

Report Identification Number: SY-16-058

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

Issue Date: Apr 24, 2017

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

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
CPR-Cardio-pulmonary Resuscitation		

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-Others	

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	

Case Information



Report Type: Child Deceased
Age: 10 month(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 11/11/2016
Initial Date OCFS Notified: 11/11/2016

Presenting Information

On 11/7/16, the SCR received a report which stated the female SC (10 months old) was admitted to the hospital for contusions and hemorrhaging of the brain. SC also had multiple bruises to her face and body with fractured ribs. On 11/11/16, the SCR received a subsequent report stating the SC had died. The explanation was inconsistent with the injuries, therefore BM and BF were made the alleged subjects. The two-year-old SS had an unknown role.

Executive Summary

On 11/11/16, the SCR received the subsequent report which stated the SC had died and was pronounced dead at 2:40PM. The explanation was inconsistent with the injuries, therefore BM and BF were named the alleged subjects. The allegations against BM and BF were II, FX, IG, L/B/W, and Dead on Arrival/Fatality.

An autopsy was performed by a medical examiner, who listed the manner of death as homicide and the cause of death was multiple injuries. There were blunt force injuries of the head; multiple abrasions of the face, multiple contusions of the face and scalp, subgaleal hematoma (frontotemporal) and subdural hematomas (diffuse and bilateral). There were blunt force injuries of the trunk; multiple contusions of the flanks, upper right chest, back and multiple rib fractures, remote and acute. SC sustained blunt force injuries of the extremities; multiple contusions of the right upper arm, right hip, buttock, and leg.

Onondaga County Department of Social Services (OCDSS) took action to check the safety of the SS. SS was sent for a bone scan which verified she did not have any old/current fractures or injuries. Monroe County Department of Social Services (MCDSS) had secondary assignment on this case due to the SC's location at the hospital before she died, and assisted in the investigation. OCDSS filed an abuse petition in Family Court against both parents. As of this writing, no determination has been made, pending the final autopsy report. OCDSS opened a services case in response to needs of the family. The SS remains with the MGM and has only supervised visits with BM. BM was charged with endangering the welfare of a child, in the matter of the child's death, and unlawful possession of marijuana. There was no indication that BM or BF were under the influence of drugs or alcohol at the time of SC's death, however BM does have a history of marijuana use. BF remains in jail on charges of manslaughter, reckless assault of a child, and endangering the welfare of a child. The criminal investigation is still active for both parents.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** N/A
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

**Determination:**

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

Casework activity was very extensive and thorough throughout the entire investigation. Appropriate steps were taken, and evidence and information were very well documented.

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:

There has been no determination made, pending final autopsy report.

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: 11/11/2016

Time of Death: 02:40 PM

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

County where fatality incident occurred: ONONDAGA

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

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

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At time of incident supervisor was: Not impaired.



Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	10 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	40 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

LDSS Response

On 11/7/16, the SCR received an initial report which stated the female SC was admitted to the hospital for contusions and hemorrhaging of the brain. SC also had multiple bruises to her face and body, and fractured ribs. Explanation was inconsistent with the injuries, therefore the BM and BF were made the alleged subjects of this report. OCDSS made immediate contact with source and contacts at the hospital to check the status of the SC. CW contacted MGM and arranged to go to her home and assess the safety of the SS. CW assessed the SS as safe with the MGM. CW observed the SS to be free of any marks or injuries.

Upon learning of the fatality on 11/11/16, CW went to MGM's home where BM and SS were visiting. CW made BM aware of the fatality report and discussed the allegations and process of the investigation. CW and family came up with a safety plan for the SS where the SS would not be left alone with the BM at any time. CW went over concerns of drug and alcohol use with the family. Family denied that anyone used drugs or alcohol and CW did not see any evidence of drugs or alcohol in the home. Nobody appeared to be under the influence. CW notified the DA of the fatality. CW visited BF at the county jail. CW explained the allegations of the reports to BF. BF told CW he was unable to speak to him as his lawyer advised him against this. SS was sent for a bone scan which verified she did not have any old/current fractures or injuries. CW faxed a request to the ME seeking the preliminary and final autopsy report. CW obtained police reports and a disc of photos which were placed in the case file. CW had an extensive and thorough interview with BM regarding the events leading up to CH's injuries and her passing. BM originally told a story that the family dog had knocked over the SC's bassinet and claimed she was home during this event. BM later admitted that this was not true, and that BF told BM that the dog had knocked over the bassinet while the CH was in it. CH's injuries were not consistent with this explanation. CW contacted all appropriate collateral contacts, and worked closely with law enforcement and medical professionals to obtain information and documentation for their investigation. Certain needs were identified in response to the fatality case, and as a result, a services case was opened. The needs identified were drug counseling, mental health treatment, family support services, and preventive services for children.

