



**Report Identification Number: NY-19-097**

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

**Issue Date: Jan 31, 2020**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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 month(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 08/19/2019  
**Initial Date OCFS Notified:** 08/20/2019

## Presenting Information

The report alleged on 8/16/19, the BF was holding the SC in his arms and when he attempted to reach for the one-year-old SS the BF dropped the SC onto the floor. The SC began to cry and could not be soothed. The BF attempted to call 911 and continued to attempt to soothe the SC by giving him a bath. During this time, the SS was left unsupervised in another room of the house. The BF then left the SC unsupervised in the bathroom, in three inches of water, in a child tub to check the SS. When the BF returned to the bathroom, the SC was still responsive. The BF contacted the BM and she returned home and they called 911. The SC sustained multiple layer retinal hemorrhaging, several acute rib fractures in multiple stages of healing, and subdural hemorrhaging. The SC was pronounced dead on 8/19/19 at 11:49PM. The BF was the sole caretaker of the SC when the incident occurred.

## Executive Summary

At an unspecified time on 8/16/19, the SC suffered several severe injuries while in the care of his BF. The BF provided several different accounts of how the SC sustained the injuries. The BM was out of the home at the time the SC sustained the injuries.

A review of ACS case documentation revealed that on 8/16/19, the BF was holding the SC in his arms and the one-year-old SS was crying on the couch. When the BF attempted to reach for the SS, the SC fell off the BF's hands onto the hardwood floor and the SC began to cry. The BF placed the SC in a child's bathtub to soothe him by giving him a bath. During this time, the BF left the SS unsupervised in another room of the home. The BF then heard a noise in the other room and left the SC in the bathroom unattended, in three inches of water in the child's bathtub, to check the SS. When the BF returned to the bathroom, the SC's lips were turning blue, but he was still responsive. The BF contacted the BM and informed her the SC was in distress. The BM immediately called EMS, and the BF also called EMS. EMS responded to the home and found the SC unresponsive. EMS gave the SC CPR on the way to the hospital prior to return of spontaneous circulation. The ER staff conducted a CAT Scan on the SC and determined the SC sustained a subdural hematoma and significant brain bleed. The SC was also diagnosed with significant retinal hemorrhaging which was deemed indicative of Shaken Baby Syndrome. In addition, the SC had chronic rib fractures which were in the healing stages. The SC was transferred to a specialized children's hospital for further treatment where he remained in critical and unstable condition.

On 8/19/19, the medical staff declared the SC clinically brain-dead. Consequently, the medical personnel pronounced the SC dead at 11:49PM. At the time of writing this report, the autopsy report was pending.

ACS initiated the CPS fatality investigation in a timely manner by contacting the ER Dr. the ME and LE. The ER Dr. reported the SC's injuries were from non-accidental trauma. The ER Dr. deemed the BF's account as inconsistent with the cause or nature of the injuries. The ME reported there were no preliminary findings; however, the SC's injuries were indicative of abuse. LE barred ACS from speaking to the BF due to the criminal investigation of the SC's death. The BF was subsequently arrested and charged with manslaughter in the 2nd Degree. The BF had since posted bail.

Following the incident, the BM and the SS moved into the maternal grandparents' home. ACS made multiple visits to the home and deemed the SS to be safe. The BM did not believe the BF harmed the SC. The family members, the family's landlord, and the pediatrician did not report any concerns for the family. The BM declined services from ACS. Due to the magnitude of the SC's injuries, the two SS were examined and medically cleared.



During the investigation, ACS filed an Article 10 Neglect Petition in Family Court against the respondent BF. The court granted a release of the two SS to the BM with supervision and a full stay-away OP against the BF for the SS.

At the time of writing this report, ACS had not yet determined the CPS fatality investigation. The BF's case remained active in Family Court and Criminal Court.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

**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:

ACS did not complete the required 7 and 30-Day Safety Assessments.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	ACS did not complete the 7 Day Safety Assessment.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency will take or took 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.



