



Report Identification Number: RO-18-016

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

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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: 3 year(s)

Jurisdiction: Seneca
Gender: Male

Date of Death: 05/16/2018
Initial Date OCFS Notified: 05/17/2018

Presenting Information

An SCR report was received on 5/17/18, that alleged the SC was found unconscious in his home on 5/12/18. As a result of extensive injuries, the SC was admitted to the hospital and placed on life support. The SC had bruises throughout his entire body and the explanation provided by the SM and PS was inconsistent with the injuries. The SC succumbed to his injuries and died on 5/16/18. There was an open CPS investigation at the time of the SC's death, as a result of an SCR report regarding the SC's injuries. The initial CPS report was received on 5/13/18, after the SC was admitted to the hospital as the result of his injuries. The SM and PS were the sole caregivers for the SC in the time leading up to his injuries and ultimate death.

Executive Summary

This report concerns the death of the 3yo male SC. On 5/17/18 Seneca County Department of Social Services (SCDSS) received an SCR report regarding the death of the SC. SCDSS also had an open CPS investigation at the time of the SC's death. SCDSS first became involved with the SM, PS and SC on 5/13/18 when they received the initial SCR report regarding injuries sustained by the SC. The explanation that the SM and PS provided was that the SC fell down the stairs. The SC's injuries were extensive and not consistent with the explanation provided. The SM and PS were the sole caregivers for the child in the time preceding his injuries, and there was a concern the injuries were inflicted. SCDSS removed the SC from the custody of the SM and PS on 5/15/18, while he was hospitalized. The SC was placed in the care and custody of the Commissioner of SCDSS.

On 5/12/18 at around 11:40 PM, 911 was called by the SM and PS to report the SC had fallen down the stairs and was found unresponsive. EMS, LE and the fire department responded and found the SC unconscious and struggling to breathe. The SC was airlifted to the ER and treatment began. The SC suffered several life threatening conditions as the result of trauma. The SC was unable to breathe independently and placed on life support. Over the course of several days, the SC was treated and medical testing was performed. Doctors found the SC's brain had gone without oxygen for an extended period of time. The SC was deemed brain dead and had a poor prognosis for recovery. The SC was removed from life support and succumbed to his injuries on 5/16/18.

SCDSS learned the SM, PS and SC had recently moved to New York from the state of Massachusetts. SCDSS contacted The Massachusetts Department of Children and Families (MDCF) and learned they had an open investigation with the SM and SF from January 2018. MDCF was reluctant to provide records, but did share that their investigation began after there was a report made regarding the SC breaking his leg. They had spoken with the doctor that treated the injury and there were no documented medical concerns regarding the injury. The PS and SM had told the Dr. and MDCF the SC was jumping on the sofa and fell off, causing the break. MDCF also reported allegations of sexual abuse of the SC and alcohol or drug misuse by the PS. The family relocated to New York before they could conclude their investigation.

The ME performed an autopsy and the final report listed the manner of death as homicide and the cause of death as blunt impact injuries of the head. The SC's medical record evidenced the SC had a subdural hematoma, respiratory failure after trauma, anemia, cardiac arrest, elevated liver enzymes, a coagulation problem, pulmonary edema, head trauma, bruises, brain edema and coma.

LE investigated jointly with SCDSS and shared information gathered. The PS and SM were indicted by a grand jury on 5/17/18, after being arrested for causing the injuries to the SC. The charges were murder in the 2nd degree, manslaughter



in the 1st degree, manslaughter in the 2nd degree, reckless assault of a child, assault in the 2nd degree, endangering the welfare of a child and criminal possession of a weapon in the 4th degree. The criminal proceedings were ongoing at the time of this writing.

SCDSS completed all safety assessments and reports accurately and timely. SCDSS spoke with numerous collateral contacts throughout their investigation and recorded case notes contemporaneously. SCDSS also interviewed the SM and PS numerous times before their arrest. SCDSS gathered sufficient information to substantiate the allegations of DOA/Fatality, II, IG and L/B/W against the SM and PS regarding the SC.

