



**Report Identification Number: BU-17-020**

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

**Issue Date: Dec 28, 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

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 11 month(s)

**Jurisdiction:** Orleans  
**Gender:** Male

**Date of Death:** 07/29/2017  
**Initial Date OCFS Notified:** 08/01/2017

## Presenting Information

On 7/31/17, the Orleans County Department of Social Services (OCDSS) received an SCR report regarding the death of the 11-month-old male SC. The report alleged on 7/28/2017, the SC was being cared for by the parent substitute (PS). The PS was giving the SC a bath in the tub and the SC slipped and hit his head on the faucet of the bathtub, then the SC slipped out of PS's hands and fell again hitting his head on the side of the tub. There was a delay in treatment as the PS waited a half hour before calling the BM at work to inform her of the SC's injuries. The BM went home, which took about 20 minutes, and after seeing the condition of the SC called 911. When LE arrived the SC was noted to have bruising to his cheek and ear. The SC was transported to Strong Memorial Hospital where it was determined that he had a skull fracture with brain bleeding. It was determined that the injuries sustained were inconsistent with the explanation given by the PS. The SC died on 7/29/17 at 8 PM.

## Executive Summary

On 7/31/17 OCDSS received an SCR report regarding the death of the 11-month-old SC. There was an open CPS investigation, which was initiated on 7/28/17, when the SC sustained life threatening injuries and it was alleged the explanation provided by the PS did not match the severity of the injuries.

On 7/28/17, the SC sustained multiple injuries while in the sole care of the PS while the BM was at work and the 4 yo SS was watching TV in the home. PS called and informed the BM that the SC fell in the tub and BM returned home from work and told the PS to call 911. The SC was transported via ambulance to the Strong Memorial Hospital. The SC remained on life support in the Pediatric Intensive Care Unit until 7/29/17 when it was determined the SC was not going to recover from his injuries. Life support was withdrawn and the SC died at 8 PM.

LE, the DA and the ME were notified and ME performed an autopsy. The cause and manner of death were pending the final autopsy report and findings. OCDSS investigated the report jointly with LE. At the time of the writing of this report, no arrests had been made and the LE investigation remained open, pending the final autopsy report.

OCDSS interviewed the BM, BF and his partner, the PS, and PS's wife. OCDSS also interviewed the PS's 6 yo child and attempted to interview the 4 yo SS, although he was non-verbal due to a developmental delay. OCDSS assessed the safety of the 4 yo SS and BF's child with his partner (8-month-old SS), as well as the PS's 2 CHN, ages 6 yo and 7 months old. The 4 yo and 8-month-old SS were assessed to be safe in BF's care and the PS's CHN were assessed to be safe in their mother's (PS's wife's) care. A safety plan was initiated that the PS would not have contact with the 4 yo SS or PS's CHN. Since the BM was unwilling to have the PS leave her home during the investigation, an additional safety plan was initiated that the 4 yo SS would stay with the BF and the BM was only allowed supervised contact. The BF later applied for and was granted temporary custody of the 4 yo SS with an OP issued against the PS which barred him from all contact with the SS and BF. OCDSS referred the 4 yo SS for a full nuclear scan to assess for injuries, and a healing corner fracture on the right proximal tibia was discovered and estimated to have occurred within the last 6 weeks. OCDSS was unable to establish how the injury occurred or who the caretaker of the SS was at the time the injury occurred.

OCDSS contacted the pediatrician, doctors from the hospital, EMS and the ME's office. It was learned the SC had no known pre-existing medical condition and the SC sustained injuries while in the sole care of the PS while the 4 yo was in the home. The PS delayed in obtaining medical care for the SC for at least half an hour. The doctor stated the PS's explanation for the injuries was not consistent with the severity of the injuries the SC sustained. It was confirmed the SC



had the following head injuries: subdural bleed, skull fracture, mid-line shift to the skull, left side brain bleed, and right side brain trauma. It was also noted the SC had bruising on his hip, calf, nose, ears and forehead. The cause of the injuries had not been determined and further testing was being conducted to determine the extent of the SC's injuries.

OCDSS spoke with multiple collaterals and worked collaboratively with members of their multidisciplinary team to conduct a thorough investigation. OCDSS offered bereavement/counseling services to the BM, BF and SS, although these services were declined. The PS was already engaged in MH counseling and was going to continue to attend. At the time of the writing of this report, OCDSS had not yet made a determination regarding the allegations in the investigation and were awaiting the final autopsy report.

## 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

The case remained open for investigation.

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:

The case remained open for investigation.

