



**Report Identification Number: AL-20-033**

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

**Issue Date: Mar 15, 2021**

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 year(s)

**Jurisdiction:** Delaware  
**Gender:** Female

**Date of Death:** 09/28/2020  
**Initial Date OCFS Notified:** 09/29/2020

## Presenting Information

Delaware County Department of Social Services received a report from the SCR alleging the 1-year-old subject child passed away on 9/28/20 at 7:20PM. The subject child received injuries on or before 9/25/20, while in the care of the mother or the babysitter. The child sustained a traumatic brain injury due to a depressed frontal skull fracture, subarachnoid hemorrhaging, swelling on the brain, multiple bruises on both arms, legs, and the abdomen. The bruises were varying shades of purple, red, and yellow. At the time the subject child passed away, her eyes were fixated (pupils were not reactive), she had retinal hemorrhaging, and no reflexes. Neither the mother nor the babysitter had an explanation for the injuries.

## Executive Summary

This report concerns the death of the 1-year-old female subject child. DCDSS received an initial report from the SCR on 9/25/20, the day the child exhibited symptoms of head trauma. On 9/28/20, the child was taken off life support and pronounced dead. DCDSS received a subsequent report from the SCR on the same day regarding the child's death.

The subject child resided at home with the mother and the surviving 2-year-old sibling. At the time the child began showing symptoms of head trauma, she and the sibling were staying with a babysitter as the mother had gone out of state. The babysitter had an 8-year-old child who resided in the home. The sibling and the babysitter's child were medically assessed immediately upon receipt of the initial report on 9/25/20. Both children were deemed healthy. A safety plan was put in place for the sibling and babysitter's child to go with alternate caregivers. A family friend picked the sibling up from the hospital and agreed to adhere to the safety plan and not allow unsupervised contact with the mother in the event she returned from out of state. The babysitter's child went to stay with that child's grandfather.

The babysitter reported the subject child had fallen while in her care on 9/14/20 and hit her head on furniture. The babysitter and mother brought the subject child to the child's primary care physician who advised them to watch for signs of a concussion and give her child's pain medication as needed. The mother dropped the subject child and sibling off at the babysitter's home on 9/24/20 as she intended to go away camping for several days out of state. The babysitter reported the morning of 9/25/20 was typical and the subject child was acting well and ate breakfast. The babysitter put the subject child down for a nap around noon. When the babysitter attempted to wake the child around 2PM, the subject child would not wake. The babysitter placed the child in her stroller and walked to school with her and the sibling to pick up her own child. On the way back from school the babysitter noted the child was still not awake, so she brought her to the hospital. The babysitter denied any other occasion where the subject child hit her head while in her care.

The mother was interviewed upon her return from out of state. The mother corroborated the babysitter's account of the subject child's fall on 9/14/20 and the corresponding doctor's visit. The mother denied knowledge of any other time the subject child hit her head. Due to the conditions surrounding the death, the mother agreed to adhere to the safety plan and listed resources that could assist with supervising parenting time with the sibling.

Medical personnel reported the child sustained a skull fracture and had acute unchronic subdermal bleeds. The hospital physician said the bleeding had been going on for some time, though the skull fracture happened recently. The physician reported the event on 9/14/20 was not the cause of death. An autopsy was performed and DCDSS spoke with the ME regarding the results. The ME determined the caregiver's explanation for the injury 10-days prior to her hospitalization was not fitting of the head trauma the child had, thus the ME determined the death was a homicide. The ME reported a



second head trauma was suffered closer to the date of death and the head trauma the child ultimately succumbed to happened while in the care of the babysitter. The ME stated without someone providing a plausible explanation, the death would be classified as a homicide. The ME reported he conferred with the neuropathologist who reviewed dissections of the subject child's brain and she agreed that absent an explanation for the injury, this was a homicide as the subject child's injury on 9/14/20 did not cause her death.

DCDSS completed a joint investigation with the law enforcement and, at the time of this writing, criminal charges had not been filed. The criminal and CPS investigations remained open.

## 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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

### Explain:

The case remained open at the time of this writing.

**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. At the time of this writing, the case remained open for investigation. Additionally, a preventive services case was opened to offer the mother and sibling additional support.

## 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:** 09/28/2020

**Time of Death:** 07:20 PM

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

09/25/2020

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

Unknown

**County where fatality incident occurred:**

Delaware

**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?** Unable to determine

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Mother's Partner	No Role	Male	34 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Other - Babysitter	Alleged Perpetrator	Female	32 Year(s)
Other Household 1	Other Adult - father of babysitter's child	No Role	Male	34 Year(s)
Other Household 1	Other Child - Babysitter's child	No Role	Male	8 Year(s)
Other Household 2	Father	No Role	Male	28 Year(s)
Other Household 3	Other Adult - Family Friend	No Role	Female	55 Year(s)

### LDSS Response

DCDSS initiated the investigation immediately and assessed the safety of the surviving sibling and other child in the home within 24 hours of receipt of the report. DCDSS reviewed SCR history, spoke to the source, LE and DA's office, and met with the family.

