



Report Identification Number: BU-18-016

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

Issue Date: Nov 27, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 2 year(s)

Jurisdiction: Chautauqua
Gender: Male

Date of Death: 06/13/2018
Initial Date OCFS Notified: 06/18/2018

Presenting Information

An SCR report stated that a 2-year-old male child died on 6/13/18 due to complications from remote blunt impact of severe injuries stemming from multiple incidents of abuse that occurred a year and a half ago in the mother's care. The father, his partner, and the 5-year-old female surviving sibling had unknown roles.

Executive Summary

An initial report was made to the SCR on 6/13/18 regarding the 2-year-old subject child going into cardiac arrest. The child died shortly after this report was made and a fatality report was later registered with the SCR. Chautauqua County Department of Social Services (CCDSS) made the appropriate notification to the Buffalo Regional Office regarding the death of a child in an open CPS investigation. There was a 5-year-old surviving sibling and the parent substitute had two children, ages 9 and 15, who lived in the home part time.

CCDSS coordinated efforts with LE upon receipt of the initial report. An autopsy was performed and the ME ruled the child's death a homicide by complications of blunt impact injury from injuries he sustained in 2016 from his mother. The ME reported the child appeared well cared for at the time of his death.

In 2016, the child's mother admitted to shaking him on multiple occasions, throwing him into his crib, and dropping a remote control on his face. The child sustained multiple lifelong debilitating injuries as a result. The mother was charged with 2 counts of reckless endangerment and sentenced to one year in jail. The child has since been in the care and custody of his father.

On 6/12/18, the parent substitute put the child to bed in his crib around 7PM. The parent substitute later checked on the child around 10PM and found him face down with both arms out straight. The parent substitute immediately called 911 and was instructed to place the child on the floor and begin CPR. EMS arrived and transported the child to the hospital. The child was revived at the hospital, but later died on 6/13/18 at 3:30AM.

CCDSS gathered information regarding the child's death from the parent substitute, the parent substitute's 9yo daughter who was present, the SS, EMS, law enforcement, the fire department, hospital staff, and the medical examiner.

Several home visits were made and collaterals were interviewed. Trauma assessments were offered for the surviving children and counseling was offered to the father and parent substitute. Trauma assessments were accepted for the children and the parents declined services for themselves. CCDSS completed required reports and safety assessments accurately and on time and conducted a thorough investigation. The case was indicated against the child's mother and closed on 8/16/18.

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:

Casework activity was commensurate with case circumstances.

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: 06/13/2018

Time of Death: 03:30 AM

Date of fatal incident, if different than date of death:

10/12/2016

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

Unknown

County where fatality incident occurred:

Chautauqua

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant



Playing

Eating

Unknown

Other: crying

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

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	2 Year(s)
Deceased Child's Household	Father	No Role	Male	29 Year(s)
Deceased Child's Household	Father's Partner	No Role	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	27 Year(s)

LDSS Response

CCDSS initiated their investigation upon receipt of the initial report made on 6/13/18 regarding the child going into cardiac arrest. The SC died shortly after the initial report was made. CCDSS assessed the safety of the SS and children of the PS within 24 hours.

On 6/13/18, CW completed a joint home visit with LE to speak with the father and PS. The PS said on 6/12/18, around 7PM, she laid the SC in his crib on a pillow to be elevated. The PS said they did this to prop him up because the child had swallowing issues. The PS said she and the father would also roll a blanket and place it behind the child's back to place him somewhat on his side. It's unknown if this was recommended by a medical professional. The child was not capable of moving his head and neck on his own. The PS went to check on the child around 10PM and found him face down in the pillow with both arms out straight. She said the blanket she had rolled up was still in the same spot. The PS said she called 911 immediately and they instructed her to move the child to the floor to begin CPR. The PS and father denied hurting the child. CW observed the surviving children to be safe and offered trauma assessments for all the children. The father accepted on behalf of the SS and PS's 9yo daughter, as they were home at the time of the incident. The father and PS denied and drug/alcohol misuse, domestic violence, or mental health issues. PS denied being under the influence of anything the night of the incident.

The CW interviewed the SS and PS's children; they had no concerns about either caretaker. The PS's two children had different fathers; both were interviewed and stated PS is an appropriate caretaker and had no concerns for their children in PS's home. The SC's biological mother was in jail because of the injuries she inflicted on the SC; she was interviewed in jail and did not have concerns for the children's care. The mother said she was making progress in her parenting group, women's group, and therapy. The mother had no visitation with the SS.