## 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:** 07/29/2017

**Time of Death:** 08:00 PM

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

07/28/2017

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

Unknown

**County where fatality incident occurred:**

Orleans

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Bathing

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

**Is the caretaker listed in the Household Composition?** No

**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	11 Month(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Other Household 1	Father	No Role	Male	24 Year(s)
Other Household 1	Father's Partner	No Role	Female	22 Year(s)
Other Household 1	Sibling	No Role	Female	8 Month(s)
Other Household 2	Other Adult - PS's Wife	No Role	Female	25 Year(s)
Other Household 2	Other Child - PS's Child	No Role	Female	7 Month(s)
Other Household 2	Other Child - PS's Child	No Role	Female	6 Year(s)

## LDSS Response

OCDSS began investigating the injuries to the SC upon receipt of the SCR report on 7/28/17 and began investigating the death of the SC after he passed away on 7/29/17. OCDSS conducted a joint investigation with LE.

BM reported BF had the CHN for an overnight visit 3 days per week. On 7/26/17 BF brought the SC to the pediatrician



and there were no concerns. On 7/27/17, BM put the CHN to bed at 9PM and the SC had no marks or bruises. On 7/28/17, BM checked on the CHN before she left for work at 6:30 AM; both CHN were sleeping. At 12:15 PM PS called her and said there had been an accident and the SC fell in the bathtub. PS told her he thought an ambulance should be called because the SC was “seizuring” but he wanted BM to decide. BM left work at 12:20 PM and drove home, arriving at 12:40 PM. The SS was watching TV in the living room. The SC’s eyes were half open and he was making “whimpering” noises. BM told the PS to call 911. The ambulance arrived and transported the BM and SC to the hospital. The PGM went to the home and picked up the SS. BM stated PS gave the SS a bath once per week. Although the SS had no official diagnosis, it was noted that he had a developmental delay, and only occasionally spoke words on his own. BM stated since February 2017 PS cared for the CHN every Friday while she worked and she had no concerns. Though it was suggested, she refused to have PS leave the home while the incident was investigated.

BF stated he didn’t think the PS was telling the entire truth about the incident. The last time he saw the SC was the morning of 7/27/17 and the SC was free from marks and bruises. A safety plan was initiated that the SS would stay with BF, PS would have no contact with the SS, and BM was only allowed supervised contact with the SS.

PS was interviewed by LE on 7/28/17 and a re-enactment was conducted at the home with the PS, OCDSS and LE on 8/1/17. PS confirmed he gave the SC a bath around 10:15 AM. The SC was standing up in the tub holding onto the his fingers when the SC fell forward, hitting his face on the side of the tub, and inhaled water. He picked the SC up, dropped him, and then the SC hit his head on the faucet. The SC’s breathing got shallow so he gave him a “rescue breath”. He patted the SC’s back and he spit up water. He put the SC’s diaper and pajamas on and the SC "started convulsing and breathing not rhythmic". He went outside to smoke a cigarette and he put the SC in his crib with frozen mangos on his head. He called the BM at 12:15 PM. He reported a half hour had lapsed from the time of the incident to the time 911 was called. PS reported that he had MH issues, was on medication and was attending MH counseling.

BF’s home was assessed to be safe. BF’s partner was interviewed and their child (8-month-old SS) and the 4 yo SS were assessed to be safe in BF and his partner’s care. On 8/2/17, BF received custody of the 4 yo SS and an OP was issued against the PS barring all contact with the SS and BF. Attempts were made to interview the 4 yo SS, although were unsuccessful due to his delays. The 4 yo SS was assessed medically for injuries and when one was found, OCDSS attempted to discern the cause of the injury but was unable to establish how the injury occurred.

PS’s wife was interviewed. She stated that PS was a good father and denied that he was violent toward her CHN. She said he had not visited the CHN in a month. Her home was assessed to be safe and the CHN, ages 6 yo and 7 months, were assessed to be safe in her care. The 6 yo was interviewed and nothing of concern was shared. A safety plan was initiated that PS would not have contact with his CHN and PS’s wife applied for custody.

At the time of the writing of this report, the LE investigation and the CPS investigation remained open, pending the results of the final autopsy report.

