**Report Determination:** Unfounded**Date of Determination:** 06/24/2019**Basis for Determination:**

The unrelated home member and father of the SS denied the allegations. The 6yo said he was accidentally hit with a plastic ball while playing baseball with the unrelated home member. The 9yo denied ever being hurt by the unrelated home member but said they were "horse playing around." The 8yo described an incident where the unrelated home member twisted her arm and she did not tell her father. The record did not reflect the child sustained any marks or injuries because of this.

**OCFS Review Results:**

UCDSS coordinated investigative efforts with LE, completed thorough interviews with all appropriate parties, completed safety assessments accurately and on time and made an appropriate determination. The record did not reflect a CPS history search was completed on the family.

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

**Issue:**

Review of CPS History

**Summary:**

The record did not reflect a CPS history search of the family was completed.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**



# Child Fatality Report

Within 1 business day of a report, UCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, UCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/23/2018	Deceased Child, Female, 1 Years	Father, Male, 63 Years	Inadequate Guardianship	Unsubstantiated	Yes

**Report Summary:**

An SCR report alleged that for the past year, the father had physically abused the mother in the presence of the SC. At an unknown time, while the SC was present, the father punched the mother in the face causing her to sustain a black eye. The SC was not injured during these incidents. The mother had an unknown role.

**Report Determination:** Unfounded

**Date of Determination:** 05/19/2018

**Basis for Determination:**

Both parties denied the allegations. The mother and father did admit to past physical domestic violence but there were no recent incidents and no incidents in the presence of the SC. The CW did not observe the mother to have any marks or bruises on her body.

**OCFS Review Results:**

The 7-day safety assessment was completed a month after intake. The record did not reflect a CPS history check was completed.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The seven-day safety assessment was completed three weeks late.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

Within 7 days of receipt of the report, UCDSS must conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm. The results of each safety assessment must be documented in the case record in the form and manner required by OCFS.

**Issue:**

Review of CPS History

**Summary:**

The record did not reflect a CPS history search was completed.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within 1 business day of a report, UCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, UCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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04/07/2017	Sibling, Male, 7 Years	Other Adult - Father of SS, Male, 41 Years	Excessive Corporal Punishment	Unsubstantiated	Yes
	Sibling, Male, 7 Years	Other Adult - Father of SS, Male, 41 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**  
 An SCR report alleged that on a daily basis as a form of discipline, the SS's father hits the oldest SS with a belt or slipper. On the morning of 4/7/17, the father hit the child ten times on the buttocks with a belt, because the child missed the bus. The roles of the mother and two other children were unknown.

**Report Determination:** Unfounded **Date of Determination:** 06/05/2017

**Basis for Determination:**  
 Per the investigation conclusion, the allegations were unfounded because the children did not sustain marks or injuries; however, there was some credible evidence to substantiate the allegation of inadequate guardianship. In a 4/7/17 progress note, the father admitted to hitting the children with objects such as a flip flop and belt and the children confirmed this; however, the investigation conclusion said the father denied the allegations. The children also disclosed incidents of physical domestic violence between their parents.

**OCFS Review Results:**  
 UCDCSS had some credible evidence to substantiate the allegation of inadequate guardianship. On more than one occasion, the father used objects such as a belt and a flip flop to hit the children. On a 4/7/17 home visit, the father explicitly admitted he "beat" the children. The PGM told the CW the father told her the same thing. The 7yo and 6yo SS said they were spanked that morning, it hurt and they cried. Both children expressed fear of their father. Both children also admitted to witnessing incidents of physical domestic violence between their parents.

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

**Issue:**  
 Appropriateness of allegation determination

**Summary:**  
 The father admitted he "beat" the children and the children confirmed he hit them with a flip flop, it hurt, they cried and were afraid of him. The children admitted being regularly hit with objects such as the father's belt and flip flops and they were afraid of the father.

**Legal Reference:**  
 FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

**Action:**  
 UCDCSS will make appropriate determinations and add allegations when necessary.

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

The father of the subject child did not have any CPS reports against him more than three years prior to the fatality.

Between 2010 and 2015, the mother had eight CPS reports against her regarding the three surviving siblings; five were unfounded and four were indicated. Common allegations of the indicated reports were inadequate guardianship, excessive corporal punishment, burns, lack of supervision, lacerations/bruises/welts, and parent drug/alcohol misuse. Common allegations of the unfounded reports were inadequate guardianship, parent's drug/alcohol misuse, and lack of supervision.

Between 2010 and 2015, the father of the surviving siblings had five CPS reports against him regarding the three surviving siblings; three unfounded and one indicated. He was indicated for allegations of inadequate guardianship and parent drug/alcohol misuse. His unfounded reports were for allegations of other/court ordered investigation and inadequate guardianship.



## Known CPS History Outside of NYS

There was no CPS history outside of NYS.

## Preventive Services History

There was a preventive services case open from 6/18/14-1/2/15 as the result of an indicated case. The mother had struck the 9yo SS with a hot cooking spoon which resulted in a welt to the child's chest. An emergency hearing was held in family court on 6/17/14 in which a stay away order of protection was issued against the mother for the three surviving siblings. The children were removed and placed with their father. The mother was granted supervised visitation. She attended mental health appointments and took her prescribed medication which she said helped with her anxiety.

On 12/30/14, the father of the surviving siblings was granted sole custody of the children and UCDSS dropped their neglect petition and the orders of protection were vacated.

## 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