The CW met with LE and obtained depositions from the father and PS. The CW consulted with their legal department and concluded there was no need to file anything in Family Court. The ME reported to the CW the SC appeared well cared for at the time of his death.



The CW interviewed collaterals who were on scene the day of the incident including EMS, Fire Fighters, and LE. The CW obtained records from those collaterals as well as all medical records regarding the SC. The CW interviewed the Dr. from the hospital where the child was admitted. The Dr. said the child had a known seizure disorder as a result of the inflicted injury from 2016; the child had significant seizures and was medicated for them. The Dr. felt there was nothing different that could have been done to prevent the child's death and that this was an unfortunate incident not believed to have been as a result of current abuse or maltreatment.

The SC had services in place such as speech therapy, occupational therapy, physical therapy, and a visiting nurse. All the child's service providers said the child was well cared for and the father and PS were appropriate with the child, and noted no concerns for the child.

CCDSS spoke with the source of the report and reviewed the family's CPS history. The CW spoke with the child's medical providers who confirmed the father and parent sub always brought the SC for his medical appointments.

The report was indicated against the mother as the child died due to the injuries she inflicted upon him. The father and parent sub are appropriate caregivers for the surviving children and had no further need for services.

Official Manner and Cause of Death

Official Manner: Homicide

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? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
048275 - Deceased Child, Male, 2 Yrs	048280 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
048275 - Deceased Child, Male, 2 Yrs	048280 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities

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



Child Fatality Report

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"/>



Child Fatality Report

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

Trauma related services were arranged for the SS.

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

Explain:

The parents declined any need for services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was there an open CPS case with this child at the time of death?	Yes
Was the child ever placed outside of the home prior to the death?	Yes
Were there any siblings ever placed outside of the home prior to this child's death?	Yes
Was the child acutely ill during the two weeks before death?	No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/13/2018	Deceased Child, Male, 2 Years	Mother, Female, 27 Years	Choking / Twisting / Shaking	Substantiated	No
	Deceased Child, Male, 2 Years	Mother, Female, 27 Years	Fractures	Substantiated	
	Deceased Child, Male, 2 Years	Mother, Female, 27 Years	Internal Injuries	Substantiated	
	Deceased Child, Male, 2 Years	Father's Partner, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Years	Mother, Female, 27 Years	Lacerations / Bruises / Welts	Substantiated	
	Deceased Child, Male, 2 Years	Father's Partner, Female, 35 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 2 Years	Father, Male, 29 Years	Lacerations / Bruises / Welts	Unsubstantiated	



Child Fatality Report

Deceased Child, Male, 2 Years	Mother, Female, 27 Years	Lack of Medical Care	Substantiated
Deceased Child, Male, 2 Years	Mother, Female, 27 Years	Swelling / Dislocations / Sprains	Substantiated
Deceased Child, Male, 2 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated

Report Summary:

An SCR report alleged that on 6/13/18, the SC was in cardiac arrest, but was revived. The SC had bruises around his eyes. The SS and his siblings (ages 5 and 6) were in the care of the parent substitute. The father was at work. The parent substitute had no explanation for the injuries. It was unclear when or how the SC sustained the injuries. It was known the SC was the victim of shaken baby syndrome in the recent past. It was unknown who shook the SC. As a result, all persons legally responsible were listed as subjects of the report.

Report Determination: Indicated**Date of Determination:** 07/05/2018**Basis for Determination:**

In October 2016, the mother shook the SC on more than one occasion and caused a traumatic brain injury. The SC sustained several life long complications and the mother was criminally charged. On 6/12/18, the SC was put to bed by the PS. It was suspected the SC had a seizure resulting in him rolling onto his stomach. Due to his previous injuries, the child was unable to roll off of his stomach. The PS discovered the child in cardiac arrest.

OCFS Review Results:

CCDSS reviewed all history and pertinent documents regarding the initial injuries from 2016. CCDSS made contact with appropriate collaterals, assessed the safety of the children, interviewed all parties, completed safety assessments and progress notes adequately and on time, and made an appropriate determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/28/2016	Sibling, Female, 4 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 4 Years	Father, Male, 28 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

The SCR report alleged the father had hit the SS for unknown reasons. As a result, the SS sustained bruising to her right eye, collarbone, and the back of her legs.

