



**Report Identification Number: NY-15-070**

**Prepared by: New York City Regional Office**

**Issue Date: 3/25/2016**

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
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** 09/11/2015  
**Initial Date OCFS Notified:** 09/11/2015

## Presenting Information

On 9/11/15, the SCR registered a report alleging that on 8/29/15 the parents brought the 3-month-old SC to the emergency room because the child was restless and unresponsive. Upon examination, it was determined that the SC had sustained brain injuries consistent with Shaken Baby Syndrome (SBS). The report noted that the SC was placed on life support and by 9/10/15; the child’s neurological status deteriorated. The SC was pronounced dead on 9/11/15. The report also noted that the SC had no pre-existing medical condition.

## Executive Summary

The SC was 3 months old when she died on 9/11/15. An autopsy was completed; however, to date, the ME has not provided an official cause and manner of death.

The allegations were Internal Injuries (II) and Inadequate Guardianship (IG) of the child by the parents. ACS added the MGM and PGM as subjects of the 8/29/15 report with allegations of II and IG. ACS also added the allegation of Choking/ Twisting /Shaking (CTS) for the parents and grandparents. The child died on 9/11/15 at the hospital.

The SC resided with the MGM, MGM’s husband and the BM. The BF resided with the PGM and had a 7-year-old child who resided with her BM, but visited his home on weekends. The SC’s BM had no other children.

According to the BM, on 8/29/15, she dropped off the SC at the PGM’s home at 3:10 P.M. to spend time with the BF. The BM indicated that she remained at the PGM’s home for about 10 minutes to discuss with the BF the SC’s feeding routine. The BM noted the SC was alert and smiling. The BM said that at 4:00 P.M., she received a call from the BF asking her to return to his home because the SC was crying inconsolably. The BM said she arrived at the PGM’s home and arrived at 4:15 P.M.; the SC was asleep and the PGM had just arrived with the sibling. The BM said she left again to spend time with her friends and returned for the SC at about 8:15 P.M. The BM said that the BF indicated that the SC was still asleep and did not want to drink her formula or take her pacifier. The BM then went to the bedroom and attempted to feed the SC, but the child did not respond. The mother then checked the SC’s eyes by opening her eyelids and noticed the pupils did not move and the SC’s tongue was “rolled up.” The BM said that she called 911, EMS responded to the home and transported the SC to the hospital. The BF’s account of events was consistent with the BM’s; however, he noted that the SC’s breathing appeared congested and that the BM told him the SC was up early. Therefore, he thought that the SC was sleeping because she was tired.

Once the SC arrived at the Richmond University Medical Center (RUMC), it was discovered that she had sustained intracranial bleeding and retinal hemorrhaging. The parents had no plausible explanation for the injuries. The medical staff determined the injuries were consistent with SBS. The SC was admitted to the hospital and placed on a ventilator. A report was registered with the SCR on 8/29/15 concerning the SC’s injuries and indicated on 10/22/15.

The parents were questioned by the NYPD; however, there has been no arrest in connection to the SC’s death. The NYPD’s case remains open pending the autopsy report.



On 9/4/15, ACS filed an Article 10 Petition of Abuse against the parents, the PGM and the MGM. Family Court Legal Services (FCLS) determined that the MGM and the PGM were persons legally responsible for the SC and had cared for the child to some degree within the 24 hours of the suspected physical abuse. Therefore, the parents, the MGM and the PGM were all listed as respondents in the petition. Although the 7-year-old child was not harmed and did not report any abuse by the father and/or the PGM, due to the nature of the SC's injury she was also listed in the Article 10 Petition.

The SC was remanded while at the hospital and subsequently died on 9/11/15. A stay away order of protection was issued on behalf of the 7-year-old child against the BF and the PGM. The 7-year-old child was returned to her mother and it was ordered that the BF and PGM have supervised visits at the ACS SI Field Office.

ACS has not made a determination on this report.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** N/A
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** No

### Determination:

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

### Explain:

N/A

**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:

Case is pending.

