

Report Identification Number: SV-17-004

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

Issue Date: May 16, 2017

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 | |

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 |
| CPR-Cardio-pulmonary Resuscitation | | |

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-Others | |

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 | |

Case Information



Report Type: Child Deceased
Age: 8 year(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 01/26/2017
Initial Date OCFS Notified: 01/27/2017

Presenting Information

On 1/27/17 the SCR received a report regarding the death of the SC. It was reported on 1/25/17 the SC was taken to the hospital for a fever. The SC was sent home and given medicine to reduce his fever. The SC was kept home from school the next day, 1/26/17 by the SM. Later in the evening the SM found the SC in his bed unresponsive, with an extremely high fever. The SM called 911 and the SC was taken to the hospital. The SC's condition continued to worsen, and on 1/26/17 at 11:54pm the SC was pronounced dead. A CAT scan of the SC's head showed a hematoma on the brain and swelling to the brain. The SC also had swelling around his left eye and broken blood vessels in the eye. It was unknown if the swelling to the brain and eye were the result of physical abuse, or caused by infection. There was a younger SS in the home of the SM. The BF lived in another residence.

Executive Summary

This fatality report concerns the death of an 8-year-old male SC that occurred on 1/26/17. At the time of this report the cause and manner of death were pending a completed autopsy. An SCR report was received on 1/27/17 regarding the death of the SC. At the time of the SCR report it was unknown if the presenting conditions of the SC were the result of an inflicted injury, or an infection.

In addition to the SCR report, there was an open CPS Investigation at the time of the SC's death. The report concerned a DV incident that occurred between the SM and BF of the SS, in the presence of the SC and SS. The BF of the SS was the subject of that SCR report and he was criminally charged in relation to the incident.

The death of the SC was investigated by SCDSS. LE and the DA were promptly contacted as part of the investigation, but no LE investigation was done. No criminal charges were pursued by LE in relation to the fatality. SCDSS spoke with both the SM and BF of the SC numerous times throughout the investigation. SCDSS contacted hospital staff and the pediatrician for both the SC and the SS, in addition to speaking with staff from the SC's school, and a previous childcare provider for the SS. SCDSS did not make an attempt to contact first responders. The safety of the SS was assessed within 24 hours and no concerns were noted.

SCDSS reviewed Connections, LDSS records and did a criminal background screening as part of their investigation. Through collateral and casework contacts, SCDSS was able to gather sufficient information to determine there were no concerns regarding the care of either child and ongoing safety of the SS. SCDSS made the determination to unfound the case against the SM because evidence gathered was supportive of this finding. Although the autopsy of the SC was not completed at the time of the report, medical staff and the ME offered no information to suggest the SC was abused or maltreated.

SCDSS offered the SM and BF assistance with the burial of the SC and bereavement services. The family reported they did not need assistance with the burial and took referrals for counseling for future use. Both the SM and the BF reported they had a strong network of friends and family that would serve as a source of support. SCDSS also offered the SM preventive services, but the SM declined these services.

OCFS review of the involvement of SCDSS with the family resulted in citations related to overall casework practice.



In response, SCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action has been taken, or will be taken, to address the cited issues. For citations where a PIP is currently implemented, SCDSS will review the plan(s) and revise as needed to further 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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:
There were sufficient contacts made throughout the investigation to gather information and make a determination on the allegations.

Required Actions Related to the Fatality

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

| | |
|-------------------------|--|
| Issue: | Contact/Information From Reporting/Collateral Source |
| Summary: | SCDSS did not attempt to contact the emergency personnel that responded to the home the day of the fatality. It is imperative to make contact with all collaterals that can provide information in the fatality investigation. |
| Legal Reference: | 18 NYCRR 432.2(b)(3)(ii)(b) |
| Action: | SCDSS will contact all possible appropriate collateral contacts during a fatality investigation. |

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 01/26/2017

Time of Death: 11:54 PM

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

County where fatality incident occurred:

SUFFOLK

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to 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

How long before incident was the child last seen by caretaker? 1 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

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 | 8 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 31 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 6 Month(s) |
| Other Household 1 | Father | No Role | Male | 32 Year(s) |

LDSS Response

After receiving an SCR report regarding the death of the SC on 1/27/17, SCDSS immediately contacted the DA, LE and the ME. The 6-month-old SS was seen within 24-hours and determined to be safe. Appropriate sleeping arrangements were observed and safe sleep was discussed with the BM. The BF of the SS was not interviewed regarding the death of the SC because there was an order of protection in place against him regarding the SM, SC and SS. The BF of the SS was in custody of law enforcement and had no contact with the SC immediately preceding the fatality.



