



**Report Identification Number: SY-18-039**

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

**Issue Date: Feb 11, 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:** 1 year(s)

**Jurisdiction:** Chenango  
**Gender:** Female

**Date of Death:** 08/27/2018  
**Initial Date OCFS Notified:** 08/28/2018

## Presenting Information

An SCR report alleged on 8/26/18, while in the care of the father, the SC was found by the father in her own vomit and unresponsive. The father placed SC in a bucket of mop water in an effort to revive her and then called 911 for medical assistance. EMS arrived and transported the SC to the hospital where she was placed on a ventilator. It was determined SC's injuries required a higher level of care and SC was transferred to another facility. It was determined SC sustained a defused anoxic injury, a brain injury, right subdural hematoma and respiratory failure and had bruises on her forehead, head and face. On 8/27/18, medical tests determined SC was brain dead and at approximately 11:05 PM, physicians stopped all medications and SC was taken off the ventilator. SC was pronounced dead at 11:12 PM and the cause of death was the result of the brain injury. The explanation provided by the father was inconsistent with the injuries.

## Executive Summary

On 8/28/18, the Chenango County Department of Social Services (CCDSS) received an SCR report regarding the death of the 1yo female. The report was subsequent to an SCR report received on 8/26/18, regarding the incident that lead to SC's death.

A joint investigation was conducted with LE. The investigation revealed that on 8/26/18, the SC suffered a fatal head injury while in the care of her father, at their family home. The father called 911 and reported the SC was not breathing. EMS arrived and transported SC via ambulance to Chenango Memorial Hospital, where she was placed on a ventilator. SC was transferred to Golisano Upstate Medical Center, where her condition deteriorated and it was determined she was brain dead. She was removed from the ventilator on 8/27/18 and was pronounced deceased at 11:12 PM. The twin sibling was present in the home at the time of the incident and was not injured; the mother was not home at the time of the incident. The father's account of the incident, that the SC fell and hit her head, was not consistent with the severity of her injuries. On 8/27/18, the father was charged with Assault 2nd and violation of parole and he was incarcerated. An order of protection was issued in Norwich City Court barring the father from contact with the mother and sibling.

Through a review of history, it was learned the parents were arrested in 2016 for the production and sale of methamphetamine. The father was incarcerated and the mother received probation. The father was released from prison in May 2018. After the fatal incident, he admitted to LE and CCDSS that he had relapsed on methamphetamine and that he was under the influence of the drug for several days prior to the incident. The mother admitted to having suspicions the father had relapsed on drugs, although she continued to leave the children in his care. After the incident, the mother and sibling stayed with the paternal grandfather and his home was assessed to be safe. A safety plan was implemented that the sibling would temporarily remain in the care of the paternal grandfather with the mother having supervised contact until she engaged in counseling.

On 10/4/18, CCDSS filed an Article 10 Abuse Petition against the father in Family Court and an order of protection was issued barring him from contact with the mother and sibling. On the same date, an Article 10 Neglect Petition was filed against the mother in Family Court and an order of protection was issued ordering that she cooperate with CCDSS, remain in counseling and not allow contact between the father and sibling.

An autopsy was performed and on 10/24/18, the final report was received. The cause of death was determined to be blunt force head injury and the manner of death was homicide. The toxicology report showed SC's blood was positive for



methamphetamine. The father was subsequently indicted by the Grand Jury on Assault 2nd, Manslaughter 2nd and Criminally Negligent Homicide.

CCDSS appropriately substantiated the allegations of the 8/26/18 and 8/28/18 reports, as it was determined the SC suffered non-accidental injuries while in the care of the father and died from her injuries and that the mother failed to protect the children by allowing the father to care for the children despite suspicions he had been using methamphetamine. CCDSS adequately assessed the safety of the sibling throughout the investigation, although they did not document the assessment in the required 30-day Safety Assessment and 30-day Fatality Report. These assessments were promptly completed once this oversight was brought to their attention.

CCDSS opened an ongoing CPS services case, and at the time of this writing, the mother remained engaged in counseling and had obtained a new apartment with the assistance of CCDSS. The Family Court petitions and criminal charges were pending.

### PIP Requirement

CCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the CCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, CCDSS will review the plan and revise as needed to address ongoing concerns.

## 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

### Explain:

The decision to indicate and open the case for ongoing CPS services was appropriate.