<b>Issue:</b>	Timely/Adequate 30-Day Safety Assessment
<b>Summary:</b>	ACS did not complete the 30 Day Safety Assessment.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency will take or took 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:** 08/19/2019

**Time of Death:** 11:39 PM

**Date of fatal incident, if different than date of death:**

08/16/2019

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

Unknown

**County where fatality incident occurred:**

Queens

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

Yes

**Time of Call:**

12:22 PM

**Did EMS respond to the scene?**

Yes

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

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**At time of incident supervisor was:** Unknown if they were 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	No Role	Male	7 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	No Role	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)



## LDSS Response

On 8/19/19, ACS contacted the medical staff and LE. The medical staff reported a brain death exam was conducted and the result was consistent with the SC being clinically brain-dead. LE stated the criminal investigation into the SC's death was being deemed a pending homicide case. LE barred ACS from speaking to the BF.

Later that same day, the medical staff reported the SC sustained chronic rib fractures which were in the healing stages. The ER Drs. documented the SC's injuries were from non-accidental trauma. The staff stated the two SS were scheduled for a skeletal survey on 8/20/19.

On 8/20/19, LE reported at 11:39PM on 8/19/19, the parents withdrew care to the SC due to him being treated for Brain Death Criteria.

On 8/20/19, ACS visited the family at the MGM's home. The BM denied the BF harmed the SC. She disclosed the BF was on marijuana medication for a clinical health condition, but denied the BF was impaired at the time of the incident. The BM did not identify the BF's medical issue. She stated she and the SS would be staying with the maternal family. ACS accessed the SS and deemed them safe.

On 8/21/19, the BF was arrested and charged with manslaughter in the second degree.

On 8/21/19, ACS held a child safety conference (CSC). The CSC recommended family court involvement for the family.

On 8/22/19, the ME reported the autopsy report was pending; however, the SC's injuries were indicative of abuse.

On 8/22/19, ACS filed an Article 10 Abuse/Neglect Petition in Family Court against the BF. The court granted a release of the two SS to the BM with supervision and a full stay-away OP against the BF for the SS. The court ordered the BM not to discuss the case with the BF.

On 8/23/19, the pediatrician did not report any concerns for the family. The children's immunizations were current.

On 8/27/19, EMS reported upon their arrival on the scene, they found the SC unresponsive. EMS performed CPR on the SC and on the way to the hospital. There were no bruises or trauma on the SC.

On 8/27/19, the BM stated something might have been wrong with the SC who always cried a lot. She said the SC began to cry a lot when he was about three weeks old. She described the BF as a good father and denied DV in their relationship. The BM declined ACS' offer of services. She stated she and the older SS were already receiving counseling from their Priest.

On 8/28/19, the family's landlord did not report any concerns for the family. The landlord was not present at the time of the incident.

On 8/28/19, LE reported the BF gave an account of the events leading up to the incident which was similar to what was documented in the report narrative. LE did not provide any update regarding the criminal investigation.

On 9/9/19, ACS documented unsuccessful attempts to contact the BF.

On 10/4/19, ACS referred the BM to Safe Horizon for DV services.

Between 9/18/19 and 1/22/2020, ACS made home visits to the family and contacted pertinent collaterals. The BM and the



two SS continued to reside with the maternal family. There were no concerns for the SS' safety. ACS discussed safe sleep practice with the BM. The ME reported the final autopsy report was pending. Also, there were no new information regarding LE's investigation. The BF had since posted bail, but his cases remained active in Family, and Criminal Courts.