SCDSS spoke with the SM and BF, who reported the SC was taken to the hospital via ambulance on 1/26/17 at around 6:00 pm. On 1/25/17 the SC had a fever while at school and was sent home. The BF picked up the SC and took him home and the SM came home from work to care for him. The SC complained of a headache and the SM gave him over the counter pain reliever/fever reducer. The headache and fever continued through the day and in the evening the SM took the SC to the hospital. The hospital determined the SC had a virus and sent him home. The BM stayed with the SC throughout the following day and his previous symptoms continued, in addition to vomiting. The SC slept most of the day and was taken care of by both the SM and the BF who stopped at the home to check on him. At about 5:30 pm the SM reported finding the SC pale and unresponsive in her bed. After calling the BF, the SM called 911. The SC was taken to the hospital in an ambulance, accompanied by the SM. The BF arrived at the hospital shortly after. The SC was an otherwise healthy child.

While at the hospital the SC received several tests and waited to be transferred to a specialty children’s hospital. The SC passed away before he could be transported. Both the SM and BF were distraught over the loss of the SC. The blood tests for the SC came back positive for meningitis, and it was determined to be non-contagious. The ME performed an autopsy and the final results were pending at the time of this report. The ME implied the SC had no physical signs of abuse or trauma.

SCDSS spoke with the school, medical providers, family members and the babysitter for the SS. None of the collaterals contacted expressed any concern regarding the care of the SC or SS. The SM had a history of DV with the BF of the SS, but no history of DV with the BF of the SC. The SM was on probation for a traffic offense involving alcohol. The SM denied ongoing drug or alcohol misuse.

The allegations in this case were IG, DOA/Fatality, II and S/D/S against the SM regarding the SC. SCDSS made an appropriate determination to unsubstantiate all allegations. Although the ME was awaiting test results to declare an official cause and manner of death, there was no credible evidence to support the allegations. Medical professionals, including the ME, did not find any overt signs of abuse or neglect and reported the hematoma and brain swelling that was initially found could be linked to an infection.

Official Manner and Cause of Death

Official Manner: Pending
Primary Cause of Death: Unknown
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

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|-------------------|------------------------|---------------|--------------------|
|-------------------|------------------------|---------------|--------------------|



| | | | |
|--------------------------------------|-------------------------------------|-----------------------------------|-----------------|
| 035662 - Deceased Child, Male, 8 Yrs | 035663 - Mother, Female, 31 Year(s) | Swelling / Dislocations / Sprains | Unsubstantiated |
| 035662 - Deceased Child, Male, 8 Yrs | 035663 - Mother, Female, 31 Year(s) | Internal Injuries | Unsubstantiated |
| 035662 - Deceased Child, Male, 8 Yrs | 035663 - Mother, Female, 31 Year(s) | DOA / Fatality | Unsubstantiated |
| 035662 - Deceased Child, Male, 8 Yrs | 035663 - Mother, Female, 31 Year(s) | Inadequate Guardianship | Unsubstantiated |

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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact with source? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Responders | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 safety 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Siblings/ other children in the household within 24 hours? | | | | |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

Fatality Risk Assessment / Risk Assessment Profile

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of the family's need for services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were appropriate/needed services offered in this case | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Placement Activities in Response to the Fatality Investigation

| | Yes | No | N/A | Unable to Determine |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation? | <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 | Needed but not Offered | Needed but Unavailable | N/A | CDR Lead to Referral |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Economic support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, specify: Preventive Services | | | | | | | |

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

Explain:

The BF and SM were offered bereavement services. SM declined because she reported she had support from family and friends and BF stated he would explore his options at a later time. SM was also offered community services to assist with transportation and she declined.