DCDSS collaborated with LE to conduct interviews with the babysitter and mother. It was learned the day leading up to



the death was a typical day for the subject child. The child ate and slept normally. The child and her sibling were dropped off at the babysitter's home on 9/24/20 with a message from the mother stating the subject child had thrown up that morning and to keep an eye on her for signs of a concussion. The babysitter reported the subject child had fallen and hit her head on a piece of furniture on 9/14/20 and sustained bruising and a bump on her head. Both the mother and babysitter denied any other time the subject child fell and sustained a head injury. The babysitter brought the subject child to the hospital on 9/25/20 after she was unable to wake her following her afternoon nap.

DCDSS made an immediate safety plan for the sibling and babysitter's child due to the circumstances surrounding the child's death. The children were placed with alternative caregivers and it was agreed that visitation between the children and their parents would be supervised by individuals DCDSS approved. Both the mother and babysitter agreed to adhere to the safety plan. Due to the sibling's age and cognitive functioning, DCDSS was unable to gather information from him surrounding the subject child's death or any injuries she suffered. The babysitter's child was unaware of the subject child sustaining injuries while in his mother's care.

DCDSS located and interviewed the father. The father reported seeing the subject child the Sunday prior to her death. The father said the subject child appeared happy and was acting normally and had no observable marks or bruises. The father had supervised visitation with the child due to an OP following a domestic violence incident with the mother.

DCDSS spoke with all individuals who provided care for the subject child and sibling in the weeks leading up to the death. All denied the subject child had fallen or hit her head while in their care. All reported no concerns for the mother or her care of the children. Several had seen the subject child on Sunday with the father as it was the child's birthday celebration. No one had concerns for the child on that date and everyone reported she appeared happy and was free from facial bruises.

Medical records regarding the subject child were received. DCDSS reviewed the record from the primary care physician related to the child's visit on 9/15/20 following hitting her head. The record reflected the only concern was the right black eye she sustained from falling on a piece of furniture. The child was up to date on all well-child visits and there were no additional concerns noted.

The safety plan regarding the babysitter's child was discontinued on 10/19/20. The child was able to return home with no provisions in place. DCDSS determined the babysitter's child was not at risk of harm in the babysitter's care, though the criminal investigation had not yet been determined. The safety plan regarding the sibling remained in place. The sibling remained with a close family friend and the mother's contact with the child was supervised. At the time of this writing, the mother was engaged in mental health services and substance abuse treatment due to her history of opioid use. A preventive services case was opened, and the mother was engaged in services. The investigation remained open. DCDSS consulted with their legal department about filing a neglect petition, but at the time of this writing, a petition had not been filed.

### 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:** There is no OCFS approved CFRT in Delaware County.



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056462 - Deceased Child, Female, 1 Yrs	056463 - Mother, Female, 37 Year(s)	DOA / Fatality	Pending
056462 - Deceased Child, Female, 1 Yrs	056463 - Mother, Female, 37 Year(s)	Fractures	Pending
056462 - Deceased Child, Female, 1 Yrs	056463 - Mother, Female, 37 Year(s)	Internal Injuries	Pending
056462 - Deceased Child, Female, 1 Yrs	056463 - Mother, Female, 37 Year(s)	Lacerations / Bruises / Welts	Pending
056462 - Deceased Child, Female, 1 Yrs	056463 - Mother, Female, 37 Year(s)	Swelling / Dislocations / Sprains	Pending
056462 - Deceased Child, Female, 1 Yrs	056465 - Other - Babysitter, Female, 32 Year(s)	DOA / Fatality	Pending
056462 - Deceased Child, Female, 1 Yrs	056465 - Other - Babysitter, Female, 32 Year(s)	Fractures	Pending
056462 - Deceased Child, Female, 1 Yrs	056465 - Other - Babysitter, Female, 32 Year(s)	Internal Injuries	Pending
056462 - Deceased Child, Female, 1 Yrs	056465 - Other - Babysitter, Female, 32 Year(s)	Lacerations / Bruises / Welts	Pending
056462 - Deceased Child, Female, 1 Yrs	056465 - Other - Babysitter, Female, 32 Year(s)	Swelling / Dislocations / Sprains	Pending
056462 - Deceased Child, Female, 1 Yrs	056465 - Other - Babysitter, Female, 32 Year(s)	Inadequate Guardianship	Pending

### CPS Fatality Casework/Investigative Activities

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

**Additional information:**

DCDSS spoke with all relevant collaterals. DCDSS assessed and interviewed the surviving sibling and the babysitter's child.

<b>Fatality Safety Assessment Activities</b>
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	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Fatality Risk Assessment / Risk Assessment Profile</b>
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	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

Though the risk assessment profile was not yet completed at the time of this writing, DCDSS gathered sufficient evidence to determine the sibling was at risk while remaining in the mother's care. DCDSS appropriately devised a safety plan for the sibling to remain with an alternate caregiver and engaged the mother in Preventive Services. At the time of this writing, the mother was engaged in services, though the investigation remained open.

<b>Placement Activities in Response to the Fatality Investigation</b>
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	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> DCDSS collaborated with the mother to make a safety plan for the surviving sibling to be placed in the care of a family friend. The mother had supervised visitation with the sibling at the time of this writing. Additional supervisors were approved by DCDSS so the mother could have additional parenting time as requested.				