Report Determination: Unfounded**Date of Determination:** 12/22/2016**Basis for Determination:**

The father denied the allegations and the SS made no disclosures of being hit by her father or anyone else. SS was in counseling and made no disclosures to her counselor. Collaterals denied having concerns for the SS being hit while in the father's care.

OCFS Review Results:

CCDSS made contact with appropriate collaterals, assessed the safety of the children, interviewed all parties, completed safety assessments and progress notes adequately and on time, and made an appropriate determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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10/13/2016	Sibling, Female, 4 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 5 Months	Mother, Female, 26 Years	Choking / Twisting / Shaking	Substantiated	
	Deceased Child, Male, 5 Months	Mother, Female, 26 Years	Fractures	Substantiated	
	Deceased Child, Male, 5 Months	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 5 Months	Mother, Female, 26 Years	Internal Injuries	Substantiated	
	Deceased Child, Male, 5 Months	Mother, Female, 26 Years	Lacerations / Bruises / Welts	Substantiated	
	Deceased Child, Male, 5 Months	Mother, Female, 26 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 5 Months	Mother, Female, 26 Years	Swelling / Dislocations / Sprains	Substantiated	
	Deceased Child, Male, 5 Months	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The SCR report stated, while in the care of his mother, the 5-month-old male child sustained a skull fracture and subdural swelling and bleeding. The mother provided two explanations for the injuries and neither were consistent with the extent of the injuries, which made them suspicious. The father and the 3-year-old daughter had unknown roles.

Report Determination: Indicated**Date of Determination:** 11/22/2016**Basis for Determination:**

The mother admitted to shaking the child on more than one occasion, dropping him, throwing him into his crib, and dropping a remote control on his face. The child sustained lifelong developmental disabilities which included possible blindness and an inability to walk.

OCFS Review Results:

The family's CPS history was reviewed, the sibling's safety was assessed within 24 hours, multiple collaterals were contacted, all parties were interviewed, and an alternate caregiver plan was made to keep both children safe. The mother was not allowed unsupervised contact with either child. Preventive services were provided. An abuse petition was filed.

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 7 days late.

Legal Reference:

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

Action:

LDSS will complete all safety assessments in accordance with statutory requirements.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/25/2016	Sibling, Female, 3 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	Yes



Deceased Child, Male, 3 Months	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated
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Report Summary:

An SCR report alleged the mother and father had a female 3-year-old child and a male 3-month-old child. Within a recent time of the intake of this report, the father physically assaulted the mother while the children were home. There were no further details.

Report Determination: Unfounded**Date of Determination:** 09/29/2016**Basis for Determination:**

In August, there was a physical incident between the mother and father; however, the children were in another room and unaware of what happened. The mother and father engaged in counseling and denied any further physical incidents occurred. The children were seen and did not appear to be aware of issues between the mother and father.

OCFS Review Results:

All required home visits and interviews were completed, notification letters were provided, and several collaterals were contacted. Safety assessments were completed accurately and on time. A thorough investigation was completed and an appropriate determination was made.

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

Issue:

Review of CPS History

Summary:

The SCR history was not reviewed until a month into the investigation and the day before the case was closed.

Legal Reference:

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

Action:

Within 1 business day of the oral report date, the child protective service must review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded and FAR reports where the current report involves a subject of the unfounded or FAR report, a child named in the unfounded or FAR report or a child's sibling named in the unfounded or FAR report.

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

There was no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Preventive Services History

CCDSS filed an abuse petition against the mother for abusing SC and also filed on behalf of the SS as a derivative. As a result, a preventive case was opened on 11/2/16. The children were placed with their father and an order of protection was issued so the mother would not have unsupervised contact with her children. CCDSS was heavily involved with the family and their services. The father obtained counseling for protective parenting and DV education. The mother also obtained counseling. The mother was sentenced to 2 years in jail and continued completing services in jail. The case was closed on 8/10/17.



Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to 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:
10/28/2016	Not Adjudicated	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	048280 Mother Female 27 Year(s)	
Comments:	There was a finding of abuse against the mother. The department withdrew their derivative petition against the mother for the SS. The father obtained full custody and placement of both children.	

Criminal Charge: Reckless endangerment Degree: 1

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	Mother	Unknown	Guilty
Comments:	The mother plead guilty and was sentenced to 2 years in jail. She remained in jail at the time of the child's death. Further charges were being contemplated since the child's death.		

Have any Orders of Protection been issued? Yes

From: 10/28/2016

To: Unknown

Explain:

There was an order of protection against the mother for both children. The mother was ordered to have supervised visitation with both children.

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