## 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:** 09/11/2015

**Time of Death:** 09:12 AM

**Date of fatal incident, if different than date of death:** 08/29/2015

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

**County where fatality incident occurred:**

RICHMOND

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

08:34 PM

**Did EMS to 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

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

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**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	55 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	30 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	66 Year(s)
Other Household 2	Sibling	No Role	Female	7 Year(s)

### LDSS Response

Following the SC's death and receipt of the report alleging DOA/Fatality, ACS continued the investigations

simultaneously and made contact with the medical staff, NYPD, and ME.

On 8/29/15, the SC was taken to the RUMC severe brain injuries; she was admitted and placed on life support.

On 9/4/15, ACS filed an Article 10 Petition of Abuse on behalf of the SC and the half sibling. The parents, the MGM and the PGM were listed as respondents in the petition. Due to the nature of the SC's injury, the half sibling was also listed to the petition. The SC was remanded and remained at the RUMC; and the sibling was "returned" to her non-respondent mother. Family Court issued a stay away order of protection against the BF and the PGM on behalf of the half sibling and ordered that they have supervised visits.

The SC remained on life support and was subsequently pronounced dead on 9/11/15. The medical staff noted that the injuries were consistent with that of SBS. However, the ME has not provided a cause and/or manner of death.

According to the BM, on 8/29/15, she dropped off the SC at the PGM's home at 3:10 P.M. and remained at the PGM's home for about 10 minutes to discuss the SC's feeding routine with the BF. The BM said that at 4:00 P.M., she received a call from the BF asking her to return to his home because the SC was crying inconsolably. The BM said she returned to the PGM's home at 4:15 P.M. at which time the SC was asleep and the PGM had just arrived with the half sibling. The BM said she left again and returned for the SC at about 8:15 P.M. The BM said that the BF indicated the SC who was still asleep did not want to drink her formula or take her pacifier. The mother checked the SC's eyes by opening her eyelids and noticed the pupils did not move and the SC's tongue was "rolled up." The BM said she called 911, EMS responded to the home and transported the SC to the hospital.

The BF's account of events was consistent with the BM's. The BF indicated the SC was usually a happy baby; however, on 8/29/15, she was crying "a lot." The BF said that at about 7:00 P.M., the PGM told him to wake the SC for a feeding. The BF said he attempted to feed the SC, but she refused to be fed and he thought the SC was tired. The BF was not asked whether he picked up the SC to feed her or about the SC's demeanor. The BF said he called the BM at 7:45 P.M. to inform her that the SC had not been fed and the BM returned to his home at 8:00 P.M. The BF confirmed that the BM called 911 after she was unable to get the SC to respond.

The BF said he usually saw the SC 3 to 4 times a week, but the SC did not stay overnight at his home. The BF said that on 8/29/15, the sibling spent time with the SC, but never picked her up. ACS interviewed the half sibling who indicated that the SC was asleep for most of the time. ACS visited the sibling's home and deemed her safe in her BM's care.

ACS contacted the EMS liaison and confirmed that the 911 call was received at 8:34 P.M. EMS arrived at the home at 8:38 P.M. and at the RUMC at 8:54 P.M.

ACS interviewed all the subjects; however, none expressed concerns about the parents' ability to care for the SC. ACS spoke to the SC's pediatrician and there were no concerns about the care the SC was receiving.

On 1/22/16, the NYPD informed ACS that the criminal investigation remained open. The NYPD reported that they had a videotaped interview with the BF where he noted that he might have placed the SC down "roughly." There was no arrest pending the ME's autopsy report.

As of 3/9/16, the ME had not issued the autopsy report and ACS has not made a determination.

**Official Manner and Cause of Death**



# NYS Office of Children and Family Services - Child Fatality Report

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** The investigation adhered to previously approved protocols for joint investigation.

