



## Report Identification Number: RO-20-025

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

Issue Date: Mar 15, 2021

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

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

**Jurisdiction:** Seneca  
**Gender:** Male

**Date of Death:** 10/23/2020  
**Initial Date OCFS Notified:** 10/23/2020

## Presenting Information

On 10/23/20, Seneca County Department of Social Services (SCDSS) received an SCR report which alleged that the 3-year-old subject child was left unsupervised in a barn where he drowned in a manure gutter. The child had been in the barn with his father scraping manure into a gutter. The father then left the child alone in the barn for 5-15 minutes. When the father returned, he found the child in the manure gutter. Also living in the home was the mother, a 4-year-old sibling, a 1-year-old sibling, and a 2-month-old sibling.

## Executive Summary

This report concerns the death of a 3-year-old child which occurred on 10/23/20 while the child was in the care of his mother and father. An SCR report was made on the same date with allegations of DOA/Fatality, Lack of Supervision and Inadequate Guardianship against the mother and the father of the child. There were three surviving siblings living in the home: ages 4 years old, 1 year old, and 2 months old.

SCDSS coordinated their response with law enforcement and notified the medical examiner and district attorney's office of the child's death. Through familial and collateral interviews, it was determined that the child was assisting the father scrape manure into the manure gutter in the barn. The child had previously completed this chore without issue. The father left the child alone in the barn for approximately 15 minutes while he left to spread the manure around the property. When the father returned to the barn, he found the child submerged in manure and pulled him out. The father called for the mother to call 911, and she ran to the barn. The mother rinsed the child off and attempted to clear his nose and mouth of the manure to begin CPR. Law enforcement and EMS arrived on scene and took over lifesaving interventions. The child was transported to the hospital where he was pronounced dead.

The medical examiner determined the child died of asphyxiation secondary to drowning. Law enforcement arrested the parents and charged them with Endangering the Welfare of a Child. SCDSS found credible evidence to substantiate the allegations of DOA/Fatality, Lack of Supervision, and Inadequate Guardianship against the father and the mother. The safety of the surviving siblings was assessed, and services were offered and declined throughout the investigation by SCDSS.

## 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:**  
There are detailed case conference notes in the case record in which the determination was discussed with supervisors and the legal department.

### 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: 10/23/2020 Time of Death: 11:22 AM

Time of fatal incident, if different than time of death: 10:25 AM

County where fatality incident occurred: Seneca

Was 911 or local emergency number called? Yes

Time of Call: 10:25 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:

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

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was: Not impaired.

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	3 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Month(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

### LDSS Response

Within 24 hours of receiving the SCR report, SCDSS responded to the home with LE and assessed the safety of the surviving children and scheduled interviews with the parents for the following week. LE provided SCDSS with statements and photos of the barn from the day of the incident.

Interviews were conducted in the home with LE present. The SF stated he was in the barn scraping manure into the gutter and loading it into a spreader when the SC joined him. The SF stated he left the barn to spread the manure around the property. When he left, the SC was scraping manure alone with no other supervision. The SF stated he returned to the barn after about 15 minutes and could not see the SC. The SF stated he then saw the SC's boot sticking out of the manure gutter. The SF pulled the SC out of the manure gutter and called for the SM to call 911. The SM entered the barn and took over CPR from the SF.

The SM confirmed that on the morning of the incident, the SC had been inside with her while the SF was in the barn. The SC then went out to the barn to help the SF. The SM stated it was not the first time the SC had helped scrape manure and it was common for the children to be out in the barn alone. The SM was doing laundry when the SF yelled for her. The SM stated she ran to the barn, saw the SC with manure coming out of his mouth and nose, and attempted to rinse him prior to performing CPR.

An interview was attempted with the 4-year-old SS. The child did not speak English and was hesitant to speak with SCDSS. The safety of the surviving siblings was assessed throughout the investigation. The parents said that the 4-year-old sibling had often helped with chores, and SCDSS spoke with the SM and the SF about providing an "eyes on" level of supervision of the child when they are assisting with chores.

SCDSS interviewed multiple EMS workers, LE officers, and fire department first responders that were on scene the date of the accident. These interviews confirmed that the child had reportedly been left alone in the barn anywhere from 5-15 minutes. Responders who attempted to revive the SC reported that he had manure coming out of his nose and mouth during compressions and appeared to have been submerged in the manure. The manure was described by LE as being a muddy texture and the manure gutter was filled with water, cow urine, and cow feces. The manure gutter was approximately 19" wide and 19" deep. EMS workers reported that a helicopter was called to transport the SC to the hospital. The SM asked them that if the SC was not going to survive, that he not be transported by the helicopter due to their religious views. The helicopter was then cancelled. The SC was transported by ambulance to the hospital where he was pronounced dead.



LE informed SCDSS that the SF and the SM were arrested and charged with Endangering the Welfare of a Child. Though charged, the criminal case was pending at the time the investigation was closed. No orders of protection had been issued.

SCDSS interviewed multiple familial collaterals. No concerns were identified for the care of the children by the SF and the SM. The family minimized the death, comparing it to a car accident.

SCDSS spoke with the ME. The official cause of death was identified as asphyxiation secondary to drowning and the manner was an accident.

SCDSS found evidence to substantiate the allegations of Lack of Supervision, DOA/Fatality, and Inadequate Guardianship against the SF and the SM and the investigation was closed. Services were offered to the family multiple times throughout the investigation and were declined by the family.

### 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:** Seneca 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
055430 - Deceased Child, Male, 3 Year(s)	055431 - Mother, Female, 26 Year(s)	DOA / Fatality	Substantiated
055430 - Deceased Child, Male, 3 Year(s)	055431 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
055430 - Deceased Child, Male, 3 Year(s)	055431 - Mother, Female, 26 Year(s)	Lack of Supervision	Substantiated
055430 - Deceased Child, Male, 3 Year(s)	055432 - Father, Male, 26 Year(s)	DOA / Fatality	Substantiated
055430 - Deceased Child, Male, 3 Year(s)	055432 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated
055430 - Deceased Child, Male, 3 Year(s)	055432 - Father, Male, 26 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"/>



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"/>
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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

**Criminal Charge:** Endangering the welfare of a child **Degree:** NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
12/10/2020	The mother and the father	Unknown	Unknown
<b>Comments:</b>	The mother and father were each charged with one count of endangering the welfare of a child.		

### 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 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 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 type="checkbox"/>	<input checked="" 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"/>



<b>Homemaking Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Parenting Skills</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<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? No**

**Explain:**

Services were offered for the children and declined by the parents.

**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 declined.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** 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?** No
- 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 in NYS within three years prior to the fatality.

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

There was no CPS investigative 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.



## 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