



Report Identification Number: AL-18-012

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

Issue Date: Nov 27, 2018

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

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

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

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

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

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

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

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



Abbreviations

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		



Case Information

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

Jurisdiction: Rensselaer
Gender: Male

Date of Death: 06/14/2018
Initial Date OCFS Notified: 06/15/2018

Presenting Information

The SCR report alleged on 6/14/18, the SC was in the care of his maternal grandparents (MGP). Sometime around 12:30 PM, they placed SC down for a nap. They provided conflicting explanations regarding the timeframe that they checked on SC. Grandmother left the home at 2:30 PM to pick up her children from school. Grandfather checked on SC at 3:15 PM and SC was gasping for air and became unresponsive. At 3:45 PM, grandmother checked on SC and he was unresponsive at that time. SM arrived home at an unknown time and SC had turned blue. SM and the MGP delayed medical treatment for SC for unknown reasons and as a result, SC's condition deteriorated. Additionally, within the prior 48 hours, while in the care of SM and MGP, SC sustained serious injuries which appeared to be inflicted and were consistent with blunt force trauma. SC went into cardiac arrest and died at 8:26 PM.

Executive Summary

On 6/15/18, Rensselaer County Department of Social Services received an SCR report regarding the death of the 1 yo SC. There was an open investigation of a report received 6/14/18, regarding the incident that led to SC's death. SC resided with the subject mother (SM), maternal grandparents (MGP), twin 8 yo maternal uncles (MU) and maternal aunts (MA), ages 6 and 10.

RCDSS conducted a joint investigation with LE and it was learned on 6/14/18 around 3:15 PM, the grandmother returned home from picking her 4 children up from school and found SC to be unresponsive in her bed. She spoke to SM, who returned home around 3:30 PM, and the grandmother began performing CPR. 911 was called at 3:44 PM and EMS transported SC to Samaritan Hospital via ambulance. SC was transferred to Albany Medical Center, where it was determined he required emergency surgery. SC was pronounced deceased during surgery at 8:26 PM.

An autopsy was performed and the manner of death was determined to be homicide and the cause of death was "Hypovolemic Shock due to Peritoneal Hemorrhage due to blunt trauma to abdomen." The Forensic Pathologist reported SC had a tear in the back of his abdomen, due to blunt force trauma, which caused severe internal bleeding and led to Hypovolemic Shock. SC also had a small laceration on the front of his liver due to CPR, several bruises on his abdomen and face, swelling on the foreskin of his penis due to an infection, and an old, healed fracture in the left Ulna.

RCDSS appropriately substantiated all allegations against the MGP and the allegations of IG and LMC against SM regarding SC and IG regarding the other children and closed the investigation on 9/27/18. Based on the information gathered at that time, it was determined SM left the home around 10:30 AM on 6/14/18, leaving SC in the care of the MGP until 3:30 PM. SC sustained inflicted injuries that resulted in his death. None of the adults provided a plausible explanation for the injuries and their statements were not consistent. There was no explanation provided why there was a delay in seeking medical assistance for SC after he vomited earlier in the day and had visible bruises. There was conflicting information regarding who was supervising SC while the grandmother was picking up the 4 children from school, as she stated she left SC home and grandfather was sleeping in another bedroom at that time. The allegations of DOA/Fatality, II and L/B/W were unsubstantiated against SM regarding SC. All family members confirmed SC did not appear injured and was healthy when SM left the home, therefore it was determined SC's injuries must have occurred while in the care of the MGP. It was not determined how or when SC sustained the healed fracture.

Due to the unexplained injuries and a history of not obtaining medical care for the children, it was determined the children were not safe in the MGP's care and they were placed in Foster Care on 6/15/18. An Article 10 Abuse Petition was filed in



Rensselaer County Family Court against all 3 adults. The case was opened for ongoing CPS services and referrals were made for anger management classes and MH counseling. The MGP were additionally referred for a substance abuse evaluation and parenting class. SM was provided with housing assistance and referred for pre-natal care for her unborn child and bereavement services. The children were referred for MH counseling and were awaiting the initiation of services.

