



Report Identification Number: AL-17-006

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

Issue Date: Jul 31, 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	PS-Parent Sub
CH/CHN-Child/Children		
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-Cardiopulmonary 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-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



Case Information

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

Jurisdiction: Albany
Gender: Male

Date of Death: 02/06/2017
Initial Date OCFS Notified: 02/06/2017

Presenting Information

An SCR report was received on 2/6/17 that alleged the following: at an unknown time, SC fell while in the care of his BM and parent substitute (PS). PS called 911. SC was transported to the hospital where SC went into cardiac arrest and passed away. SC had bruises on his chest, stomach and head. SC had redness on his back that was consistent with burns. SC's death and injuries were suspicious. The role of the 3-year-old child was unknown.

Executive Summary

On 2/6/17, Albany County Department for Children, Youth & Families (ACDCYF) received a report from the SCR concerning the death of a 1-year-old male child. While BM went to a doctor's appointment, she left the SC in the care of her boyfriend (PS). PS and his 3-year-old daughter (OC1) frequently stayed in the home with BM and SC, and PS often took care of SC. Rensselaer County Department of Social Services (RCDSS) had a secondary role in this investigation as this is where PS and OC1 resided.

PS reported he thought SC had stopped breathing, so he performed CPR and called 911. EMS arrived and found PS holding SC across his lap. SC was cool to the touch and pale. SC was transported to the hospital and could not be revived along the way. The autopsy report revealed the SC died from severe lacerations to the liver due to blunt force trauma. SC also had bilateral brain hemorrhaging with "horrific bruising" all over his body; SC was pronounced dead on 2/6/17 at 1:54PM. ACDCYF quickly assessed for safety of OC1 that same day and obtained consent from her father (PS) for a 1021 removal to foster care. ACDCYF discovered PS had another daughter (OC2) whom he had little contact with, and this child was also assessed as being safe with her mother. Orders of Protection were issued for both children through Family Court.

On 2/23/17, BM was charged with two counts of Endangering the Welfare of a Child, and PS was charged with Manslaughter on a person less than 11 years old, 2nd Degree Murder, and Endangering the Welfare of a Child.

ACDCYF worked with LE, promptly identified and assessed safety of the surviving siblings, did a thorough investigation with extensive collateral contacts, including ME, EMS, relatives, and medical providers. RCDSS assisted by interviewing subjects of the report who lived in their county. The allegations of DOA/Fatality, B/S, IG, and L/B/W were made and substantiated against the BM and PS for the SC. Case was IND and closed on 5/22/17, and was transferred to a foster care case for OC1. OC1 remains in foster care.

LDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) LDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, LDSS will review the plan(s) and revise as needed to further address on-going concerns.

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

Was the decision to close the case appropriate? Yes

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:
CWs did thorough interviews with extensive collateral contacts and obtained pertinent documentation from LE and medical sources for their case record.

Required Actions Related to the Fatality

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

Issue:	Failure to provide notice of report
Summary:	The record does not reflect the father was provided the required written notice of the existence of the SCR report.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	ACDCYF will notify the subjects and other persons named in the report, except children under the age of 18 years, in writing, no later than seven days after receipt of the oral report, of the existence of the report and the subject's rights pursuant to title 6 of article 6 of the Social Services Law concerning amendment or expungement of the report.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/06/2017

Time of Death:



County where fatality incident occurred: Albany

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to 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

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	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Other Child - Mother's Partner's daughter	Alleged Victim	Female	3 Year(s)
Other Household 2	Other Child - Mother's Partner's other daughter	No Role	Female	2 Month(s)
Other Household 3	Other - Mother to 3yo daughter	No Role	Female	21 Year(s)
Other Household 4	Mother's Partner	Alleged Perpetrator	Male	22 Year(s)

LDSS Response

ACDCYF received the 2/6/17 report from the SCR about the child being found unresponsive and a subsequent report the same day about the child's death. ACDCYF coordinated the investigation with LE.

Upon receipt of the reports, ACDCYF contacted a secondary source as the primary was unavailable, confirming the reported information. ACDCYF contacted a first responder who saw PS crying as he held SC across his lap. SC was cold and pale.

