

Report Identification Number: NY-14-117

Prepared by: New York City Regional Office

Issue Date: 4/28/2015

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.

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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
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	MN-Medical Neglect	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		

Case Information

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Report Type:^{a,1} Child Deceased
Age:^{b,5} 2 month(s)

Jurisdiction:^{a,4} Bronx
Gender:^{b,2} Male

Date of Death:^{a,3} 10/31/2014
Initial Date OCFS Notified:^{a,7} 11/04/2014

Presenting Information^{c,8}

On 10/26/14, the family friend arrived at the home of the mother to babysit the infant. At approximately 8:15 AM, the mother left for work and returned home after approximately 4:00 PM. She found the infant unresponsive and turning blue. She went downstairs and an unidentified neighbor took her and the infant to the hospital. While in the care of the friend, the infant sustained head trauma/fracture with swelling and bruising to the head. On 10/27/14, the infant was transferred to a different hospital. The infant passed away on 10/31/14 of Cerebral Edema due to non-accidental trauma. The roles of the mother and surviving half sibling were unknown.

Executive Summary^{a,1}

This two-month-old infant was hospitalized on 10/27/14 for treatment of life threatening injuries. The infant was pronounced dead on 10/31/14. As of 4/21/15, NYCRO has not yet received the finalized autopsy report.

ACS' findings revealed on 10/27/14, at approximately 8:15 AM, the mother left the infant with the caretaker at home. At about 4:00 PM, when the mother returned home, the caretaker told the mother the infant hit his head. The mother checked the infant and observed he appeared lifeless. The mother obtained a taxi and took the infant to Lincoln Hospital where the physician observed the infant had subdural hematoma, bilateral retinal hemorrhaging and skull fractures. The infant was placed on a ventilator and transferred to the Columbia Presbyterian Hospital Pediatric Intensive Care Unit for a higher level of medical care. The mother was unable to provide an explanation for not contacting 911 to obtain medical assistance.

On 10/28/14, a NYPD detective said the caretaker stated the infant slipped out of his arms and hit his head and when he picked up the infant, the infant fell again. The caretaker was arrested regarding the incident and on 10/29/14, he was charged with endangering the welfare of a child.

ACS' staff maintained adequate contact with the family. The Specialist observed the half sibling did not have suspicious marks or bruises. The home included adequate provisions including a playpen with bassinet for the infant. Also, the family received services to maintain household stability.

On 1/2/15, ACS substantiated the allegations of DOA/Fatality, Fractures, Swelling/Dislocation/Sprains and Internal Injuries, of the infant by the caretaker on the basis that the caretaker inflicted life threatening injuries to the infant who sustained multiple fractures, subdural hemorrhage to the left aspect of emporium and high right frontal vertex and bilateral retinal hemorrhaging. The injuries resulted in the infant's death. The information received from collaterals showed the infant sustained fatal injuries while in the caretaker's care. The ME observed multiple skull fractures during autopsy including swelling of the brain and subdural hematomas.

Also, ACS substantiated the allegation of Inadequate Guardianship of the infant by the caretaker. The caretaker said the infant fell on the floor multiple times and he did not seek emergency medical care. The caretaker failed to safeguard and provide a minimum degree of care to the infant.

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?**_{o.3} No
 - **Safety assessment due at the time of determination?**_{w.3} Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?**_{o.5} 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?**_{w.1} Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?**_{w.2} Yes

Was the decision to close the case appropriate?_{v.3} N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?_{w.5} Yes

Was there sufficient documentation of supervisory consultation?_{v.2} Yes, the case record has detail of the consultation.