CPS met with legal and an abuse petition has been filed in Family Court against the parents. The criminal investigation is still active.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause



Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032206 - Deceased Child, Female, 10 Mons	032208 - Father, Male, 40 Year(s)	Lacerations / Bruises / Welts	Pending
032206 - Deceased Child, Female, 10 Mons	032208 - Father, Male, 40 Year(s)	DOA / Fatality	Pending
032206 - Deceased Child, Female, 10 Mons	032207 - Mother, Female, 28 Year(s)	Internal Injuries	Pending
032206 - Deceased Child, Female, 10 Mons	032208 - Father, Male, 40 Year(s)	Inadequate Guardianship	Pending
032206 - Deceased Child, Female, 10 Mons	032208 - Father, Male, 40 Year(s)	Fractures	Pending
032206 - Deceased Child, Female, 10 Mons	032207 - Mother, Female, 28 Year(s)	Fractures	Pending
032206 - Deceased Child, Female, 10 Mons	032207 - Mother, Female, 28 Year(s)	DOA / Fatality	Pending
032206 - Deceased Child, Female, 10 Mons	032208 - Father, Male, 40 Year(s)	Internal Injuries	Pending
032206 - Deceased Child, Female, 10 Mons	032207 - Mother, Female, 28 Year(s)	Lacerations / Bruises / Welts	Pending
032206 - Deceased Child, Female, 10 Mons	032207 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Pending

CPS Fatality Casework/Investigative Activities

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



Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" 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:

BM was interviewed. BF was visited in jail by CW and given his notice of existence letter, however BF said his lawyer advised him to not speak to the CW. As a result, BF could not be interviewed. SS was too young to be interviewed.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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



During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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 SS was removed and placed with the MGM.				

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:
01/19/2017	There was not a fact finding	There was not a disposition
Respondent:	032208 Father Male 40 Year(s)	
Comments:		

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
01/19/2017	There was not a fact finding	There was not a disposition
Respondent:	032207 Mother Female 28 Year(s)	
Comments:		



Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	BF	Pending	Pending
Comments: BF was also charged with Reckless Endangerment of a Child, which is a class D felony.			

Criminal Charge: Reckless endangerment Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	BF	Pending	Pending
Comments: BF was charged with Reckless Endangerment of a Child, which is a class D felony.			

Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	BM	Pending	Pending
Comments: Mother was charged with Endangering the Welfare of a Child pertaining to SC's death.			

Criminal Charge: Manslaughter Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	BF	Pending	Pending
Comments: Manslaughter was added to charges against BF.			

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The SS was already receiving Early Intervention and she continued to do so after the SC's death.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- 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 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)	Status/Outcome	Compliance Issue(s)
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11/07/2016	11803 - Deceased Child, Female, 9 Months	11798 - Mother, Female, 28 Years	Lack of Medical Care	Pending	No
	11803 - Deceased Child, Female, 9 Months	11799 - Father, Male, 40 Years	Lacerations / Bruises / Welts	Pending	
	11802 - Sibling, Female, 2 Years	11798 - Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Pending	
	11803 - Deceased Child, Female, 9 Months	11798 - Mother, Female, 28 Years	Lacerations / Bruises / Welts	Pending	
	11803 - Deceased Child, Female, 9 Months	11798 - Mother, Female, 28 Years	Lack of Supervision	Pending	
	11802 - Sibling, Female, 2 Years	11800 - Grandparent, Female, 51 Years	Inadequate Guardianship	Pending	
	11802 - Sibling, Female, 2 Years	11801 - Grandparent, Male, 51 Years	Inadequate Guardianship	Pending	
	11802 - Sibling, Female, 2 Years	11800 - Grandparent, Female, 51 Years	Parents Drug / Alcohol Misuse	Pending	
	11803 - Deceased Child, Female, 9 Months	11798 - Mother, Female, 28 Years	Inadequate Guardianship	Pending	
	11803 - Deceased Child, Female, 9 Months	11798 - Mother, Female, 28 Years	Internal Injuries	Pending	
	11803 - Deceased Child, Female, 9 Months	11799 - Father, Male, 40 Years	Inadequate Guardianship	Pending	
	11803 - Deceased Child, Female, 9 Months	11799 - Father, Male, 40 Years	Internal Injuries	Pending	
	11803 - Deceased Child, Female, 9 Months	11799 - Father, Male, 40 Years	Lack of Medical Care	Pending	
	11803 - Deceased Child, Female, 9 Months	11799 - Father, Male, 40 Years	Lack of Supervision	Pending	
	11802 - Sibling, Female, 2 Years	11798 - Mother, Female, 28 Years	Inadequate Guardianship	Pending	