**Was the decision to close the case appropriate?** N/A

**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 was detailed supervisory consultation throughout the investigation and 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

|                         |  |
|-------------------------|--|
| <b>Issue:</b>           | Timely/Adequate 30-Day Safety Assessment   |
| <b>Summary:</b>         | The 30-day safety assessment was due by 9/28/18 and was completed on 10/18/18.   |
| <b>Legal Reference:</b> | CPS Program Manual, Chapter 6, K-2   |
| <b>Action:</b>          | A safety assessment will be completed and approved by a supervisor within 30 days of a report if such report contains the allegation of DOA/Fatality, in accordance with statutory requirements. |
| <b>Issue:</b>           | The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.                  |
| <b>Summary:</b>         | The 30-day Fatality Report was due by 9/28/18 and was completed on 10/18/18.   |
| <b>Legal Reference:</b> | CPS Program Manual, Chapter 6, K-2   |
| <b>Action:</b>          | The Child Protective Service is required to complete the 30-Day Fatality Report within 30 days of receipt of a report alleging the death of a child as a result of child abuse or maltreatment.  |

### Fatality-Related Information and Investigative Activities

#### Incident Information

**Date of Death:** 08/27/2018

**Time of Death:** 11:12 PM

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

08/26/2018

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

06:00 PM

**County where fatality incident occurred:**

Chenango

**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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

**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 | 1 Year(s)  |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 28 Year(s) |
| Deceased Child's Household | Mother         | No Role             | Female | 27 Year(s) |
| Deceased Child's Household | Sibling        | Alleged Victim      | Female | 1 Year(s)  |

**LDSS Response**

CCDSS initiated their investigation into the incident upon receipt of the 8/26/18 SCR report. CCDSS conducted a search of SCR history, spoke to the source and hospital staff, and coordinated efforts with LE. The sibling was assessed to be safe at the paternal grandfather's home, where the mother and sibling were staying after the incident.

The mother and father were interviewed by LE and CCDSS. It was learned the SC was developmentally delayed and was engaged in speech, occupational therapy and physical therapy services. She was healthy at the time of the incident and was not taking any medication. She had just started walking and talking and was not bonding as easily to the father, as the twin sibling was. The father became easily agitated about the SC's delays and often referred to her in negative terms. Both parents had a history of MH issues and were not engaged in counseling services. The father relapsed on methamphetamine and was using the drug regularly since his release from prison in May 2018. The mother said she suspected he was using drugs, although denied having direct knowledge of his drug use or an awareness of the severity of his use. The father admitted he had been using methamphetamine and had not slept for several days prior to "coming down" and getting some sleep on the night of 8/25/18. On 8/26/18, the father got up between 12:00 and 1:00 PM and the family spent the day together. The mother said the father was agitated and tired all day. The mother left the children in the father's care at 6:00 PM and went to the store. She returned home about 25-30 minutes later and the SC had already left the home in the ambulance.

The father reported the children were fussy so he was getting them a snack when the sibling accidentally pushed over a bucket of mop water in the kitchen. The father yelled and went to get a blanket to clean up the water. He heard a "thump" and then heard the sibling crying. He walked into the kitchen and saw the SC lying on the floor. When he picked her up, her head went backward and she wasn't looking at him. He placed the SC on the couch in the living room and looked for his phone. When he couldn't find it, he brought SC into the bathroom and placed her in a cold shower to "wake her up". He then found his phone and called 911 and the SC started gasping and became unresponsive. He placed her on the floor and EMTs arrived and told him she was in cardiac arrest.

Hospital staff stated SC had a catastrophic head injury and irreversible neurological damage. She was removed from life support when her condition continued to worsen. The autopsy report detailed the SC had a blunt force head injury with contusions on the forehead, nose, and lower lip, abrasions on her scalp and left cheek, an acute subdural hemorrhage, acute



subarachnoid hemorrhage and retinal hemorrhages, as well as bronchopneumonia and her blood test was positive for methamphetamine. Medical professionals determined the father’s explanation of SC’s injuries occurring from a fall, was not plausible.

The sibling’s safety was assessed throughout the investigation, the appropriate safety plan was implemented and necessary Family Court petitions were filed. The sibling received a non-accidental trauma exam and full body scan and was found to be healthy, with no injuries. CCDSS contacted multiple collaterals, including LE, first responders, hospital staff, ME, pediatrician, probation, parole, and the mother’s MH counselor. CCDSS appropriately substantiated the allegations, opened the case for ongoing CPS services and referred the family for the required services. The father remained incarcerated and his criminal charges were pending.

