



Report Identification Number: SV-21-030

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

Issue Date: Jan 24, 2022

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: 2 year(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 07/31/2021
Initial Date OCFS Notified: 08/01/2021

Presenting Information

An SCR report was received with concerns that on 7/31/21, shortly before 10:30PM, the mother left the two-year-old subject child unsupervised in a water-filled bathtub for approximately five minutes. When the mother returned to the bathroom, the child was unresponsive due to drowning. The mother called 911 and the child was transported to the hospital where he was pronounced deceased.

Executive Summary

This fatality report concerns the death of a two-year-old male subject child that occurred on 7/31/21. A report was registered with the SCR on 8/1/21 with allegations of Inadequate Guardianship and DOA/Fatality against the child’s mother. The child died during an open court-ordered services case, which was initiated on 5/6/19, after the subject child was found to have an unexplained femur fracture. Suffolk County Department of Social Services (SCDSS) received the fatality report and investigated the child’s death. An autopsy was completed; however, the final cause and manner of death were pending at the time of this writing.

At the time of the child’s death, he resided with his mother, twin sibling, and nine-year-old half-sibling. The subject child’s father lived in a separate residence, but saw the twins almost daily, and the half-sibling’s father was actively involved in the nine-year-old’s life. The investigation revealed that at an unknown time on the night of 7/31/21, the mother was home with the three children, and was bathing the subject child. Interviews disclosed the mother left the subject child unattended in the bathtub, which was filled with approximately eight to ten inches of water, and then went to a separate room where she began playing a video game with headphones on. It was unknown how much time had passed before the mother checked on the child in the bathtub; however, when she did, she found him on his back and unresponsive in the water. The mother instructed the eldest sibling to call emergency services, and the child was transported to the local hospital via ambulance. Life saving measures were administered but unsuccessful. The subject child was pronounced deceased at 11:37PM on 7/31/21.

SCDSS spoke with family members and collateral sources. The mother had retained an attorney and was advised not to discuss the fatal incident. Law enforcement was unable to provide SCDSS with the mother’s statement, and the criminal investigation remained ongoing at the time this report was issued. The medical examiner found numerous bruises on the subject child, and their cause could not be specified. An abuse petition was filed against the mother, and family members obtained custody of the surviving siblings. SCDSS found evidence that the mother’s actions placed the subject child at imminent risk of harm, which led to his death. Additional allegations of Lack of Supervision were added, and all allegations against the mother were substantiated. The court ordered services case continued at the time of this writing, and the surviving siblings remained safe with their substitute caregivers.

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:

SCDSS gathered information to determine the allegations and assess the safety of the surviving sibling and half-sibling.

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 record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

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: 07/31/2021

Time of Death: 11:37 PM

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

County where fatality incident occurred: Suffolk

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS 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: In the bathtub.

Did child have supervision at time of incident leading to death? No - but needed

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- Other:

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	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	9 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	32 Year(s)

LDSS Response

On 8/1/21, SCDSS received the SCR report regarding the death of SC. SCDSS had been involved with the family since 5/3/19, after a CPS investigation was initiated due to concerns SC had an unexplained femur fracture. As a result of this investigation, the CHN were removed from SM's care, an abuse petition was filed against SM, and a court ordered services case was opened. The CHN were returned to SM's care in April 2021. The services case remained ongoing at the time of SC's death.

It was learned BF resided in another county and had the twin SS in his care following the fatality. On 8/1/21, SCDSS assigned the New York City Administration for Children's Services (ACS) a secondary role to meet with BF and the twin SS. BF stated he received a call from MGM at 12:30AM on 7/31/21 letting him know what had happened. He denied having any details about the incident, other than SC drowned in the bathtub. BF reported he had no previous concerns surrounding SM's care of the CHN. BF stated he would be caring for SS for the foreseeable future. SS was observed at this visit and deemed safe with BF.

On this same date, SCDSS requested Nassau County Department of Social Services (NCDSS) complete a visit to the residence of the 9yo SS's BF, as he lived in that county. The SS and SM were temporarily staying at the 9yo BF's home following the fatality. The environment was assessed to be free from safety hazards, and the SS was deemed safe. BF would not engage in an interview and would not allow SCDSS to interview SS. SM was not at home at the time of this visit.

On 8/3/21, SCDSS held an MDT meeting where the ME reported 13 unexplained bruises in various sizes were found on



SC's scalp and 2 on his back. There were no subdural hematomas or skull fractures. LE reported they could not share SM's statement with SCDSS; however, there was approximately 8-10 inches of water in the bathtub when EMS arrived, and SM said she found SC on his back in the tub, unresponsive.

On 8/4/21, upon learning the information surrounding the bruising on SC and the concerns regarding supervision, SCDSS filed an abuse petition against SM and BF. MGM was granted emergency custody of the twin SS, and the 9yo was placed in the care of his BF.

On 8/6/21, SCDSS observed a forensic interview of the 9yo SS, conducted by LE at the CAC. SS stated at the time of the fatality, SM was in the living room playing a video game with headphones on, while SC was in the bathtub. The twin SS was in the living room with SM. SS said he ate a sandwich and then went to his room to play with his toys when he heard a loud noise. He stated he went into the bathroom and saw headphones and a video game controller on the floor, and SC face up on the bathmat; SM was kneeling over SM and yelled at SS to call 911. SS stated he did so and then handed SM the phone. SS was unable to provide a timeline of events; however, he reported SM played video games while the twins were in the bathtub on more than one occasion. SS denied any safety concerns.