ACDCYF observed OC1 to be free of visible marks or injuries. OC1 was given a forensic medical exam which came back with no concerns. OC1 was up to date medically. OC1's BM reported PS had custody of OC1 because she did not have stable housing. OC1 was removed with parental consent because her BM lacked stable housing. OC1's BM planned to file for custody. PS also had a 2-month-old daughter (OC2) who resided with her mother. PS had only seen OC2 on 3 occasions and was never alone with her, the last time being in January 2017. OC2's mother agreed to not allow PS around OC2 per the safety plan.

RCDSS unsuccessfully attempted to see PS's 16-year-old sister, as she was not home. RCDSS spoke to PS's father about PS not having contact with his sister, nor allowing BM around her. ACDCYF later saw the PS's sister, and confirmed the



safety plan with her mother.

On 2/7/17, ACDCYF visited BM's friend's home where she was staying after SC died. The friend had a 1-year-old child who lived there. BM's friend agreed to not allow any unsupervised contact between her child and BM. BM admitted that she was aware that PS had physically abused SC on several occasions and that PS had physically abused her in the past, but this was never reported to LE. BM noticed bruising on SC several weeks before his death, and admitted to witnessing PS hit SC on his hands and buttocks, and put his hands around SC's neck. BM failed to intervene as she was afraid of PS. PS often forced BM to punish SC. BM admitted to hitting SC on his hands and buttocks, and to shaking the Pack and Play while SC was in it, out of frustration with SC's crying. BM did not bring SC for scheduled doctor's appointments because he had bruising from PS's beatings. BM was admitted to a MH hospital for suicidal ideations on 2/24/17.

PS was interviewed on 2/8/17. PS said on 2/5/17 he witnessed BM scream at SC and violently shake the Pack and Play with SC inside, so hard it hit the wall. SC was not reported to be injured from this. On 2/6/17, BM left for an appointment around 9AM. PS awoke at 10:30AM and got SC out of his Pack and Play. PS's cousin visited the home between 11:45AM and 12:10PM. The cousin was interviewed and said she saw SC that day, and saw bruising around SC's neck. At some point during this morning, PS believe SC stopped breathing, so he performed CPR. PS ran upstairs to ask his neighbor for help between 12-12:15PM. The neighbor came to the home and saw SC breathing, but he was unresponsive, and she advised PS to call 911. EMS arrived within minutes. BM and PS both used marijuana on a regular basis but deny using marijuana on this day.

ACDCYF obtained all pertinent records, including medical, LE, FD, EMS, and autopsy reports. Although SC's BF was identified, ACDCYF never added him to the report or sent a notification letter. On 2/23/17, BM was charged with two counts of Endangering the Welfare of a Child, and PS was charged with Manslaughter on a person less than 11 years old, 2nd Degree Murder, and Endangering the Welfare of a Child. Orders of protection (full stay away) were issued for PS's two daughters. ACDCYF appropriately IND the report against both caregivers as they were unable to provide a plausible explanation for the injuries. The case was transferred for foster care services.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: At the time of the fatality notification to the District Attorney's office, it was decided a Child Fatality Review Team meeting will be held retrospectively due to the pending criminal investigation.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
039221 - Other Child - Mother's Partner's daughter, Female, 3 Year(s)	038782 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
039221 - Other Child - Mother's Partner's	039241 - Mother's Partner,	Inadequate Food /	Substantiated