### 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 |
|--|-----------------------------------|-------------------------------|--------------------|
| 049045 - Deceased Child, Female, 1 Yrs | 049047 - Father, Male, 28 Year(s) | Lacerations / Bruises / Welts | Substantiated      |
| 049045 - Deceased Child, Female, 1 Yrs | 049047 - Father, Male, 28 Year(s) | Parents Drug / Alcohol Misuse | Substantiated      |
| 049045 - Deceased Child, Female, 1 Yrs | 049047 - Father, Male, 28 Year(s) | Internal Injuries             | Substantiated      |
| 049045 - Deceased Child, Female, 1 Yrs | 049047 - Father, Male, 28 Year(s) | DOA / Fatality                | Substantiated      |
| 049045 - Deceased Child, Female, 1 Yrs | 049047 - Father, Male, 28 Year(s) | Inadequate Guardianship       | Substantiated      |
| 049048 - Sibling, Female, 1 Year(s)    | 049047 - Father, Male, 28 Year(s) | Parents Drug / Alcohol Misuse | Substantiated      |
| 049048 - Sibling, Female, 1 Year(s)    | 049047 - Father, Male, 28 Year(s) | Inadequate Guardianship       | 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face?   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contact with source?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| All appropriate Collaterals contacted?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was a death-scene investigation performed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input 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 type="checkbox"/>            | <input checked="" 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"/> |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

**Explain:**  
The sibling's safety was adequately assessed, although the 30-Day Fatality Report and Safety Assessments were not completed within the required timeframe.

#### 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 checked="" type="checkbox"/> | <input 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"/> |
| <b>Explain:</b><br>CCDSS adequately assessed risk and filed Article 10 Abuse/Neglect Petitions in Family Court to obtain court ordered services.      |                                     |                          |                          |                          |

### 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

|                    |  |                                 |
|--------------------|--|---------------------------------|
| <b>Date Filed:</b> | <b>Fact Finding Description:</b>   | <b>Disposition Description:</b> |
| 10/04/2018         | There was not a fact finding   | There was not a disposition     |
| <b>Respondent:</b> | 049046 Mother Female 27 Year(s)  |                                 |
| <b>Comments:</b>   | An Article 10 Neglect Petition was filed against the mother in Family Court and was pending at the time this report was written. |                                 |

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

|                    |  |                                 |
|--------------------|--|---------------------------------|
| <b>Date Filed:</b> | <b>Fact Finding Description:</b>   | <b>Disposition Description:</b> |
| 10/04/2018         | There was not a fact finding   | There was not a disposition     |
| <b>Respondent:</b> | 049047 Father Male 28 Year(s)  |                                 |
| <b>Comments:</b>   | An Article 10 Abuse Petition was filed against the father in family Court and was pending at the time this report was written. |                                 |



| Criminal Charge: Assault Degree: 2  |               |                      |                                       |
|---|---------------|----------------------|---------------------------------------|
| Date Charges Filed:   | Against Whom? | Date of Disposition: | Disposition:                          |
| 08/27/2018  | The father    | Pending              | Indicted on Assault 2nd by Grand Jury |
| <b>Comments:</b> The father was charged with Assault 2nd and on 10/24/2018 the Grand Jury indicted him. The charge is pending in court. |               |                      |                                       |

| Criminal Charge: Manslaughter Degree: 2   |               |                      |  |
|---|---------------|----------------------|--|
| Date Charges Filed:   | Against Whom? | Date of Disposition: | Disposition:                               |
| 10/24/2018  | The father    | Pending              | Indicted on Manslaughter 2nd by Grand Jury |
| <b>Comments:</b> On 10/24/18, the father was Indicted on Manslaughter 2nd by the Grand Jury and the charge is pending in court. |               |                      |  |

| Criminal Charge: Criminally negligent homicide Degree: NA  |               |                      |   |
|--|---------------|----------------------|---|
| Date Charges Filed:  | Against Whom? | Date of Disposition: | Disposition:                              |
| 10/24/2018   | The father    | Pending              | Indicted on Criminally Negligent Homicide |
| <b>Comments:</b> On 10/24/18, the father was Indicted on Criminally Negligent Homicide by the Grand Jury and the charge is pending in court. |               |                      |   |

| Have any Orders of Protection been issued? Yes   |                       |
|--|-----------------------|
| <b>From:</b> 10/17/2018  | <b>To:</b> 04/17/2019 |
| <b>Explain:</b><br>An Order of Protection was issued in Family Court ordering the father to stay away from the mother and sibling.   |                       |
| <b>From:</b> 10/17/2018  | <b>To:</b> 04/17/2019 |
| <b>Explain:</b><br>An Order of Protection was issued in family Court ordering the mother to cooperate with CCDSS and follow any recommendations including but not limited to: remaining engaged in MH counseling and allowing access to her home and the sibling. It was also ordered that the mother allow no contact between the sibling and the father. |                       |
| <b>From:</b> 08/27/2018  | <b>To:</b> 02/26/2019 |
| <b>Explain:</b><br>An Order of Protection was issued in Norwich City Court ordering the father to stay away from the mother and sibling.   |                       |