On 10/4/18, LE informed RCDSS that SM confessed to punching SC in the stomach with a closed fist the morning of the incident, causing the injury that resulted in SC's death. SM was subsequently charged with 2nd Degree Murder and Manslaughter and incarcerated without bail. An SCR report was received on 10/5/18 regarding the new information and SM's arrest. At the time this report was written, the children remained in Foster Care, the Abuse Petitions were pending in Family Court and the 10/5/18 investigation remained open.

PIP Requirement

For issues identified in historical cases, RCDSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) RCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, RCDSS will review the plan and revise as needed to address ongoing 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

Explain:

Case activity was commensurate with case circumstances and the allegations were appropriately determined.

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 was appropriately opened for ongoing CPS/Foster Care services.

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: 06/14/2018

Time of Death: 08:26 PM

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

Unknown

County where fatality incident occurred:

Rensselaer

Was 911 or local emergency number called?

Yes

Time of Call:

03:44 PM

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Female	6 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Male	8 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Male	8 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Female	10 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	38 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Other Household 1	Father	No Role	Male	20 Year(s)



LDSS Response

RCDSS initiated their investigation upon receipt of the 6/14/18 SCR report. RCDSS interviewed the adults at the hospital and it was learned SC had a chronic lung condition and was being tested for a genetic condition, but was otherwise healthy. They were consistent in reporting grandfather came home from work around 12:00 AM on 6/14/18, drank a 16 oz. beer, then went to sleep in one of the bedrooms. SC was sleeping in SM's bed and around 4:00 AM got into bed with the grandmother and went back to sleep. Grandmother drank 1 hard cider at 7:00 AM and then laid back down with SC. Grandfather and SM got up at 7:00 AM and SM brought the 4 children to school at 7:50 AM, then returned home around 8:25 AM and went back to sleep.

Grandmother said SC got up about 9:00 AM, she fed him breakfast and gave him prescribed medication. SC was running around and acting normal. SM left at 10:30 AM, then grandmother played with SC and he started chasing her around with a wooden spoon. She said SC tripped over a shoe and fell, hurting his lip, although he appeared fine. SC vomited around 12:00 PM, then took a nap at 12:30 PM. Grandfather went to sleep around 1:00 PM. At 2:40 PM, grandmother left to get her children from school and she heard SC snoring. She returned with the children at 3:15 PM and changed SC's diaper. SC was speaking to her, although his head was "swaying". The third time his head went back she noticed his lips were purple and thought he was cold so she turned the air conditioner off. SC had a weak pulse so she told the children to get grandfather and she moved SC to the floor to perform CPR. Grandfather's account conflicted in that he said he went to bed around 9:00 AM and slept until 3:30 PM, when he was woken up and told SC was not breathing. He saw SC's lips were purple so he told the 10 yo child to call 911. 911 was contacted at 3:44 PM and grandfather held the phone up to grandmother's ear while she followed instructions for CPR. He said SM returned home while CPR was being performed.

SM was inconsistent in that she reported SC was sleeping in the MGP's bed when she left the home at 10:20 AM. The MGP were awake and she let them know she was leaving. She spoke to grandmother around 3:15 PM and learned SC was acting drowsy and grandmother was waiting to see if he got worse. SM got home at 3:30 PM and observed grandmother sitting on the bed holding SC's limp body. She was not doing CPR correctly and wouldn't let SM perform CPR.

The children reported SC was awake with no visible injuries when they left for school that morning. When they arrived home, SC was unresponsive in grandmother's bed and had bruises on his face and a swollen lip. They were unaware how SC got injured and said grandmother often "bullied" SC and hit him with a wooden spoon.