Required Actions Related to the Fatality

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

Issue:	Timeliness of completion of FASP
Summary:	The Initial Family Assessment Service Plan, which was due on 12/13/14, was not completed and the Comprehensive Assessment Service Plan, which was due on 3/24/15, was not launched.
Legal Reference:	18 NYCRR 428.3(f)(5)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.
Issue:	Timely/Adequate 24 Hour Assessment
Summary:	On 11/7/14, ACS completed the Child Fatality safety assessment for the 11/4/14 fatality report.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: ^{b,4} 10/31/2014

Time of Death: ^{b,4a} 11:45 AM

Date of fatal incident, if different than date of death: ^{b,4} 10/27/2014

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

County where fatality incident occurred: ^{c,14}

BRONX

Was 911 or local emergency number called? ^{c,15}

No

Did EMS to respond to the scene? ^{c,16}

No

At time of incident leading to death, had child used alcohol or drugs? ^{c,17} N/A

Child's activity at time of incident: ^{c,18}

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: The infant was active.

Did child have supervision at time of incident leading to death? ^{g,1} Yes

Is the caretaker listed in the Household Composition? ^{g,4} Yes - Caregiver 2

At time of incident supervisor was: ^{g,17,18} Not impaired.

Total number of deaths at incident event:

Children ages 0-18: ^{c,19} 1

Household Composition at time of Fatality ^{h,2}

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		3 Month(s)
Deceased Child's Household	Mother	No Role	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Other Household 1	Other	Alleged Perpetrator	Male	32 Year(s)

LDSS Response ^{n,30}

On 11/4/14, the Specialist interviewed hospital staff who said the infant was pronounced dead on 10/31/14. The infant was removed from the ventilator based on an agreement which was made between the mother and hospital staff. The hospital staff assisted the mother with obtaining counseling services and burial funds.

The medical records showed in September 2014, the children last had well-child examinations and they were healthy. The Emergency Room records reflected on 10/27/14, at the time the infant arrived in the hospital, his primary diagnosis included intracranial injury of other and unspecified nature and the presenting problem included unresponsiveness.

On 11/5/14, the Specialist interviewed the mother who said during the week prior to 10/27/14, she started a new job as she needed the income to pay rent arrears. She knew the caretaker and his spouse for approximately one year and she did not have reason to suspect they would harm the infant. On 10/27/14, at about 8:15 AM, she left the infant with the caretaker and went to work. When she returned home, the caretaker said the infant hit his head on the canopy while being burped and when he moved the infant, the infant again hit the other side of the head on a pole. The mother observed the infant was limp and blue; she obtained a taxi and transported the infant to the hospital.

The Specialist observed the half sibling was fine. The Specialist noted the home included a crib and playpen. The mother received safe sleep education, but had elected to place the infant facing down with his face turned to the side to sleep. The infant did not know how to lift his own head. The mother's paramour did not reside in the home. The paramour said he knew the caretaker for about eight years and did not observe the caretaker use drugs or become aggressive. He recommended the caretaker to babysit the infant. On 10/27/14, the mother sent a text message asking him to check the infant and he contacted the caretaker who said the infant was fine.

On 11/6/14, an NYPD detective informed ACS that the building video surveillance revealed on 10/27/14, within one minute of the mother returning to the home, she exited the home with the infant in her arms. The NYPD investigation remained in progress. Also, ACS learned the mother cooperated with the District Attorney's investigation. Subsequently, the ME informed ACS the autopsy report was pending the results of additional tests.

The Specialist interviewed an assigned Child Advocacy Center physician who had examined the infant at Columbia Presbyterian Hospital. This physician observed the infant required respiratory assistance to breathe, he had two fractures on top of the skull from one ear to the other, subdural bleeding and retinal bleeding with multi layers of fresh blood. The retinal blood likely occurs in a child when there is swinging motion of the child with force. The physician's noted the injury was likely the result of abusive head trauma due to impact by being slammed: non-accidental and inflicted.

The caretaker remained incarcerated at Riker's Island. In November, 2014, the Specialist contacted Riker's Island staff to interview the caretaker; however, the staff did not respond. The Specialist interviewed the caretaker's spouse who denied domestic violence occurred in their home. ACS learned the caretaker's family received housing services.