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the NYC Region.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
020402 - Deceased Child, Female, 3 Month(s)	020403 - Mother, Female, 23 Year(s)	DOA / Fatality	Pending
020402 - Deceased Child, Female, 3 Month(s)	020403 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Pending
020402 - Deceased Child, Female, 3 Month(s)	020403 - Mother, Female, 23 Year(s)	Swelling / Dislocations / Sprains	Pending
020402 - Deceased Child, Female, 3 Month(s)	020403 - Mother, Female, 23 Year(s)	Choking / Twisting / Shaking	Pending
020402 - Deceased Child, Female, 3 Month(s)	024822 - Grandparent, Female, 66 Year(s)	Inadequate Guardianship	Pending
020402 - Deceased Child, Female, 3 Month(s)	024821 - Grandparent, Female, 55 Year(s)	Inadequate Guardianship	Pending
020402 - Deceased Child, Female, 3 Month(s)	026183 - Father, Male, 30 Year(s)	DOA / Fatality	Pending
020402 - Deceased Child, Female, 3 Month(s)	026183 - Father, Male, 30 Year(s)	Inadequate Guardianship	Pending

## CPS Fatality Casework/Investigative Activities

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



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All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



# NYS Office of Children and Family Services - Child Fatality Report

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 and placed in foster care at any time during this fatality investigation?	<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?	<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?

Family Court

Criminal Court

Order of Protection

**Family Court Petition Type:** FCA Article 10 - CPS

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
09/04/2015	There was not a fact finding	Article 10 Remand
<b>Respondent:</b>	020405 Father Male 20 Year(s)	
<b>Comments:</b>	<p>ACS filed an Article 10 petition at the Staten Island Family Court on behalf of the SC and the sibling who resided with her mother. The parents, PGM and the SC's MGM were name as the respondents.</p> <p>The SC was remanded and remained at the hospital until her death on 9/11/15. The judge ordered that visitations between the father and the PGM with the sibling be supervised at by ACS. In addition, a stay away OOP against the father and the PGM was issued on behalf of the sibling.</p>	

**Have any Orders of Protection been issued?** Yes

**From:** 09/04/2015

**To:** Unknown

**Explain:**



# NYS Office of Children and Family Services - Child Fatality Report

The Staten Island Family Court judge issued an OOP against the SC's father on behalf of the sibling as a result of an Article 10 Petition. As of 1/20/16, the OOP continued active.

## Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

**Explain:**  
Services were offered, but there were no immediate needs and no sibling remained with any of the subjects of the report.

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

**Explain:**  
Services were offered, but there were no immediate needs.



## 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? No
- Was the child acutely ill during the two weeks before death? Yes

### Infants Under One Year Old

#### During pregnancy, mother:

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

#### Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

## 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)
08/29/2015	6882 - Deceased Child, Male, 3 Months	6881 - Mother, Female, 23 Years	Internal Injuries	Indicated	No
	6882 - Deceased Child, Male, 3 Months	6883 - Grandparent, Female, 45 Years	Choking / Twisting / Shaking	Indicated	
	6882 - Deceased Child, Male, 3 Months	6891 - Father, Male, 30 Years	Choking / Twisting / Shaking	Indicated	
	6882 - Deceased Child, Male, 3 Months	6891 - Father, Male, 30 Years	Inadequate Guardianship	Indicated	
	6882 - Deceased Child, Male, 3 Months	6891 - Father, Male, 30 Years	Internal Injuries	Indicated	
	6882 - Deceased Child, Male, 3 Months	6901 - Grandparent, Female, 56 Years	Choking / Twisting / Shaking	Indicated	
	6911 - Sibling, Female, 7 Years	6891 - Father, Male, 30 Years	Inadequate Guardianship	Indicated	