**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 |
|----------|----------------------|----------------------|--------------------------|-------------|------------------------|-----|----------------------|
|----------|----------------------|----------------------|--------------------------|-------------|------------------------|-----|----------------------|



|   |                                     |                          |                                     |                          |                          |                                     |                          |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Bereavement counseling</b>               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Economic support</b>                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Funeral arrangements</b>                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Housing assistance</b>                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Mental health services</b>               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Foster care</b>                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Health care</b>                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Legal services</b>                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family planning</b>                      | <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 type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Parenting Skills</b>                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Domestic Violence Services</b>           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Early Intervention</b>                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Alcohol/Substance abuse</b>              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Child Care</b>                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Intensive case management</b>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family or others as safety resources</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                | <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:**

The sibling received a non-accidental trauma exam and full body scan to assess for any injuries.

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

**Explain:**

The mother engaged in MH counseling and was provided with housing assistance.

## 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? 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

| Date of SCR Report | Alleged Victim(s)               | Alleged Perpetrator(s)   | Allegation(s)                 | Allegation Outcome | Compliance Issue(s) |
|--------------------|---------------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 08/26/2018         | Deceased Child, Female, 1 Years | Father, Male, 28 Years   | Inadequate Guardianship       | Substantiated      | No                  |
|                    | Deceased Child, Female, 1 Years | Father, Male, 28 Years   | Internal Injuries             | Substantiated      |                     |
|                    | Deceased Child, Female, 1 Years | Father, Male, 28 Years   | Lacerations / Bruises / Welts | Substantiated      |                     |
|                    | Deceased Child, Female, 1 Years | Mother, Female, 27 Years | Inadequate Guardianship       | Substantiated      |                     |
|                    | Sibling, Female, 1 Years        | Mother, Female, 27 Years | Inadequate Guardianship       | Substantiated      |                     |
|                    | Sibling, Female, 1 Years        | Father, Male, 28 Years   | Inadequate Guardianship       | Substantiated      |                     |

**Report Summary:**

An SCR report alleged on 8/26/18, while in the care of the father, the 1yo SC sustained bruising across her forehead, around her left eye, on her left shoulder, bilateral bruising under both eyes, bruising on the back of her head and a subdural hemorrhage. SC vomited, was unresponsive and was in respiratory arrest. It was unknown if SC was going to survive. No explanation was provided for how SC sustained the injuries, therefore they were considered suspicious in nature and the father was considered an alleged subject.

**Report Determination:** Indicated

**Date of Determination:** 10/29/2018

**Basis for Determination:**

The SC sustained significant head injuries while in the care of the father. She was taken to the hospital by ambulance and placed on a ventilator until 8/27/18, when she passed away. On 10/24/18, the father was indicted for Assault 2nd, Criminally Negligent Homicide and Manslaughter 2nd. The father admitted to using drugs in the days prior to the incident. The mother denied knowledge of the extent of the father's drug use since his release from jail, although had suspicions he was using, and continued to leave the children alone with him. An Article 10 Abuse Petition was filed against the father and a Neglect Petition was filed against the mother and the case was opened for CPS services.

**OCFS Review Results:**

CCDSS interviewed the parents and contacted the necessary collaterals. Safety assessments and the RAP were completed accurately and on time. CCDSS appropriately filed Abuse/Neglect Petitions in Family Court to obtain court ordered services and obtained an order of protection barring the father from the mother and sibling.

**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) |
|--------------------|----------------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 07/10/2017         | Deceased Child, Female, 6 Months | Mother, Female, 26 Years | Inadequate Guardianship       | Unsubstantiated    | No                  |
|                    | Deceased Child, Female, 6 Months | Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Unsubstantiated    |                     |
|                    | Sibling, Female, 6 Months        | Mother, Female, 26 Years | Inadequate Guardianship       | Unsubstantiated    |                     |



|                           |                          |                               |                 |
|---------------------------|--------------------------|-------------------------------|-----------------|
| Sibling, Female, 6 Months | Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Unsubstantiated |
|---------------------------|--------------------------|-------------------------------|-----------------|

**Report Summary:**

An SCR report alleged the mother was diagnosed with a MH disorder and was not taking her prescribed medication. The mother was abusing marijuana and alcohol on a regular basis while caring for the children. The mother was having thoughts of killing herself and the children were in her care. Three weeks prior, the mother cut her wrists and she did not seek medical treatment. She had attempted suicide on another occasion in the past and was hospitalized. The mother regularly left the children in the care of people she didn't know.