RCDSS spoke to BF, who reported he resided in Georgia and had not seen SC since SM and SC moved to New York 7 months prior. BF said he spoke to the MGP and SC on the phone on 6/14/18 and SC sounded "down." The MGP said it was due to SC being given his medication. BF was later contacted by a relative and told SC stopped breathing. He then spoke to the MGP and SM via FaceTime and saw SM holding SC's body in the hospital. SM was distraught and said she was told by the MGP that SC was running in the house and tripped over a shoe.

The ER doctor and forensic pathologist were interviewed. The SC arrived at the hospital with no brain activity and died in emergency surgery. The pathologist opined that the injury could have happened up to 24 hours prior to his arrival, and the injuries would have been obvious. Due to delayed medical intervention, the liver damage and internal bleeding were irreparable.

RCDSS conducted a thorough review of CPS history in New York State and Georgia. It was learned there were 2 incidents in the past where the MGP failed to obtain emergency medical care for a child.

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: Other physician

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
048293 - Deceased Child, Male, 1 Yrs	048294 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048294 - Mother, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
048293 - Deceased Child, Male, 1 Yrs	048295 - Grandparent, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048295 - Grandparent, Male, 38 Year(s)	Lack of Medical Care	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048294 - Mother, Female, 20 Year(s)	Lack of Medical Care	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048294 - Mother, Female, 20 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
048293 - Deceased Child, Male, 1 Yrs	048295 - Grandparent, Male, 38 Year(s)	Lacerations / Bruises / Welts	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048296 - Grandparent, Female, 36 Year(s)	Lack of Medical Care	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048295 - Grandparent, Male, 38 Year(s)	Internal Injuries	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048296 - Grandparent, Female, 36 Year(s)	DOA / Fatality	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048296 - Grandparent, Female, 36 Year(s)	Lacerations / Bruises / Welts	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048294 - Mother, Female, 20 Year(s)	Internal Injuries	Unsubstantiated
048293 - Deceased Child, Male, 1 Yrs	048295 - Grandparent, Male, 38 Year(s)	Lack of Supervision	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048295 - Grandparent, Male, 38 Year(s)	DOA / Fatality	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048296 - Grandparent, Female, 36 Year(s)	Internal Injuries	Substantiated
048293 - Deceased Child, Male, 1 Yrs	048296 - Grandparent, Female, 36 Year(s)	Lack of Supervision	Substantiated



048293 - Deceased Child, Male, 1 Yrs	048296 - Grandparent, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
048297 - Aunt/Uncle, Female, 10 Year(s)	048295 - Grandparent, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
048297 - Aunt/Uncle, Female, 10 Year(s)	048296 - Grandparent, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
048297 - Aunt/Uncle, Female, 10 Year(s)	048294 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
048298 - Aunt/Uncle, Male, 8 Year(s)	048296 - Grandparent, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
048298 - Aunt/Uncle, Male, 8 Year(s)	048295 - Grandparent, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
048298 - Aunt/Uncle, Male, 8 Year(s)	048294 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
048299 - Aunt/Uncle, Male, 8 Year(s)	048295 - Grandparent, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
048299 - Aunt/Uncle, Male, 8 Year(s)	048294 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
048299 - Aunt/Uncle, Male, 8 Year(s)	048296 - Grandparent, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
048300 - Aunt/Uncle, Female, 6 Year(s)	048296 - Grandparent, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
048300 - Aunt/Uncle, Female, 6 Year(s)	048294 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
048300 - Aunt/Uncle, Female, 6 Year(s)	048295 - Grandparent, Male, 38 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"/>



Child Fatality Report

Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information:

BF resided out of state and was unable to be interviewed face-to-face, although was spoken to by phone.

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"/>
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:
 The appropriate service needs were identified, the children were placed in Foster Care and Abuse Petitions were filed to obtain Court Ordered Services.

Placement Activities in Response to the Fatality Investigation



	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input 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 children were placed in Foster Care on 6/15/18.				