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6911 - Sibling, Female, 7 Years	6901 - Grandparent, Female, 56 Years	Inadequate Guardianship	Indicated
6882 - Deceased Child, Male, 3 Months	6881 - Mother, Female, 23 Years	Choking / Twisting / Shaking	Indicated
6882 - Deceased Child, Male, 3 Months	6881 - Mother, Female, 23 Years	Inadequate Guardianship	Indicated
6882 - Deceased Child, Male, 3 Months	6883 - Grandparent, Female, 45 Years	Inadequate Guardianship	Indicated
6882 - Deceased Child, Male, 3 Months	6883 - Grandparent, Female, 45 Years	Internal Injuries	Indicated
6882 - Deceased Child, Male, 3 Months	6901 - Grandparent, Female, 56 Years	Inadequate Guardianship	Indicated
6882 - Deceased Child, Male, 3 Months	6901 - Grandparent, Female, 56 Years	Internal Injuries	Indicated

**Report Summary:**

On 8/29/15, the BM dropped off the SC at the BF's home, and shortly after the BF called the BM because the SC was inconsolable. By the time the BM returned to the BF's home, the SC was asleep; therefore, she left the BF's home leaving the SC with him. She returned at 8:15 P.M. and found the SC unresponsive.

EMS was called and transported the SC to the hospital. The SC arrived to the hospital unresponsive; his pupils were not reactive. The SC had sustained intracranial bleeding and retinal hemorrhaging. The parents had no plausible explanation for the injuries that appeared to be inflicted. The parents resided in separate households; the SC resided with the BM.

**Determination:** Indicated**Date of Determination:** 10/22/2015**Basis for Determination:**

ACS substantiated the allegations against the subjects concerning SC. ACS found that they were all PLR and had no plausible explanation for the SC's injuries. ACS cited that the SC arrived to the hospital with brain injuries that the medical staff associated with Shaken Baby Syndrome. The medical staff also indicated that the injuries appeared to have been inflicted within the 24 hours prior to the SC's arrival to the hospital. During this time, all subjects had some degree of contact with the SC.

Based on the nature of the SC's injuries, ACS also added and substantiated the allegation of IG against the BF and the PGM for the paternal half sibling who visited them on weekends.

**OCFS Review Results:**

On 9/4/15, ACS filed an Article 10 Petition of Abuse on behalf of the SC and the 7-year-old paternal half sibling. The parents, PGM and MGM were listed as respondents. FCLS determined that the MGM and the PGM had cared for the child within the 24 hours of the physical injury to the SC. The 7-year-old child was not harmed and did not report any abuse by the father or the PGM. However, FCLS determined that the 7-year-old sibling should be added to the petition based on the severe abuse of the SC. The SC died on 9/11/15.

The ME has not provided an official cause and manner of death. The case remains open with the NYPD and Family Court. No arrest has been made in this case.

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

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



# NYS Office of Children and Family Services - Child Fatality Report

In 2005 and 2008, the mother was known as a maltreated child in two indicated cases. The allegations of these reports were IG, EXCP and LBW. In the 2005 report, the allegation of IG was unfounded against the MGM and indicated against an unrelated family member. In 2008, the allegations were indicated against the PGF.

In 2010, the MGM was known as a subject of an unfounded report where the mother was listed as an alleged maltreated child.

The father and the PGM had no history with ACS during this period.

## Known CPS History Outside of NYS

The family had no known CPS history outside 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

The MGM had two advocate PPRS cases from 11/14/08 - 3/26/09 and from 7/10/09-8/23/10.

During the first advocate case, ACS referred the MGM to the SI PINS Diversion for the BM who was truant, breaking curfew and smoking marijuana. The mother was referred to a drug program and clinical treatment. A therapeutic placement was recommended for the mother. Jewish Board Children and Family Services (JBCFS) completed a packet for Single Point of Access (SPOA) with a placement referral. In 2009, the mother completed an intake interview with Caring Families Based Treatment Program-JBCFS where her application was accepted. The MGM and the mother both agreed to this treatment. The planning responsibility was assigned to the SI Mental Health Society (MHS); tracking began on 7/10/09 and the services ended on 8/25/10. The SI MHS' PPRS program is currently closed.

## Casework Contacts

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



## Required Action(s)

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

Yes  No

## Foster Care Placement History

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

## Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

## Recommended Action(s)

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Are there any recommended prevention activities resulting from the review?**  Yes  No