



## Report Identification Number: SV-18-016

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

Issue Date: Aug 10, 2018

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:** 3 month(s)

**Jurisdiction:** Suffolk  
**Gender:** Male

**Date of Death:** 03/07/2018  
**Initial Date OCFS Notified:** 03/07/2018

## Presenting Information

An SCR report alleged on 3/1/18, SM dropped off the twin infants at the SF's home at about 8:15 AM. SF called SM at about 8:30 AM complaining that SC was crying and fussing. SM advised SF to feed SC. SF called SM and said SC was not breathing and he was unresponsive. SM told him to call an ambulance. SC was transported to South Side Hospital and later transferred to Cohen's Children's Hospital. SC was on a ventilator, he had no movement, was not breathing and was severely neurologically compromised. The hospital did an x-ray and SC had a bilateral retinal hemorrhage and subdural hemorrhage. The injuries were the result of SF violently shaking SC. On 3/7/18, SC went into cardiac arrest at 2:55 PM and was pronounced deceased. SM had an unknown role.

## Executive Summary

On 3/7/18, Suffolk County Department of Social Services (SCDSS) received an SCR report about the death of the male 3-month-old SC. SCDSS had an open CPS investigation at the time, which was received on 3/1/18, regarding the incident that led to SC's death.

Upon investigation it was learned on 3/1/18 around 8:45 AM, SM dropped off the 3-month-old twins at SF's home and she went to work. SC would not stop crying so SF shook him and threw him down into his car seat. After an unknown amount of time, SF called SM and reported SC was not breathing right, then called 911 at 9:50 AM. SC was transported via ambulance in cardiac arrest to Southside Hospital, then taken by helicopter to Cohen Children's Medical Center. A CAT scan, skeletal survey and MRI were performed and showed bilateral subdural hematomas and retinal hemorrhaging. SC did not recover from his injuries and was pronounced deceased by the hospital physician on 3/7/18 at 2:55 PM.

An autopsy was conducted by the Queens Medical Examiner's office. In addition to brain trauma, SC was found to have a skull fracture above his right ear and 2 rib fractures. The final autopsy report was pending awaiting results from additional specialists and lab results. A joint investigation was conducted with LE and on 3/1/18, SF was charged with Reckless Assault with Brain Injury and Acting in a Manner Injurious to a Child. After SC's death on 3/7/18, SF's charges were upgraded to Manslaughter.

SS was assessed to be safe in SM's care. On 3/2/18, SCDSS obtained an OP against SF in Family Court barring him from contact with the SS. On 3/8/18, SCDSS filed a Derivative Severe Abuse Petition against SF. At the time this report was written, SF remained incarcerated and was engaged in bereavement counseling. SM was referred for bereavement counseling and victim support services; it was unknown if she engaged in these services. SM declined burial assistance.

SCDSS conducted a thorough investigation and contacted all necessary collaterals, including family members, LE, hospital staff, pediatrician, EMS, DA's office and Child Advocacy Center. SCDSS substantiated the allegations of DOA/Fatality, II, FX, C/T/S, LMC and IG regarding SC and IG regarding SS against SF. SF admitted to shaking and throwing SC down into his car seat and then delaying in calling 911. SC suffered injuries consistent with abusive head trauma and later died from his injuries. SS was present at the time SC sustained his injuries, and therefore, was placed at imminent risk of harm. The case was opened for ongoing CPS services and the Abuse Petition was pending in Family Court.

## 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

### Explain:

The decision to indicate and open the case for ongoing CPS services was appropriate.

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 and there was detailed supervisory consultation throughout the 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: 03/07/2018

Time of Death: 02:55 PM

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

03/01/2018

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

Unknown



County where fatality incident occurred: Suffolk  
 Was 911 or local emergency number called? Yes  
 Time of Call: 09:50 AM  
 Did EMS respond to the scene? Yes  
 At time of incident leading to death, had child used alcohol or drugs? N/A  
 Child's activity at time of incident:  
 Sleeping  Working  Driving / Vehicle occupant  
 Playing  Eating  Unknown  
 Other: Crying

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	Aunt/Uncle	No Role	Female	23 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	20 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Grandparent	No Role	Male	57 Year(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Month(s)
Other Household 1	Father	Alleged Perpetrator	Male	25 Year(s)
Other Household 1	Unrelated Home Member	No Role	Female	27 Year(s)