### 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

**Comments:** Orleans County does not have an OCFS approved Child Fatality Review Team.



## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
042921 - Deceased Child, Male, 11 Mons	042924 - Mother's Partner, Male, 27 Year(s)	Lack of Medical Care	Pending
042921 - Deceased Child, Male, 11 Mons	042924 - Mother's Partner, Male, 27 Year(s)	Inadequate Guardianship	Pending
042921 - Deceased Child, Male, 11 Mons	042924 - Mother's Partner, Male, 27 Year(s)	Internal Injuries	Pending
042921 - Deceased Child, Male, 11 Mons	042924 - Mother's Partner, Male, 27 Year(s)	DOA / Fatality	Pending
042921 - Deceased Child, Male, 11 Mons	042924 - Mother's Partner, Male, 27 Year(s)	Fractures	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"/>

## 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"/>



<b>At 30 days?</b>	<input type="checkbox"/>	<input checked="" 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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**Explain:**  
 No safety factors were chosen on the 30-day safety assessment dated 8/29/17. The safety plan should have reflected there were safety plans/controlling interventions in place to protect the SS and PS's CHN. There was a safety plan in place that the BM was only allowed to have supervised visitation with the SS and there was an OP issued in Family Court barring the PS from the SS. There was a safety plan in place with the PS's wife that she not allow PS to have contact with his CHN.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Placement Activities in Response to the Fatality Investigation**

	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 The need for DV services was not explored with the family and there was a documented history of DV between all of the adults.





## 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:** Other Family Court (Including Article 6 Custody/Guardianship)

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
08/02/2017	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	None	
<b>Comments:</b>	On 8/2/17 BF filed for Article 6 custody of the SS in Orleans County Family Court. He was awarded temporary custody of the SS and an OP was issued barring PS from the SS and BF.	

**Have any Orders of Protection been issued? Yes**

**From:** 08/02/2017

**To:** Unknown

**Explain:**

An OP was issued by the Orleans County Family Court Judge barring the PS from the SS and BF.

## 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 Parenting skills services were not offered to the PS and he may benefit from this service. Bereavement/counseling services were offered to the family and refused. DV services and family planning services were offered to BM and she refused. Burial assistance was provided by OCDSS. BF and his partner were referred to substance abuse services for drug testing.

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

**Explain:**  
 The SS received a full nuclear scan to check for injuries. Follow up medical care was initiated when the results were received. The PS's CHN were assessed to have no service needs.

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

**Explain:**  
 Burial assistance was provided to the BM and BF. Bereavement/counseling services were offered to the BM and BF, although they refused this service.

## 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

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

## 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)
07/28/2017	Deceased Child, Male, 11 Months	Mother's Partner, Male, 27 Years	Fractures	Pending	No
	Deceased Child, Male, 11 Months	Mother's Partner, Male, 27 Years	Inadequate Guardianship	Pending	
	Deceased Child, Male, 11 Months	Mother's Partner, Male, 27 Years	Internal Injuries	Pending	
	Sibling, Male, 4 Years	Father, Male, 24 Years	Parents Drug / Alcohol Misuse	Pending	
	Deceased Child, Male, 11 Months	Mother's Partner, Male, 27 Years	Lacerations / Bruises / Welts	Pending	
	Sibling, Male, 4 Years	Father, Male, 24 Years	Inadequate Guardianship	Pending	

**Report Summary:**

The SCR report alleged while in the care of the PS on 7/28/17, the SC sustained a subdural bleed, skull fracture, a mid-line shift to the skull, a left side brain bleed, trauma to the right side of the brain and a bruised hip, calf, nose, ears and forehead. The explanation of the injuries did not match the severity of the injuries. Subsequent SCR report received 9/13/17 with allegations that the BF used marijuana while caring for the 4 yo SS.

**Determination:** Undetermined**OCFS Review Results:**

OCDESS conducted a thorough, joint investigation with LE into the SC's injuries and subsequent death. The subjects and family members were interviewed, appropriate collateral contacts were made and necessary documentation was gathered and reviewed. The SS and PS's children were assessed for safety and appropriate safety plans were initiated and maintained throughout the case. OCDESS referred the BF and his partner for substance abuse services for drug testing when they admitted to marijuana use. The investigation remained open pending final autopsy results.

**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 years prior to the fatality.

**Known CPS History Outside of NYS**

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

**Casework Contacts**

	Yes	No	N/A	Unable to Determine



<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### 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

<b>From:</b> 07/19/2017	<b>To:</b> Unknown
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**Explain:**  
An OP was issued on 7/19/17 against PS requiring he refrain from offensive conduct against PS's wife and was still in effect.

<b>From:</b> 02/23/2017	<b>To:</b> Unknown
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**Explain:**  
An OP was issued on 2/23/17 against BF requiring that he refrain from offensive conduct toward BM and was still in effect.

### 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