Report Summary:

The 9-month-old SC had congenital medical issues and needed constant supervision. The BM and BF left the SC unattended in a bassinet in another room. When the BM went to check on SC, SC was found on the hardwood floor out of the bassinet with the bassinet on top of SC, with multiple injuries. BM and BF failed to seek immediate necessary medical attention for the SC. The incident occurred at approximately 7:30am and the parents did not seek medical attention until hours later. The SC sustained multiple serious injuries such as: an internal cranial hemorrhage, extensive bruising to the head, face, neck, arms and legs. SC also suffered a stroke.

Determination: Undetermined

OCFS Review Results:

Case will remain open as there is ongoing Family Court matters and the criminal case is pending.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/11/2015	11797 - Sibling, Female, 7	11795 - Father, Male,	Inadequate	Unfounded	Yes



Months	39 Years	Guardianship	
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Report Summary:
 BF had MH issues and was supposed to be taking medication. BF has not been taking his medication for the past week and a half and when he is not on medication he becomes more volatile and angry. On 6-10-15, BF physically assaulted MGF while the 7-month-old SS was present in the home. BF pushed and held MGF up against a wall and then threatened him. MGF required medical treatment from the altercation and the CH was placed at risk. Roles of BM and MGF are unknown.

Determination: Unfounded **Date of Determination:** 06/22/2015

Basis for Determination:
 BM claimed that MGF came home high and intoxicated and that BF was simply trying to get him to leave the home. CH was not in the same room as the incident, CH was sleeping, and undisturbed during the dispute. MGF also stated the CH was in a separate room and undisturbed during the incident. MGF did not return to the home after the incident. Collateral contacts had no concerns for the CH. CW did note that BF was uncooperative and threatening to the CW during the investigation. MGF also expressed concerns for BF being aggressive.

OCFS Review Results:
 This case should have been monitored further by CPS. BF did cause injuries to MGF's abdomen and back during the assault. MGF described BF as "crazy and controlling of his daughter." CPS could have offered BM DV services or spoke to her about DV issues. There were some signs during the investigation that BF was very controlling of the BM. CPS never attempted to get BM alone to speak with her about DV. BF continually threatened to cause bodily harm to the CW during the investigation, so much so that the CW had to call 911 for police assistance.

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

Issue:
 Failure to Offer Services

Summary:
 MGF was admitted to the hospital due to injuries to his back and abdomen caused by BF. BF was verbally abusive and aggressive towards the BM. CW witnessed BF yell and scream at BM and MGM when CW attempted to see the SS at home. BF threatened CW with physical violence which resulted in CW calling 911. BF yelled at BM for signing releases for CW. BF held & waved SS at the CW in a taunting manner.

Legal Reference:
 SSL 424(10); NYCRR 428.6

Action:
 CPS will offer services such as domestic violence services when such issues arise. Even though the family does not have to accept services, CPS is still obligated to offer services.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/15/2014	11793 - Sibling, Female, 1 Days	11791 - Mother, Female, 26 Years	Inadequate Guardianship	Far-Closed	No
	11793 - Sibling, Female, 1 Days	11791 - Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Far-Closed	

Report Summary:
 BM gave birth to SS on 10/14/14 and CH tested positive for marijuana.

OCFS Review Results:
 There were no concerns with this investigation and was appropriately opened as a FAR case.

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



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

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

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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