



Report Identification Number: SV-17-023

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

Issue Date: Dec 21, 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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

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

Jurisdiction: Westchester
Gender: Female

Date of Death: 07/05/2017
Initial Date OCFS Notified: 07/05/2017

Presenting Information

On 7/5/17, the 2yo female SC was found unresponsive by the SM at 5 pm. SM took the child and the twin SS to the emergency room, where the SC was pronounced dead and the SS was found to have a high fever and sepsis. The SS was obviously extremely ill, and none of the adults responsible for the care of the CHN had sought medical care in a timely manner, so all were named subjects of the report.

Executive Summary

The SCR received a report on 7/5/17 alleging DOA/Fatality, IG, and LMC against the PS, SM, MGF, and OA (PS's father) of the SC. The report also alleged II and L/B/W against PS. WCDSS began their investigation immediately and coordinated efforts with LE.

The investigation revealed that on 7/5/17, SC and SS were left in the care of PS while SM was at an appointment between the hours of 11AM and 5PM. Initially, SM claimed the CHN were fine before the appointment; PS & OA also said the CHN were fine at the time SM left for her appointment. Mother and PS agreed he was the sole caretaker of the CHN between 11:20AM and 5PM. Both said when the mother returned at 5PM, she found SC unresponsive and they then went to the hospital, where CH was pronounced dead. Later, SM gave a different description of events. She stated she believed the CHN had been abused before she left. She later said PS admitted the abuse to her and threatened he would blame her if she disclosed the abuse.

On 7/6/17, PS was arrested and charged with 2nd degree murder and 1st degree assault. SM was not criminally charged. PS was unavailable to be interviewed as his attorney advised against it. CW obtained a full stay away OP for SS against SM, PS, and OA. WCDSS filed a 1027 removal of the SS, and upon discharge from the hospital on 7/24/17, she was placed with MGF. SM would have supervised visits with SS.

WCDSS completed all safety assessments and fatality reports accurately and on time. CW offered appropriate services to SM and SS including bereavement counseling, MH treatment, Victim's Assistance Services (VAS), and Early Intervention. CW obtained medical records, LE records, interviewed relatives, completed a CPS history search, and obtained information from the ME's office.

An autopsy was completed and the ME reported SC's cause of death was blunt force trauma of the body along with several internal injuries. The manner of death was homicide. This case was indicated on 8/31/17 and opened for CPS services. SM had engaged with DV and MH services at the time of case closing.

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? 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:
Casework activity was commensurate with case circumstances. Caseworker was extremely thorough throughout the entirety of the investigation. Caseworker showed diligence in seeking guidance from supervisors when questions arose.

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: 07/05/2017

Time of Death: 05:35 PM

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

07/05/2015

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

Unknown

County where fatality incident occurred:

Westchester

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

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	Female	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Other Adult - Parent Sub's Father	Alleged Perpetrator	Male	45 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Male	56 Year(s)

LDSS Response

On 7/5/17, WCDSS began their investigation and worked jointly with LE. It was confirmed by the hospital the SC had died, and the SS was taken to another hospital due to her injuries. LE observed when SC could not be revived, SM and PS' reactions were casual and unemotional.

The ME and DA were notified of the SC's death on 7/5/17. CW attempted contact with family members but due to the ongoing criminal investigation, were unable. On 7/6/17, CW contacted the Department of Children & Families in Connecticut (where the family had previously lived) and confirmed they had no prior CPS history.

SS was transported to another hospital where the Dr. reported the SS was in critical condition and admitted to the pediatric intensive care unit. SS had multiple internal injuries, bruising on her back and sides, and hand prints across her chest and waist. On 7/6/17, CW went to the hospital to see SS. Given the case circumstances, a plan was made that there would be no unsupervised visitation with the SS by any of the subjects of the CPS report.