SCDSS spoke with the SC's BF and notified him of the report. SCDSS also contacted MDCF to request that he be offered services through their department. SCDSS did not offer services to the SM and PS as they were incarcerated.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? Yes

Determination:

- 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:
It was appropriate to conclude the investigation. There were no surviving children and the SM and PS were incarcerated due to criminal charges.

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: 05/16/2018

Time of Death: 01:42 PM

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

05/12/2018

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

Unknown

County where fatality incident occurred:

Seneca

Was 911 or local emergency number called?

Yes

Time of Call:

11:40 PM

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

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

At time of incident supervisor was: Unknown if they were 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	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Stepfather	Alleged Perpetrator	Male	38 Year(s)
Other Household 1	Father	No Role	Male	46 Year(s)

LDSS Response

On 5/17/18, SCDSS received an SCR report regarding the death of the SC. SCDSS initiated their investigation immediately and coordinated their efforts with LE. SCDSS also called the source, DA, ME, hospital staff, and first responders to begin gathering information regarding the incident that led to the SC's hospitalization and ultimate death. SCDSS performed a CPS and criminal history check, and found no history for the SM and PS in New York State. The SC had no SS and no other children resided in his home.

SCDSS interviewed the SM and PS multiple times with LE. They both stated the SC had fallen down the stairs at about 10:30PM on 5/12/18. They both stated they heard the SC fall, but did not see him. They heard the noise and then found the SC lying on the floor twitching. They were unable to wake him and brought him outside for cold air. The air did not rouse him, so they splashed water on him. They said when the water failed to wake the SC, they called 911. The SM and PS also reported the SC had fallen down the stairs 3 weeks prior to the fatal event, but he was fine afterward and they did not take him to the Dr. The SM and PS denied alcohol or drug use. The PS was observed to be jittery and presented with disorganized thoughts during multiple interviews. The PS did state he had several MH conditions and took medication for them. He reported previously attending MH treatment in Massachusetts. The PS also reported a criminal history of assault



and battery, for which he was incarcerated.

SCDSS spoke with first responders and learned when they responded to the 911 call the SC was found unconscious and gasping for air. The SC was observed to have uneven pupils and be underweight for his age. The SC was lying on the kitchen floor and was soaked with water. The SM and PS reported the SC had fallen down the stairs and they splashed him with water to try to wake him, before calling 911. First responders reported the SM and PS had a flat affect and were very calm and unconcerned considering the SC's condition. They determined the SC had to be airlifted to the ER. The SC's clothing was removed to connect him to medical equipment. All first responders reported it was then that they saw he was covered in bruises in all stages of healing.

LE re-interviewed the SM and told SCDSS she disclosed she had lied about the SC falling down the stairs. SM told LE that the PS had been hitting the SC with a belt and his hand in the weeks preceding the SC's death. The SM disclosed the PS was frequently annoyed by the SC's need for the SM and his whining and crying. The SM said the SC had defecated in his pants and smeared it on the wall on 4/30/18. The PS questioned him about it and when the SC would not answer the PS, the PS hit the SC and picked him up by his shirt. The PS held the SC up head height, and then dropped him about 5 feet onto his head. The SC was unresponsive and his fingers were curled. They took him outside for air and splashed his face with water. The SC woke up and the SM stayed awake with him. The SM said on 5/10/18 the SC again smeared his feces on the wall. On 5/11/18 he was spanked for not answering why he did this. On 5/12/18 the PS and SM again questioned the SC from 7:00-10:00PM and the SC was hit when he would not provide answers to the questions. The PS then pushed the SC, causing him to fly into the air and land hitting his head on the floor. The SM stated the SC's fingers curled again and he became unresponsive. The SM stated they brought him outside for air and splashed his face with water, but it did not work as it previously had, so they called 911.

The BF stated he last saw the SC on 1/1/18 during a visit. The BF was unable to contact or locate the SM after that and did not know where she and the SC were residing.

SCDSS reviewed all the SC's medical records. The SC weighed 24.6 pounds at a 4/30/18 Dr. visit and on 5/14/18 he weighed 20 pounds. The SC was underweight for his age.