ACS had not determined the CPS fatality investigation.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical cause

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

### Multidisciplinary Investigation/Review

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

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the New York City region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051196 - Deceased Child, Male, 1 Mons	051198 - Father, Male, 28 Year(s)	Inadequate Guardianship	Pending
051196 - Deceased Child, Male, 1 Mons	051198 - Father, Male, 28 Year(s)	Internal Injuries	Pending
051196 - Deceased Child, Male, 1 Mons	051198 - Father, Male, 28 Year(s)	DOA / Fatality	Pending
051196 - Deceased Child, Male, 1 Mons	051198 - Father, Male, 28 Year(s)	Fractures	Pending
051196 - Deceased Child, Male, 1 Mons	051198 - Father, Male, 28 Year(s)	Lack of Supervision	Pending
051196 - Deceased Child, Male, 1 Mons	051198 - Father, Male, 28 Year(s)	Lack of Medical Care	Pending
051199 - Sibling, Male, 1 Year(s)	051198 - Father, Male, 28 Year(s)	Lack of Supervision	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<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"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

**Explain:**  
ACS did not complete the 7 and 30 Day Safety Assessments.

### 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"/>



# Child Fatality Report

<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<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

<b>Family Court Petition Type: FCA Article 10 - CPS</b>		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
08/22/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	051198 Father Male 28 Year(s)	
<b>Comments:</b>	On 8/22/19, ACS filed an Article 10 Neglect Petition in Family Court against the respondent BF, seeking the release of the two SS to the BM with supervision and a full stay-away OP against the BF. The court granted ACS' request.	

<b>Criminal Charge: Manslaughter Degree: 2</b>			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
Unknown	The BF	Unknown	Pending
<b>Comments:</b>	On 8/21/19, the BF was arrested for the SC's death and charged with manslaughter in the second degree.		

<b>Have any Orders of Protection been issued? Yes</b>	
<b>From:</b> 08/22/2019	<b>To:</b> Unknown
<b>Explain:</b> On 8/22/19, Family Court issued a full stay-away OP against the BF. The OP did not include the BM who was able to have contact with the BF; however, she would not allow the children to have any contact with the BF. Also, the BM would not discuss the case with the BF.	



## 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? No

Explain:

The BM declined services for the family.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The BM declined services from ACS and the BF refused services on the advice of his attorney.

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment?

Yes



Was the child ever placed outside of the home prior to the death? No  
 Were there any siblings ever placed outside of the home prior to this child's death? No  
 Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

**During pregnancy, mother:**

- |   |  |
|---|--|
| <input type="checkbox"/> Had medical complications / infections                                       | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                               | <input type="checkbox"/> Smoked tobacco        |
| <input type="checkbox"/> Experienced domestic violence  | <input type="checkbox"/> Used illicit drugs    |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

**Infant was born:**

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record |   |

### CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/16/2019	Deceased Child, Male, 1 Months	Father, Male, 28 Years	Internal Injuries	Substantiated	No
	Deceased Child, Male, 1 Months	Father, Male, 28 Years	Lack of Supervision	Substantiated	
	Aunt/Uncle, Male, 7 Years	Father, Male, 28 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 28 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Months	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Male, 7 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

On 8/16/19, the seven-week-old SC, one-year-old SS and their seven-year-old brother lived with their parents. On 8/16/19, the SC presented with subdural hematoma (internal injury). The SC sustained the injury while in the BF's care.

**Report Determination:** Indicated **Date of Determination:** 10/15/2019

**Basis for Determination:**

The SC sustained several unexplained life ending injuries while in the care of his BF. The SC suffered several injuries that resulted in his death several days later. The ER Drs. determined the SC sustained an unexplained a subdural hematoma and significant brain bleed. The SC also had significant retinal hemorrhaging which was deemed indicative of Shaken Baby Syndrome. The SC had multiple layer rib fractures old and new. The BF provided inconsistent accounts of how the SC was injured. The BF was subsequently arrested and charged for the SC's death.

**OCFS Review Results:**

The determination was appropriate.

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

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

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

#### Known CPS History Outside of NYS



The family did not have any known CPS history outside of New York State.

### 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