**Report Determination:** Unfounded **Date of Determination:** 09/30/2017

**Basis for Determination:**

The mother denied having a MH diagnosis, prior suicide attempts or recent thoughts of self-harm. The mother had several negative drug screens and during the investigation was discharged, although had plans to re-engage in substance abuse treatment. The mother was compliant with probation requirements, the children appeared to be well cared for and the pediatrician had no concerns.

**OCFS Review Results:**

CCDSS interviewed the mother and the children were observed on multiple occasions. The home was assessed for safety and safe sleep was discussed. The necessary collaterals were contacted and safety assessments and the RAP were completed accurately and on time. The father was not interviewed in jail, although he was provided with a Notice of Existence letter.

**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) |
|--------------------|----------------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 02/15/2017         | Deceased Child, Female, 2 Months | Mother, Female, 26 Years | Inadequate Guardianship       | Unsubstantiated    | Yes                 |
|                    | Deceased Child, Female, 2 Months | Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Unsubstantiated    |                     |
|                    | Sibling, Female, 2 Months        | Mother, Female, 26 Years | Inadequate Guardianship       | Unsubstantiated    |                     |
|                    | Sibling, Female, 2 Months        | Mother, Female, 26 Years | Parents Drug / Alcohol Misuse | Unsubstantiated    |                     |

**Report Summary:**

An SCR report alleged the mother abused methamphetamine and alcohol to the point of impairment while being the sole caretaker of the children and sold the drug in the presence of the children. When the mother became impaired, her behavior was erratic and violent. The mother was diagnosed with a MH disorder, refused to take her medication and became violent. On 2/14/17, the mother put a pillow over one of the children's faces as the child was crying. As a result, the child became blue and was having difficulty breathing. The mother also hit and spanked the children and left them with strangers on a frequent basis.

**Report Determination:** Unfounded **Date of Determination:** 04/28/2017

**Basis for Determination:**

The mother was on probation and the father was in jail due to a 9/7/16 arrest for unlawful manufacturing of methamphetamine and possession of precursors of methamphetamine. The mother denied having knowledge the father was manufacturing the drug and she denied using drugs. The mother completed a drug test and the substance abuse counselor confirmed she tested negative for all drugs. CCDSS spoke to the pediatrician and the aunt that the mother and children were residing with. They confirmed the children's needs were being met and they had no concerns for the children's care. The mother was referred to community based services and the case was closed.

**OCFS Review Results:**

CCDSS interviewed the mother, observed the children, assessed the home multiple times and spoke to relatives, the pediatrician and the mother's probation officer. Notice of Existence letters were provided to the parents and safety assessments and the RAP were completed accurately. CCDSS appropriately referred the mother for a substance abuse evaluation and provided safe sleep education. Thirteen progress notes were entered up to two months after the event date.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Thirteen progress notes were entered up to two months after the event date.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

CCDSS will enter progress notes as contemporaneously as possible.

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

There is no CPS history more than 3 years prior to the fatality.

**Known CPS History Outside of NYS**

There is no known CPS history outside of New York State.

**Preventive Services History**

A Preventive Services case opened 2/16/18 with the mother and children. The mother had unresolved MH issues, she was feeling overwhelmed with caring for the children on her own, and she was considering surrendering the children for adoption or signing a voluntary placement agreement. The mother accepted Voluntary Preventive Services to assist her in caring for the children. The mother and children were residing with the paternal grandfather while the father was in jail and needed to find housing when the father was released. CCDSS provided the mother with a portable crib and assisted her with obtaining daycare. The SC was referred for an Early Intervention evaluation and she qualified for speech, physical therapy and occupational therapy services. CCDSS referred the family to Liberty Resources Family Intervention Program on 4/12/18 for assistance with finding stable housing and obtaining MH and substance abuse services. The mother obtained stable housing, remained engaged with Probation and began MH services, although was discharged from MH services for non-compliance after only 1 appointment. The father was released from prison on 5/18/18 and he did not want to participate in a Preventive Services case. The case closed on 6/14/18 at the request of the parents.

**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