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:
06/20/2018	There was not a fact finding	There was not a disposition
Respondent:	048295 Grandparent Male 38 Year(s)	
Comments:	An Article 10 Abuse Petition was filed against SM and the MGP regarding the 4 surviving children. The children were placed in Foster Care and the petitions were pending in Rensselaer County Family Court.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
06/20/2018	There was not a fact finding	There was not a disposition
Respondent:	048296 Grandparent Female 36 Year(s)	
Comments:	An Article 10 Abuse Petition was filed against SM and the MGP regarding the 4 surviving children. The children were placed in Foster Care and the petitions were pending in Rensselaer County Family Court.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
06/20/2018	There was not a fact finding	There was not a disposition
Respondent:	048294 Mother Female 20 Year(s)	
Comments:	An Article 10 Abuse Petition was filed against SM and the MGP regarding the 4 surviving children. The children were placed in Foster Care and the petitions were pending in Rensselaer County Family Court.	

Criminal Charge: Murder **Degree:** 2



Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
10/04/2018	SM	Unknown	Incarcerated without Bail
Comments:	On 10/4/18, SM was charged with 2nd Degree Murder and Manslaughter. SM was incarcerated without bail and the charges were pending.		

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: Anger Management Class							

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 surviving children were removed and placed in Foster Care and referred for MH counseling.

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

**Explain:**

Foster Care services were provided to the family, including supervised visitation.

History Prior to the Fatality**Child Information**

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was there an open CPS case with this child at the time of death?	Yes
Was the child ever placed outside of the home prior to the death?	No
Were there any siblings ever placed outside of the home prior to this child's death?	N/A
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)
06/14/2018	Deceased Child, Male, 1 Years	Grandparent, Male, 38 Years	Internal Injuries	Substantiated	No
	Deceased Child, Male, 1 Years	Grandparent, Female, 36 Years	Internal Injuries	Substantiated	
	Deceased Child, Male, 1 Years	Grandparent, Male, 38 Years	Lacerations / Bruises / Welts	Substantiated	
	Deceased Child, Male, 1 Years	Grandparent, Female, 36 Years	Lacerations / Bruises / Welts	Substantiated	
	Deceased Child, Male, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Female, 10 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Male, 8 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Male, 8 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Female, 6 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Years	Grandparent, Male, 38 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Female, 10 Years	Grandparent, Male, 38 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Male, 8 Years	Grandparent, Male, 38 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Male, 8 Years	Grandparent, Male, 38 Years	Inadequate Guardianship	Substantiated	



Aunt/Uncle, Female, 6 Years	Grandparent, Male, 38 Years	Inadequate Guardianship	Substantiated
Deceased Child, Male, 1 Years	Grandparent, Female, 36 Years	Inadequate Guardianship	Substantiated
Aunt/Uncle, Female, 10 Years	Grandparent, Female, 36 Years	Inadequate Guardianship	Substantiated
Aunt/Uncle, Male, 8 Years	Grandparent, Female, 36 Years	Inadequate Guardianship	Substantiated
Aunt/Uncle, Male, 8 Years	Grandparent, Female, 36 Years	Inadequate Guardianship	Substantiated
Aunt/Uncle, Female, 6 Years	Grandparent, Female, 36 Years	Inadequate Guardianship	Substantiated
Deceased Child, Male, 1 Years	Mother, Female, 20 Years	Internal Injuries	Unsubstantiated
Deceased Child, Male, 1 Years	Mother, Female, 20 Years	Lacerations / Bruises / Welts	Unsubstantiated
Deceased Child, Male, 1 Years	Mother, Female, 20 Years	Lack of Medical Care	Substantiated
Deceased Child, Male, 1 Years	Grandparent, Male, 38 Years	Lack of Medical Care	Substantiated
Deceased Child, Male, 1 Years	Grandparent, Female, 36 Years	Lack of Medical Care	Substantiated
Deceased Child, Male, 1 Years	Grandparent, Male, 38 Years	Lack of Supervision	Substantiated
Deceased Child, Male, 1 Years	Grandparent, Female, 36 Years	Lack of Supervision	Substantiated

Report Summary:

An SCR report alleged on 6/14/18, SC went into cardiac arrest and was taken to the hospital. SC had suspicious bruising on the base of his penis, the area above his penis and his lower left abdomen. It was unknown if the cardiac arrest was related to the child's injuries. The SM and MGP were listed as alleged subjects.