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? Yes

CPS - Investigative History Three Years Prior to the Fatality

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|---------------------------------------|---|-------------------------------|----------------|---------------------|
| 12/22/2016 | 14151 - Deceased Child, Male, 8 Years | 15281 - Other - Parent Substitute, Male, 34 Years | Inadequate Guardianship | Indicated | Yes |
| | 14151 - Deceased Child, Male, 8 Years | 15281 - Other - Parent Substitute, Male, 34 Years | Other | Indicated | |
| | 14153 - Sibling, Male, 5 Months | 15281 - Other - Parent Substitute, Male, 34 Years | Inadequate Guardianship | Indicated | |
| | 14153 - Sibling, Male, 5 Months | 15281 - Other - Parent Substitute, Male, 34 Years | Other | Indicated | |
| | 14151 - Deceased Child, Male, 8 Years | 15281 - Other - Parent Substitute, Male, 34 Years | Lacerations / Bruises / Welts | Indicated | |

Report Summary:

An SCR report was received with allegations of IG against the Parent Substitute (PS) of the SC (biological father of SS) regarding the SC and SS and L/B/W regarding the SC. The report alleged that on 12/22/16 the PS physically assaulted the mother in the presence of the SC and SS. During the altercation the SC attempted to help his mother and the PS threw the SC, causing him to land on a coffee table. The SC sustained a bruise on his hand, as a result. At some time during the altercation, the mother fell onto the SS and it was unknown if the SS was injured.

Determination: Indicated

Date of Determination: 02/17/2017

Basis for Determination:

Investigation revealed that on 12/22/16, the SM was physically assaulted by the PS in the presence of the SC and SS. The SM sustained injuries to her neck and a bite mark on her finger. The PS's actions placed both children at risk of harm. The PS pushed the SC into the kitchen table and the SC hit his back on the chair. The SC witnessed the PS choking his mother. The SS was sleeping nearby in his bassinet when the PS assaulted the SM. The PS was arrested and an order of protection was issued against him on behalf of SM, SC and SS. The PS was illegally in the United States and was being held by immigration services for deportation. There was no ongoing danger to the family.

OCFS Review Results:

SCDSS spoke with the source and the SM, and attempted several times to have contact with the PS. The SC was interviewed and the SS was observed. SCDSS followed best practice regarding DV investigations. SCDSS contacted medical providers, school officials and law enforcement as collaterals. They did a CPS history and criminal history search. The SM followed through with following the order of protection and the PS was incarcerated and was to be deported. All safety issues were adequately addressed during the investigation and assessments were completed timely. The allegation of Other was added against the PS regarding both children for the purpose of engaging in domestic violence.

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

Issue:



Failure to provide notice of report

Summary:

The biological father of the SC was not residing in the household, and was never notified of the existence of the report. The father had regular contact with the child and was legally entitled to notification when an SCR report was made regarding his child.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

SCDSS will add absent parents to the report. SCDSS will then make diligent efforts to contact absent parent(s) of children named in a report and send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

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

There is no CPS history older than 3 years.

Known CPS History Outside of NYS

There is no known history outside of New York State.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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"/> |



Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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

Have any Orders of Protection been issued? Yes

From: 12/23/2016

To: Unknown

Explain:

The BF of the SS assaulted the SM before the time of the fatality. The BF was arrested and an Order of Protection put in place for the SM, SC and SS. The BF had been detained by immigration services and was deported from the United States.

Additional Local District Comments

One collateral contact with EMS/Ambulance personnel was missed during the fatality investigation. Contact with EMS/Ambulance personnel is routine during Suffolk County child fatality investigations, and in this case was an oversight. The oversight is not indicative of a systemic issue or practice. The omission did not impact the findings, determination or outcome of the case. Suffolk believes that this does not warrant the issuance of a Required Action other than to ensure that we will closely follow our fatality investigation protocol and that all collateral contacts are completed.

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