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? 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
047743 - Deceased Child, Male, 3 Yrs	047745 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Substantiated



047743 - Deceased Child, Male, 3 Yrs	047745 - Mother, Female, 38 Year(s)	Internal Injuries	Substantiated
047743 - Deceased Child, Male, 3 Yrs	047744 - Stepfather, Male, 38 Year(s)	DOA / Fatality	Substantiated
047743 - Deceased Child, Male, 3 Yrs	047744 - Stepfather, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
047743 - Deceased Child, Male, 3 Yrs	047744 - Stepfather, Male, 38 Year(s)	Internal Injuries	Substantiated
047743 - Deceased Child, Male, 3 Yrs	047745 - Mother, Female, 38 Year(s)	DOA / Fatality	Substantiated
047743 - Deceased Child, Male, 3 Yrs	047745 - Mother, Female, 38 Year(s)	Lacerations / Bruises / Welts	Substantiated
047743 - Deceased Child, Male, 3 Yrs	047744 - Stepfather, Male, 38 Year(s)	Lacerations / Bruises / Welts	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input 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 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:
Unknown	SM	Pending	Pending
Comments: The SM was charged with multiple offenses regarding the injuries to the SC.			

Criminal Charge: Murder Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	SM	Pending	Pending
Comments: The SM was charged with multiple offenses regarding the injuries to the SC.			

Criminal Charge: Manslaughter Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	SM	Pending	Pending
Comments: The SM was charged with multiple offenses regarding the injuries to the SC.			

Criminal Charge: Manslaughter Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	SM	Pending	Pending
Comments: The SM was charged with multiple offenses regarding the injuries to the SC.			

Criminal Charge: Reckless assault of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	SM	Pending	Pending
Comments: The SM was charged with multiple offenses regarding the injuries to the SC.			

Criminal Charge: Other - Criminal possession of a weapon Degree: 4			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	SM	Pending	Pending
Comments: The SM was charged with multiple offenses regarding the injuries to the SC.			

Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	PS	Pending	Pending
Comments: The PS was charged with multiple offenses regarding the injuries to the SC.			



Criminal Charge: Murder Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	PS	Pending	Pending
Comments:	The PS was charged with multiple offenses regarding the injuries to the SC.		

Criminal Charge: Manslaughter Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	PS	Pending	Pending
Comments:	The PS was charged with multiple offenses regarding the injuries to the SC.		

Criminal Charge: Manslaughter Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	PS	Pending	Pending
Comments:	The PS was charged with multiple offenses regarding the injuries to the SC.		

Criminal Charge: Assault Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	PS	Pending	pending
Comments:	The PS was charged with multiple offenses regarding the injuries to the SC.		

Criminal Charge: Reckless assault of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	PS	Pending	Pending
Comments:	The PS was charged with multiple offenses regarding the injuries to the SC.		

Criminal Charge: Other - Criminal possession of a weapon Degree: 4			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	PS	Pending	Pending
Comments:	The PS was charged with multiple offenses regarding the injuries to the SC.		

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality



Child Fatality Report

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

Additional information, if necessary:
 There were no surviving siblings or other children in the home. The PS and SM were incarcerated within days of the SC's hospitalization and would not speak with SCDSS.

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

Explain:
 The SM and the PS were criminally charged with the death of the SC and incarcerated within days of his hospitalization. The SM and PS were unwilling to speak with SCDSS after their arrest.

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? N/A
- Was the child acutely ill during the two weeks before death? Yes