**Legal Activity Related to the Fatality**

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

Have any Orders of Protection been issued? No

**Services Provided to the Family in Response to the Fatality**

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



# Child Fatality Report

<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

DCDSS provided bereavement and mental health counseling referrals to the mother following the death. A safety plan was put in place for the sibling to stay with a family friend and supervisors were enlisted to assist with visitation. Funeral assistance was offered and accepted by the mother.

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

**Explain:**

DCDSS made a safety plan for the sibling to reside with a family friend. DCDSS enlisted multiple people to assist in the supervision of visitation between the mother and sibling. DCDSS referred the mother to grief and mental health counseling for the sibling.

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

**Explain:**

DCDSS provided services related to bereavement and mental health counseling to the mother. DCDSS provided funeral assistance and worked with the mother to devise a list of resources that would act as supervisors for visitation with the surviving sibling.

## History Prior to the Fatality

### Child Information

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

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/11/2019	Sibling, Male, 1 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 1 Years	Mother, Female, 36 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 36 Years	Lacerations / Bruises / Welts	Unsubstantiated	



Sibling, Male, 1 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 5 Years	Father, Male, 27 Years	Excessive Corporal Punishment	Substantiated
Sibling, Male, 5 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 5 Years	Father, Male, 27 Years	Lacerations / Bruises / Welts	Substantiated
Sibling, Male, 5 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 5 Years	Mother, Female, 36 Years	Lack of Supervision	Unsubstantiated

**Report Summary:**

DCDSS received a report from the SCR on 9/11/19 alleging on 9/7/19, the mother left the siblings alone and unattended in a vehicle for a brief unknown period of time. As a result, the 1-year-old sibling suffered a bloody lip. Later that day, the father used force to discipline the 5-year-old half-sibling for causing the bloody lip on the 1-year-old. The father slapped the 5-year-old across the face, leaving a mark. The father had been aggressive towards the mother in the months prior. The father pushed the mother previously in the presence of the siblings.

**Report Determination:** Indicated

**Date of Determination:** 11/26/2019

**Basis for Determination:**

DCDSS determined there was credible evidence to substantiate the allegations. The investigation revealed the mother took the siblings with her to a family member's home. While in the car, the 5yo half-sibling hit the 1yo sibling in the face with an apple. The mother left the 5yo with the father after the incident while she continued running errands and the father used excessive discipline on the sibling during that time. DCDSS observed photographs of the child with an observable red hand print mark on his face.

**OCFS Review Results:**

DCDSS completed a thorough investigation into the allegations and completed all case objectives in a timely and adequate manner. The mother gave birth to the subject child during the investigation and DCDSS appropriately added the child and provided safe sleep education to the parents. DCDSS provided a number of resource referrals to the mother and appropriately determined and closed the investigation once case objectives were met.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/08/2019	Sibling, Male, 1 Years	Father, Male, 26 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 4 Years	Father, Male, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 26 Years	Burns / Scalding	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 26 Years	Lack of Supervision	Unsubstantiated	



# Child Fatality Report

Sibling, Male, 4 Years	Father, Male, 26 Years	Choking / Twisting / Shaking	Unsubstantiated
Sibling, Male, 4 Years	Father, Male, 26 Years	Lack of Supervision	Unsubstantiated

**Report Summary:**

DCDSS received a report from the SCR on 1/8/19 alleging the mother was abusing her prescription medication and other opiates while caring for the 1-year-old sibling. While under the influence, the mother nodded off mid-sentence. The mother received her prescription in a patch but was manipulating the patch into a liquid and shooting up. In addition, the mother was hoarding her medications and selling or trading them for opiates. The mother was breastfeeding the child while abusing substances. A subsequent report was received alleging that the father and mother engaged in DV in the presence of the siblings.

**Report Determination:** Indicated**Date of Determination:** 02/13/2019**Basis for Determination:**

DCDSS determined there was credible evidence to substantiate the allegation of Inadequate Guardianship against the father regarding the siblings. The father and mother engaged in an altercation which turned physical when the father shoved the mother onto the floor, causing her to fall on the 1-year-old sibling. The father also damaged the mother's home. He was arrested and charged with harassment and endangering the welfare of a child. There was no credible evidence to support the allegations regarding the mother abusing illicit substances. The mother was drug tested twice during the investigation and only tested positive for medication prescribed to her.

**OCFS Review Results:**

DCDSS completed a thorough investigation into the allegations. Case objectives were completed in an adequate and timely manner. DCDSS completed a plan of safe care and offered community based services prior to determine and close their investigation.

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

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

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

**Known CPS History Outside of NYS**

There was no known history outside of New York.

**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:** Unknown**To:** Unknown**Explain:**

An OP was issued against the father regarding the mother, subject child, and sibling as the father engaged in physical violence against the mother in the presence of the children; the father was arrested as a result. At the time of this writing,



he was allowed supervised visitation with the sibling. Prior to the subject child's death, he was participating in supervised parenting time with her.

### 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