#### LDSS Response

SCDSS began their investigation into the incident that led to SC's death after receipt of an SCR report on 3/1/18. Through interviews conducted by SCDSS, it was learned SM dropped the twins off to SF around 8:45 AM on 3/1/18 and told him the CHN would need to be fed their bottles. Both CHN were healthy at that time and displaying no medical problems. SF often cared for the CHN while SM worked, and although he worked nights, he had not worked the night prior. SF called SM about 20 minutes later and stated SC was crying and fussy. SM told him to try feeding SC, changing his diaper and burping him. SM then received a video from SF a short time later and it appeared SC was sleeping. SF later reported to LE he "lost it due to sleep deprivation," shook SC and threw him down into his car seat. While feeding SS, he noticed SC was "unusually quiet." He attempted to feed SC and noticed blood in his nostrils, his heart beat was fast and when SC coughed there was blood and white liquid. A short time after SM received the video, SF called her and said SC was not breathing right. SM instructed him to call 911 and she left work to return to SF's home. When SM arrived, SF was on the phone with the 911 dispatcher and SC was lying on the couch and his arms appeared blue in color. SM picked up SC and he didn't move or respond.



SF admitted to regular use of marijuana and drug paraphernalia was located at his home when EMS and LE arrived. SF denied using any drugs on the date of the incident and he and SM denied SF was ever under the influence of drugs while caring for the CHN.

SM and the CHN resided with the MGF and adult MA and MU. SCDSS assessed the home to be appropriate, with a safe sleep environment and plenty of supplies for SS. Multiple home visit were conducted and SS was assessed to be safe throughout the investigation. SS underwent a full skeletal survey and MRI and no injuries were found. SCDSS interviewed MGF and MA and there were no concerns for the SS in SM's care. Attempts to interview MU were unsuccessful. SF resided with a friend, (unrelated home member, UHM) who was home at the time of the incident. UHM reported she was sleeping when the twins were dropped off and did hear a baby cry, which was typical. She reported not hearing anything else until LE and EMS arrived.

SC's birth records and pediatrician records showed SC was born healthy with no pre-existing medical diagnoses or concerns and was up to date with well child visits and immunizations. SCDSS spoke to hospital staff and EMS and received medical records from both hospitals. EMS reported SF said he waited 15 minutes to call 911 after he noticed blood in the SC's nostrils. SC was admitted to Southside Hospital at 10:17 AM in cardiac arrest with CPR in progress. Hospital records showed SC's pupils were fixed and dilated and he was intubated. SC was seen by a pediatric ophthalmologist and found to have retinal hemorrhaging in all 3 layers of his eyes in addition to bilateral subdural hemorrhages. SC demonstrated no signs of neurological function and on 3/7/18, apnea tests were performed to establish SC's brain function. SC quickly began deteriorating and was declared dead at 2:55 PM.

SCDSS indicated and opened the case for ongoing CPS services. At the time this report was written SF remained incarcerated, his criminal charges were pending and the Abuse Petition was pending in Family Court.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical 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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
047265 - Deceased Child, Male, 3 Mons	047268 - Father, Male, 25 Year(s)	DOA / Fatality	Substantiated
047265 - Deceased Child, Male, 3 Mons	047268 - Father, Male, 25 Year(s)	Fractures	Substantiated
047265 - Deceased Child, Male, 3 Mons	047268 - Father, Male, 25 Year(s)	Internal Injuries	Substantiated
047265 - Deceased Child, Male, 3 Mons	047268 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated



# Child Fatality Report

047265 - Deceased Child, Male, 3 Mons	047268 - Father, Male, 25 Year(s)	Lack of Medical Care	Substantiated
047265 - Deceased Child, Male, 3 Mons	047268 - Father, Male, 25 Year(s)	Choking / Twisting / Shaking	Substantiated
047267 - Sibling, Male, 3 Month(s)	047268 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated

### 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 checked="" 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:**

Attempts to interview MU were unsuccessful.