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)
05/13/2018	Deceased Child, Male, 3 Years	Mother, Female, 38 Years	Choking / Twisting / Shaking	Substantiated	No
	Deceased Child, Male, 3 Years	Mother, Female, 38 Years	Excessive Corporal Punishment	Substantiated	
	Deceased Child, Male, 3 Years	Mother, Female, 38 Years	Fractures	Substantiated	
	Deceased Child, Male, 3 Years	Mother, Female, 38 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 3 Years	Mother, Female, 38 Years	Internal Injuries	Substantiated	
	Deceased Child, Male, 3 Years	Mother, Female, 38 Years	Lacerations / Bruises / Welts	Substantiated	
	Deceased Child, Male, 3 Years	Mother, Female, 38 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 3 Years	Mother, Female, 38 Years	Malnutrition / Failure to Thrive	Substantiated	
	Deceased Child, Male, 3 Years	Other - Parent Substitute, Male, 38 Years	Choking / Twisting / Shaking	Substantiated	
	Deceased Child, Male, 3 Years	Other - Parent Substitute, Male, 38 Years	Excessive Corporal Punishment	Substantiated	
	Deceased Child, Male, 3 Years	Other - Parent Substitute, Male, 38 Years	Fractures	Substantiated	
	Deceased Child, Male, 3 Years	Other - Parent Substitute, Male, 38 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 3 Years	Other - Parent Substitute, Male, 38 Years	Internal Injuries	Substantiated	
	Deceased Child, Male, 3 Years	Other - Parent Substitute, Male, 38 Years	Lacerations / Bruises / Welts	Substantiated	
	Deceased Child, Male, 3 Years	Other - Parent Substitute, Male, 38 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Male, 3 Years	Other - Parent Substitute, Male, 38 Years	Malnutrition / Failure to Thrive	Substantiated	

Report Summary:

An SCR report alleged that on 5/12/18 the SC became unconscious as a result of trauma to his body, while in the care of the PS and SM. The SC had bruising to his chin, chest, sternum, ribs, arms and legs that were in various stages of healing. The SM and PS reported the SC sustained the injuries from falling down the stairs, but this was not consistent with the injuries.

Report Determination: Indicated

Date of Determination: 07/19/2018

**Basis for Determination:**

SCDSS found credible evidence that the SM and PS had caused the injuries to the SC as reported to the SCR. The SC died as a result of the injuries on 5/16/18. The SM admitted that the PS had previously broken the child's leg, in addition to the SC's presenting injuries. The SM stated in the days leading up to the report, the PS had hit the SC with a belt and picked him up and dropped him on his head. The SC became unconscious and the SM and PS failed to seek medical attention. The SM stated that on 5/12/18, the PS pushed the SC, causing the SC to fall and again hit his head. The SM failed to intervene and protect the SC.

OCFS Review Results:

SCDSS jointly investigated the report with LE. All safety assessments and the risk assessment were completed properly.

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

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

There is no CPS history in New York State more than 3 years prior to the fatality.

Known CPS History Outside of NYS

The SM and PS were the subject of one or more CPS reports in Massachusetts in January of 2018. NCDSS contacted MDCF throughout the fatality investigation in an effort to get case records and details of the investigations. Massachusetts was unwilling to provide this information. The caseworker in Massachusetts did report they had received information alleging the SC suffered a broken leg, had unexplained weight loss, sexual abuse, and the PS appeared intoxicated while the SC was in the car with him.

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care:

Date of placement with most recent caregiver?

Unknown

How did the child(ren) enter placement?

Emergency removal without Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine



Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Was the certification/approval for the placement current?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: The SC was in the care and custody of SCDSS for 1 day before his death. The SC was hospitalized for that period of time.				

Foster Care Placement History

The SC was removed from the SM and PS on 5/13/18 as the result of the investigation that was open at the time the SC died. The SC succumbed to his injuries on 5/16/18 and the foster care case was concluded, as there were no surviving children in the home.

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:
	There was not a fact finding	There was not a disposition
Respondent:	047744 Stepfather Male 38 Year(s)	
Comments:	The SC was removed on 5/13/18 under Article 10 of the Family Court Act. A 1027 Hearing was held on 5/15/18 and the SM agreed for the SC to remain in Foster Care.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	There was not a disposition
Respondent:	047745 Mother Female 38 Year(s)	
Comments:	The SC was removed on 5/13/18 under Article 10 of the Family Court Act. A 1027 Hearing was held on 5/15/18 and the SM agreed for the SC to remain in Foster Care.	

Criminal Charge: Assault Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	SM	Pending	Pending
Comments:	The SM was charged with multiple offenses regarding the injuries to the SC.		



Have any Orders of Protection been issued? Yes

From: Unknown

To: Unknown

Explain:

An OP was put in place on 5/15/18 against the SM and PS.

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