On 11/25/14, ACS opened the Family Services Stage to monitor the family's mental health, criminal order of protection and provide housing advocacy. ACS found the mother obtained bereavement counseling and burial funds through community based organizations. On 3/18/15, the Specialist last observed the mother and half sibling in the home. The mother expressed concerns about her symptoms of her prescribed medication. However, there was no follow up regarding the mother's health.

On 1/2/15, ACS substantiated the allegations of the 11/4/14 report on the basis of findings of credible evidence

Official Manner and Cause of Death

Official Manner:_{e.1} Pending

Primary Cause of Death:_{e.2} Unknown

Person Declaring Official Manner and Cause of Death:_{e.6} Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?_{e.1} No

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Comments: ^{1b} The investigation adhered to previously approved protocols for joint investigations.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? ^{a6} No

Comments: ^{a6} The fatality was not reviewed by an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
015201 - Deceased Child, , 3 Mons	015204 - Other - Caretaker, Male, 32 Year(s)	Fractures	Substantiated
015201 - Deceased Child, , 3 Mons	015204 - Other - Caretaker, Male, 32 Year(s)	Inadequate Guardianship	Substantiated
015201 - Deceased Child, , 3 Mons	015204 - Other - Caretaker, Male, 32 Year(s)	DOA / Fatality	Substantiated
015201 - Deceased Child, , 3 Mons	015204 - Other - Caretaker, Male, 32 Year(s)	Internal Injuries	Substantiated
015201 - Deceased Child, , 3 Mons	015204 - Other - Caretaker, Male, 32 Year(s)	Swelling / Dislocations / Sprains	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed? ^{n.6}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed? ^{n.7}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face? ^{n.21}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face? ^{n.22}	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source? ^{n.3}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted? ^{n.8-n.20}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed? ^{n.5}	<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? ^{n.2}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation? ^{n.1a}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation? ^{n.24}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information: ^{n.25}

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The Specialist was unable to interview the caretaker who was a subject of the report. The Specialist interviewed the family's neighbors and building maintenance staff. There were events dated 10/30/14 which were entered on 12/24/14.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household? ^{o.1}	<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: ^{o.2}				
Within 24 hours? ^{o.2a}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days? ^{o.2b}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days? ^{o.2c}	<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? ^{o.3}	<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? ^{o.8}	<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? ^{o.6}	<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? ^{p.3}	<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? ^{p.2}	<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? ^{p.6}	<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? ^{p.4}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case? ^{p.7}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

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	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 and placed in foster care at any time during this fatality investigation? ^{p.5}	<input type="checkbox"/>	<input checked="" 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? ^{o.7}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality^e

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 _{s.1}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support _{s.2}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements _{s.3}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance _{s.4}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services _{s.5}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care _{s.6}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care _{s.7}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services _{s.8}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family planning _{s.9}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services _{s.10}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills _{s.11}	<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 _{s.12}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention _{s.13}	<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 _{s.14}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care _{s.15}	<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 _{s.16}	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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resources _{s,17}							
Other _{s,18}	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:_{s,19}
 The family received services through community based agencies. Also, the case remains open in the Family Services Stage for preventive services.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?_{n,31} Yes

Explain:_{n,31a}

The family received Bereavement services. The surviving sibling received group therapy.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?_{n,32} Yes

Explain:_{n,32b}

The family received case management services to stabilize household functioning and provide housing needs.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?**_{b,18} Yes
- Was there an open CPS case with this child at the time of death?**_{b,17} Yes
- Was the child ever placed outside of the home prior to the death?**_{b,20} No
- Were there any siblings ever placed outside of the home prior to this child's death?**_{b,21} No
- Was the child acutely ill during the two weeks before death?**_{b,23} Yes