### 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"/>



# Child Fatality Report

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"/>

**Explain:**  
 Risk was appropriately assessed and it was determined SF would benefit from psychological and substance abuse evaluations. An Abuse Petition was filed against SF to obtain court ordered services. SM and SS were referred for victim support services.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court                       Criminal Court                       Order of Protection

**Family Court Petition Type:** FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
03/08/2018	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	047268 Father Male 25 Year(s)	



<b>Comments:</b>	SCDSS filed a Derivative Severe Abuse Petition against SF regarding SS on 3/8/18. The petition is pending in Family Court.
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<b>Criminal Charge:</b> Reckless assault of a child <b>Degree:</b> NA			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
03/01/2018	SF	Pending	Pending
<b>Comments:</b>	SF was charged with Felony Reckless Assault of a Child and Acting in a Manner Injurious to a Child after SC was injured on 3/1/18.		

<b>Criminal Charge:</b> Manslaughter <b>Degree:</b> 1			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
Unknown	SF	Pending	Pending
<b>Comments:</b>	After SC's death on 3/7/18, SF was charged with Manslaughter.		

<b>Have any Orders of Protection been issued? Yes</b>	
<b>From:</b> 03/02/2018	<b>To:</b> 03/02/2019
<b>Explain:</b> On 3/2/18, SCDSS obtained an OP in Family Court that barred SF from contact with the SC and SS. SC died from his injuries on 3/7/18 and the OP remained in effect for the SS.	
<b>From:</b> 03/01/2018	<b>To:</b> Unknown
<b>Explain:</b> On 3/1/18, a criminal OP was issued against SF barring him from contact with SM, SC and the SS.	

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other, specify:</b> Victim Support Services							

**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:**

SS underwent a full skeletal survey and MRI and no injuries were found.

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

**Explain:**

SM was provided with referrals for bereavement services, victim support services and burial assistance. She declined burial assistance and it was unknown if she utilized bereavement and victim support services. SF engaged in bereavement counseling.

## History Prior to the Fatality

### Child Information

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

### 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 fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

## 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)
03/01/2018	Sibling, Male, 3 Months	Father, Male, 25 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 3 Months	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 3 Months	Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 3 Months	Father, Male, 25 Years	Choking / Twisting / Shaking	Substantiated	
	Deceased Child, Male, 3 Months	Father, Male, 25 Years	Fractures	Substantiated	
	Deceased Child, Male, 3 Months	Father, Male, 25 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 3 Months	Father, Male, 25 Years	Internal Injuries	Substantiated	
	Deceased Child, Male, 3 Months	Father, Male, 25 Years	Lack of Medical Care	Substantiated	

### Report Summary:

An SCR report alleged on 3/1/18, SF was feeding SC and he stopped breathing and was bleeding from the nose. Emergency services performed CPR on SC, got a pulse and transported him to the hospital. SC's condition was suspicious in nature therefore both SM and SF were considered subjects. A subsequent report was merged that alleged SF delayed calling for medical treatment and was impaired by prescription drugs at the time of the incident. A second subsequent report was received and merged that alleged while in the care of the SF, SC sustained bilateral retinal hemorrhaging and a subdural hemorrhage and was not likely to survive.

**Report Determination:** Indicated

**Date of Determination:** 03/28/2018

### Basis for Determination:

SCDSS Sub the allegations against SF of II, C/T/S, FX, LMC and IG regarding SC and IG regarding SS. OCDSS Unsub the allegations of PD/AM against SF and IG against SM regarding SC. SF shook SC and threw him into his car seat, then delayed in calling 911. SC suffered brain trauma and skull and rib fractures. SF was arrested and charged with Reckless Assault of a Child and Acting in Manner Injurious to a Child. SCDSS obtained a temporary OP in Family Court on 3/2/18, barring SF from contact with the CHN. SF's charges were increased to Manslaughter when SC died from his injuries. SF denied being impaired at the time of the incident and SM denied SF cared for the CHN while impaired.

### OCFS Review Results:

SCDSS interviewed SM, SF and UHM and spoke to LE, ME, EMS, hospital staff and DA's office. The safety of the SS was assessed throughout the investigation. SCDSS appropriately obtained an OP in Family Court and filed a Severe Abuse Petition against SF. The case was opened for ongoing CPS services and the parents were referred for the necessary services.

**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 3 years prior to the fatality.

**Known CPS History Outside of NYS**

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

**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