On 8/12/21, SCDSS completed a visit to SM's residence. SM said she retained an attorney and would not discuss SC's death. SM reported the twins would hit their heads on the floor when upset and the twin SS would hit SC in the head with toys. This was discussed with the ME who noted the cause of the bruising could not be specified.

There were no medical concerns noted by the CHNs' pediatricians, and the SSs were deemed safe with their caregivers. Although allegations were added against the twins' BF, SCDSS found no evidence to support them and they were therefore unsubstantiated. Additionally, the OP against the BF was vacated and the petition involving him was withdrawn. There were no criminal charges brought against SM at the time this report was issued; however, the LE investigation was ongoing. SCDSS substantiated all allegations against SM, and the services case remained open at the time of this writing.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: This fatality investigation was conducted by the Suffolk County MDT.

Was the fatality referred to an OCFS approved Child Fatality Review Team?No

Comments: Suffolk 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
059201 - Deceased Child, Male, 2 Yrs	059204 - Mother, Female, 34 Year(s)	DOA / Fatality	Substantiated
059201 - Deceased Child, Male, 2 Yrs	059204 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated



059201 - Deceased Child, Male, 2 Yrs	059204 - Mother, Female, 34 Year(s)	Lack of Supervision	Substantiated
059201 - Deceased Child, Male, 2 Yrs	059205 - Father, Male, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
059202 - Sibling, Male, 2 Year(s)	059204 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
059202 - Sibling, Male, 2 Year(s)	059205 - Father, Male, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
059203 - Sibling, Male, 9 Year(s)	059204 - Mother, Female, 34 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 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 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:

SCDSS interviewed the family and collateral sources. Progress notes and other documentation were completed and entered within the required timeframes. SCDSS made attempts to interview the father of the 9yo SS; however, he would not engage.

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 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"/>



Child Fatality Report

At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Explain:
 SCDCSS offered the family services in response to the child's death. Additionally, a court-ordered services case remained open and ongoing following the fatality.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 The surviving siblings were removed and placed in the custody of alternative caregivers.

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:
08/09/2021	There was not a fact finding	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	059204 Mother Female 34 Year(s)	
Comments:	Due to concerns surrounding unexplained bruising on the subject child and the mother's lack of supervision of the children, an abuse petition was filed in family court. The surviving siblings were removed from the mother's custody and placed with alternative caregivers. The family court proceedings and court-ordered services case remained ongoing at the time this report was issued.	

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Court-Ordered Services							

**Additional information, if necessary:**

The family remained engaged with court-ordered services following the subject child's death. Further, SCDSS provided the family with referrals for grief counseling and information surrounding funeral cost assistance.

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 family remained engaged in a court-ordered services case following the fatality. The siblings were provided referrals for grief and bereavement counseling.

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

The family remained engaged in a court-ordered services case following the fatality. The parents were provided referrals for grief and bereavement counseling.

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?	Yes
Were there any siblings ever placed outside of the home prior to this child's death?	Yes
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)
05/06/2019	Deceased Child, Male, 2 Months	Mother, Female, 31 Years	Fractures	Substantiated	No
	Deceased Child, Male, 2 Months	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 2 Months	Mother, Female, 31 Years	Swelling / Dislocations / Sprains	Substantiated	
	Sibling, Male, 7 Years	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Months	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	

Report Summary:

This SCR report was received with concerns the then 2mo SC presented at the emergency room with a swollen and broken left femur, and SM had no explanation for the injury.

Report Determination: Indicated

Date of Determination: 06/04/2019

**Basis for Determination:**

SCDSS interviewed family and collaterals. Medical tests found the left femur and left clavicle to be fractured, and an old femur fracture in the same leg was discovered. The hospital physician noted the injury was indicative of serious, non-accidental trauma. The 9yo had no information as to how SC was hurt and denied ever witnessing SM or anyone else harm SC. There were no injuries found on either SS. SM was adamant that she did not know how the injuries occurred. A criminal investigation was opened and the CHN were removed. An abuse petition was filed. The twins were placed with MGM and the 9yo was placed with his BF. The report was indicated, and a court-ordered services case was opened.

OCFS Review Results:

This investigation met all statutory requirements.

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 CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 05/06/2019

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 05/06/2019

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

Preventive services were provided by SCDSS.

Preventive Services History

A court-ordered services case was initiated on 5/6/19 after the SC was found with unexplained femur and clavicle fractures. Further medical testing showed an old fracture to the same femur, and a suspected proximal left tibia fracture. Pediatric medical specialists opined the injuries were consistent with non-accidental trauma. An abuse petition was filed in family court against SM, and all 3 CHN were removed from her care. SM was granted supervised visitation and ordered to engage in a parenting program, which she successfully completed. SM participated in a mental health evaluation and further treatment was not recommended. In January 2021, SM completed a forensic parenting evaluation which found SM's parenting skills adequate, and that she promoted a nurturing environment where the CHN felt safe. SM attended all



supervised and unsupervised visits with the CHN, and no concerns were noted. On 4/15/21, the CHN were returned to SM’s care with an order of supervision for one year. SCDSS last saw the CHN on 7/29/21 at SM’s home and there were no concerns. This services case was open at the time of SC’s death, and remained so at the time this report was issued.

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

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
05/06/2019	There was not a fact finding	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	059204 Mother Female 34 Year(s)	
Comments:	An abuse petition was filed against the mother after medical tests found the subject child's left femur and left clavicle to be fractured, and an old femur fracture in the same leg. There were no injuries found on either surviving sibling. The mother was adamant that she did not know how the injuries occurred and provided no explanation. A criminal investigation was initiated. The subject child and twin sibling were placed with their maternal grandmother, while the nine-year-old sibling was placed with his father. A court-ordered services case was opened and remained so at the time of the fatality.	

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