Infants Under One Year Old

During pregnancy, mother:_{b,25}

- Had medical complications / infections
- Had heavy alcohol use
- Misused over-the-counter or prescription drugs
- Smoked tobacco
- Experienced domestic violence
- Used illicit drugs
- Was not noted in the case record to have any of the issues listed

Infant was born:_{b,26}

- 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_k

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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/27/2014	1991 - Deceased Child, Male, 2 Months	1992 - Mother, Female, 32 Years	Fractures	Unfounded	Yes
	1991 - Deceased Child, Male, 2 Months	1992 - Mother, Female, 32 Years	Inadequate Guardianship	Unfounded	
	1991 - Deceased Child, Male, 2 Months	1992 - Mother, Female, 32 Years	Swelling / Dislocations / Sprains	Unfounded	
	1991 - Deceased Child, Male, 2 Months	1994 - Other - Caretaker, Male, 32 Years	Fractures	Indicated	
	1991 - Deceased Child, Male, 2 Months	1994 - Other - Caretaker, Male, 32 Years	Inadequate Guardianship	Indicated	
	1991 - Deceased Child, Male, 2 Months	1994 - Other - Caretaker, Male, 32 Years	Swelling / Dislocations / Sprains	Indicated	

Report Summary:
 On 10/27/14, the mother left the two-month-old infant with the caretaker. When the mother picked up the infant he was unresponsive and pale. The infant had a fracture and swelling to the back of his head. The caretaker had no explanation for the infant's death. The infant was in critical condition.

Determination: Indicated **Date of Determination:** 12/24/2014

Basis for Determination:
 ACS substantiated the allegations of Fracture, Swelling/Dislocation/Sprains and IG of the infant by the caretaker on the basis that he inflicted life threatening injuries to the infant. The information received from police, ME and family members showed the infant sustained the injuries while in the caretaker's care. The caretaker was arrested and incarcerated in connection with the infant's death. The caretaker failed to provide the infant with a minimum degree of care which resulted in the infant's death.

ACS unsubstantiated the allegations of Fractures, Swelling/Dislocation/Sprains and IG of the infant by the mother as there was no evidence the mother inflicted injury to the infant.

OCFS Review Results:
 On 10/27/14, ACS initiated the investigation. The Specialist interviewed family members and collaterals and observed the infant and half sibling. ACS found on 10/27/14, at approximately 8:15 AM, the mother left the infant with the caretaker in the home. At approximately 4:00 PM, the mother returned home, observed the infant seemed lifeless, she obtained a taxi and took the infant to Lincoln Hospital. The medical records showed the infant had subdural hematoma, bilateral retinal hemorrhaging and skull fractures. On 10/28/14, an assigned detective said the caretaker stated the infant slipped out of his arms and hit his head. The caretaker was arrested and charged regarding the incident.

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

Issue:
 Face-to-Face Interview (Subject/Family)

Summary:
 The ACS case record did not reflect the Specialist attempted to interview the caretaker who was a subject of the 10/27/14 report.

Legal Reference:
 18 NYCRR 432.2(b)(3)(ii)(a)

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

ACS' Investigation Progress Notes dated 10/30/14 and 11/7/14 were not entered in CONNECTIONS until 12/24/14.

Legal Reference:

18 NYCRR 428.5(a) and (c)

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

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

The family did not have CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

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.

Required Action(s)

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

Yes No

Foster Care Placement History

NYS Office of Children and Family Services - Child Fatality Report

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?

Family Court
 Criminal Court
 Order of Protection

Criminal Charge: Reckless assault of a child Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
10/28/2014	Caretaker	Unknown	indictment
Comments:	On 11/4/14, an assigned detective informed the Specialist that the caretaker was charged with reckless assault and endangering the welfare of a child. According to the ACS case record, the next appearance in the Bronx Supreme Court was scheduled for 3/10/15. On 4/20/15, ACS staff informed NYCRO that the next court date is 4/28/15.		

Have any Orders of Protection been issued? Yes	
From: Unknown	To: Unknown

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