On 7/7/17, CW interviewed OA who was present the day of the incident. When OA woke up, everyone was home. Around 11AM, PS drove SM to an appointment and returned home around 11:20AM. OA said the CHN showed no signs of injuries while they were alone with him for approximately 20 minutes. OA denied ever seeing SM or PS use physical discipline on the CHN. CW provided OA with information for VAS.

After PS was arrested, OA threatened SM and told her to not say anything bad about PS. CW interviewed SM on 7/7/15, and she denied that she or PS ever hit the CHN. CW inquired with SM about the father of SS; SM was unsure but identified a putative father. CW concluded with completing a VAS referral for SM. CW informed SM the SS would be removed. SM subsequently gave a statement to LE that differed from what she told CW. The statement to LE reflected that on 7/3/17, SM and PS had an argument. PS punched the wall, grabbed SM by the throat and threatened to kill her. PS threw SS onto SM, hit both CHN with a belt and hit SC on her back 4 times. SM tried fighting PS off and grabbing the belt; SC sustained 2 welts on her back.

SM's statement went on to say that while showering on the morning of 7/5/17, she heard the CHN screaming and crying in



the room with PS. He denied harming them, but when SM left for her appointment, she thought SS “looked hurt and it sounded like she was beat up.” SM said the CHN had been placed on the couch by PS and they were unable to talk. When SM returned home later that day, CHN looked worse. SM saw bruises on their feet, and the PS told SM he “beat them to sleep.” SM said PS always beat SC, denied SC food, and wanted SC to suffer. PS would get angry at the CHN because they would not call him "daddy." SM said in June 2017, PS hit SC on the forehead with a belt for no reason and threw her in a closet. SM said PS made her lie about this threatened to blame her for the abuse. SM admitted she did not call the police, as PS had taken her phone.

On 7/10/17, CW visited the hospital and observed SS. MGF was present and informed CW he would be a resource and provided several other family members as well. On 7/11/17, CW sought OPs for SS against SM, PS, and OA. A full stay away OP was issued and CW informed the hospital.

It was determined the cause of death was injuries from non-accidental trauma, and the manner homicide. PS was charged with second degree murder of the SC and first degree assault of the SS. On 7/12/15, CW attempted to interview PS in jail, but was not successful because PS’ attorney advised against it. CW spoke with the putative father and concluded he had no paternity or caretaking role to the CHN.

On 7/24/17, WCDSS filed a 1027 removal of the SS. SS was placed with MGF and SM had supervised visits. The case was IND and opened for CPS services. SM was not criminally charged during the investigation, and had begun DV & MH services.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
042443 - Deceased Child, Female, 2 Year(s)	042445 - Mother's Partner, Male, 23 Year(s)	DOA / Fatality	Substantiated
042443 - Deceased Child, Female, 2 Year(s)	042448 - Grandparent, Male, 56 Year(s)	DOA / Fatality	Unsubstantiated
042443 - Deceased Child, Female, 2 Year(s)	042446 - Other Adult - Parent Sub's Father, Male, 45 Year(s)	DOA / Fatality	Unsubstantiated
042443 - Deceased Child, Female, 2 Year(s)	042445 - Mother's Partner, Male, 23 Year(s)	Internal Injuries	Substantiated
042443 - Deceased Child, Female, 2 Year(s)	042442 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated



042443 - Deceased Child, Female, 2 Year(s)	042442 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
042443 - Deceased Child, Female, 2 Year(s)	042445 - Mother's Partner, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
042443 - Deceased Child, Female, 2 Year(s)	042446 - Other Adult - Parent Sub's Father, Male, 45 Year(s)	Inadequate Guardianship	Unsubstantiated
042443 - Deceased Child, Female, 2 Year(s)	042448 - Grandparent, Male, 56 Year(s)	Inadequate Guardianship	Unsubstantiated
042443 - Deceased Child, Female, 2 Year(s)	042445 - Mother's Partner, Male, 23 Year(s)	Lack of Medical Care	Substantiated
042443 - Deceased Child, Female, 2 Year(s)	042442 - Mother, Female, 23 Year(s)	Lack of Medical Care	Substantiated
042443 - Deceased Child, Female, 2 Year(s)	042445 - Mother's Partner, Male, 23 Year(s)	Lacerations / Bruises / Welts	Substantiated
042447 - Sibling, Female, 2 Year(s)	042445 - Mother's Partner, Male, 23 Year(s)	Lacerations / Bruises / Welts	Substantiated
042447 - Sibling, Female, 2 Year(s)	042445 - Mother's Partner, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
042447 - Sibling, Female, 2 Year(s)	042445 - Mother's Partner, Male, 23 Year(s)	Internal Injuries	Substantiated
042447 - Sibling, Female, 2 Year(s)	042442 - Mother, Female, 23 Year(s)	Lack of Medical Care	Substantiated
042447 - Sibling, Female, 2 Year(s)	042442 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
042447 - Sibling, Female, 2 Year(s)	042446 - Other Adult - Parent Sub's Father, Male, 45 Year(s)	Lack of Medical Care	Unsubstantiated
042447 - Sibling, Female, 2 Year(s)	042445 - Mother's Partner, Male, 23 Year(s)	Lack of Medical Care	Substantiated
042447 - Sibling, Female, 2 Year(s)	042448 - Grandparent, Male, 56 Year(s)	Lack of Medical Care	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 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"/>



Child Fatality Report

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 siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation



Child Fatality Report

	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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: SS was removed and placed with her MGF.				

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		
Date Filed:	Fact Finding Description:	Disposition Description:
07/24/2017	There was not a fact finding	There was not a disposition
Respondent:	042442 Mother Female 23 Year(s)	
Comments:	MGF obtained 1027 custody of SS. SM consented to the temporary placement of SS with the MGF and agreed to having supervised visits by WCDSS.	

Criminal Charge: Murder Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
07/07/2017	PS	Pending	Pending
Comments:	PS was charged with the second degree murder of SC.		

Criminal Charge: Assault Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
07/07/2017	PS	Pending	Pending
Comments:	PS was charged with the assault of SS.		

Have any Orders of Protection been issued? Yes	
From: 07/11/2017	To: 09/21/2017
Explain: A full stay away order of protection was filed against SM, PS, and OA for the SS.	



Child Fatality Report

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/16/2017	Deceased Child, Female, 2 Years	Mother, Female, 23 Years	Lacerations / Bruises / Welts	Indicated	No
	Deceased Child, Female, 2 Years	Mother's Partner, Male, 23 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 2 Years	Mother's Partner, Male, 23 Years	Lacerations / Bruises / Welts	Indicated	

Report Summary:

While in the care of SM and PS, SC sustained two black eyes which were swollen. There was no explanation for the injury, which made it suspicious. There roles of the 2yo twin (SS) and grandfather were unknown.

Determination: Indicated**Date of Determination:** 08/11/2017**Basis for Determination:**

SM admitted that PS struck SC in the forehead with a belt and then threw her in a closet. SM also stated that PS had hit SC with a clothes hanger. PS was later charged with SC's murder in a subsequent report. Once PS was arrested and in police custody, SM told CWs and LE what happened. SM admitted she failed to be honest with LE when she was initially questioned.

OCFS Review Results:

WCDSS consulted with several medical professionals, LE, and sent SC to be evaluated again at the CAC. CW assessed safety of the SC and SS within 24 hours. SM and PS initially lied to medical professionals about how the injury happened. Multiple doctors found the story to be plausible and consistent with the injury. CWs did an excellent job contacting multiple medical collaterals for their professional opinions. CWs obtained medical and LE records, checked CPS history, and spoke to relatives. Children were unable to be interviewed due to their age.

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 more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS. Family had previously lived in Connecticut and CW verified they had no CPS history there.

Casework Contacts

	Yes	No	N/A	Unable to Determine
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Were face-to-face contacts with the child in the child's placement location made with the required frequency?

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