Report Determination: Indicated

Date of Determination: 09/27/2018

Basis for Determination:

The allegations were substantiated. SC died from Hypovolemic Shock due to Peritoneal Hemorrhage due to blunt force trauma to his abdomen. All 3 adults cared for SC on the date of the incident and none of the adults provided a plausible explanation for the injuries. The adults delayed in calling 911 when SC was unresponsive and not breathing. The home was observed to be cluttered with items and medication strewn throughout the home and accessible to the children. The children were removed and placed in Foster Care. II and L/B/W were unsubstantiated against SM as SC appeared fine with no injuries when she left SC in the care of the MGP at 10 AM on 6/14/18.

OCFS Review Results:

All household members were interviewed and the necessary collaterals were contacted to determine the allegations. The safety assessment and RAP were completed accurately. Notice of Existence and Notice of Indication letters were provided to the required persons. RCDSS appropriately filed an Abuse Petition in Family Court and placed the children in Foster Care.

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/05/2018	Aunt/Uncle, Male, 8 Years	Grandparent, Female, 36 Years	Lack of Medical Care	Substantiated	Yes
	Aunt/Uncle, Male, 8 Years	Grandparent, Female, 36 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Male, 8 Years	Grandparent, Male, 38 Years	Lack of Medical Care	Substantiated	
	Aunt/Uncle, Male, 8 Years	Grandparent, Male, 38 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report alleged on 2/24/18 the MU sustained a severe burn on his right arm from hot water. The MGP did not seek medical attention and as a result the burn was hurting and there was a gaping hole where the burn was. The roles of the other children were unknown.

Report Determination: Indicated

Date of Determination: 05/08/2018

Basis for Determination:

RCDSS substantiated the allegations. The MU sustained a burn on his right arm on 2/24/18 when he was removing hot food from the microwave. On 2/26/18, the MGP were advised by the school nurse to seek medical treatment for the burn. As of 3/5/18, they still had not sought medical treatment and the burn was exposed and painful. At the request of CPS, they brought the child for medical care and the burn was treated. The delay in treatment and failure to cover the burn placed the child at risk of infection and in prolonged pain.

OCFS Review Results:

All household members were interviewed and the home was assessed to be safe. The SC was observed to appear healthy with no marks or bruises and his pediatrician had no concerns. SM denied knowledge of who SC's BF was. The safety assessment and RAP were completed accurately. Notice of Existence letters were provided to the required persons. Necessary collaterals were contacted to determine the allegations. There was no documentation of a CPS history check for the family.

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

Issue:

Review of CPS History

Summary:

There was no documentation of a CPS history check for the family.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, RCDSS must review all SCR records of prior reports, including legally sealed reports, involving the subject of the report, the allegedly abused or maltreated child, or the child's sibling, and, for indicated reports, must also review prior reports pertaining to other children in the household or other persons named in the report, and document such.

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

There is no CPS history more than 3 years prior to the fatality.

Known CPS History Outside of NYS



Georgia CPS received a report on 10/6/16 and unsubstantiated the allegations of Inadequate Supervision, Inadequate Health/Medical Care and Inadequate Food, Clothing, Shelter against SM regarding SC. SM was meeting all of SC's medical needs, caring for him adequately and there was no preponderance of the evidence to conclude that maltreatment occurred. The case was closed with Early Intervention in place.

Georgia CPS received a report on 1/13/11 and unsubstantiated the unknown allegations against the grandmother regarding a 3 yo child she was caring for. The child received 2nd degree burns on her hand. The injury was consistent with the explanation the grandmother was holding a pan of hot grease and did not see the child in front of her and tripped over the child. The father of the child called 911 when he picked the child up and saw the injury. The incident was deemed accidental.

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