daughter, Female, 3 Year(s)	Male, 22 Year(s)	Clothing / Shelter	
039221 - Other Child - Mother's Partner's daughter, Female, 3 Year(s)	039241 - Mother's Partner, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
039221 - Other Child - Mother's Partner's daughter, Female, 3 Year(s)	038782 - Mother, Female, 21 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	039241 - Mother's Partner, Male, 22 Year(s)	Lacerations / Bruises / Welts	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	039241 - Mother's Partner, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	039241 - Mother's Partner, Male, 22 Year(s)	Lack of Medical Care	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	038782 - Mother, Female, 21 Year(s)	Burns / Scalding	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	039241 - Mother's Partner, Male, 22 Year(s)	Internal Injuries	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	038782 - Mother, Female, 21 Year(s)	DOA / Fatality	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	038782 - Mother, Female, 21 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	039241 - Mother's Partner, Male, 22 Year(s)	Burns / Scalding	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	039241 - Mother's Partner, Male, 22 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	038782 - Mother, Female, 21 Year(s)	Lack of Medical Care	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	039241 - Mother's Partner, Male, 22 Year(s)	DOA / Fatality	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	038782 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
039507 - Deceased Child, Male, 1 Year(s)	038782 - Mother, Female, 21 Year(s)	Lacerations / Bruises / Welts	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



and staff) who were present that day (if nonverbal, observation and comments in case notes)?				
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

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 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: PS's 3 year old daughter was placed in foster care on 2/6/17 via a 1021 consent.				

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:
02/06/2017	There was not a fact finding	Foster Care Placement to Continue
Respondent:	039241 Mother's Partner Male 22 Year(s)	
Comments:		

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	There was not a disposition
Respondent:	038782 Mother Female 21 Year(s)	
Comments:		

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	There was not a disposition
Respondent:	039241 Mother's Partner Male 22 Year(s)	
Comments:		

Criminal Charge: Manslaughter Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
02/23/2017	Parent Sub	Unknown	Unknown
Comments:	PS was charged with Manslaughter on a person less than 11 years old.		



Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
02/23/2017	Parent Sub	Unknown	Unknown
Comments:	Endangering the Welfare of a Child for SC		

Criminal Charge: Murder Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
02/23/2017	Parent Sub	Unknown	Unknown
Comments:	PS was charged with 2nd degree Murder of SC.		

Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
02/23/2017	BM	Unknown	Unknown
Comments:	Two counts of Endangering the Welfare of a Child for SC and the 3 year old child.		

Have any Orders of Protection been issued? Yes	
From: 02/06/2017	To: Unknown
Explain: An order of protection was put in place for PS's two daughters.	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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

Explain:

Burial assistance was provided to the family.

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

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)
01/27/2017	Deceased Child, Male, 1 Years	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	Deceased Child, Male, 1 Years	Mother's Partner, Male, 22 Years	Internal Injuries	Indicated	
	Deceased Child, Male, 1 Years	Mother's Partner, Male, 22 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 1 Years	Mother's Partner, Male, 22 Years	Excessive Corporal Punishment	Indicated	
	Deceased Child, Male, 1 Years	Mother's Partner, Male, 22 Years	Lacerations / Bruises / Welts	Indicated	
	Deceased Child, Male, 1 Years	Mother, Female, 21 Years	Excessive Corporal Punishment	Indicated	
	Deceased Child, Male, 1 Years	Mother, Female, 21 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 1 Years	Mother's Partner, Male, 22 Years	Inadequate Food / Clothing	Indicated	



1 Years

22 Years

/ Shelter

Report Summary:

BM and PS made SC stand in a corner facing the wall for 30 minutes while they acted aggressively and screamed at SC. BM and PS fail to provide adequate living conditions for SC. Home was cluttered with bags, and objects blocking doors, and home was infested with cockroaches.

Determination: Indicated

Date of Determination: 05/17/2017

Basis for Determination:

This report was under investigation at the time of SC's death. There was some credible evidence gathered through home visits and interviews to substantiate these allegations.

OCFS Review Results:

LDSS made three home visits between 1/27/17 to 2/6/17 when SC died. Home was small but met minimal standards.

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 history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known 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

A preventive services case was opened on 10/30/15, as BM signed herself back into foster care as she was unable to maintain stable housing. BM gave birth to SC while she was signed into care in a transitional living home. DSS helped BM and SC obtain stable housing and then BM aged out of care. Case was closed on 7/29/16 due to mother aging out and services were no longer needed.

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

Additional Local District Comments

ACDCYF did a thorough job in interviewing all subjects and collaterals, as well as obtaining extensive pertinent records to support their case.

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