



Report Identification Number: NY-20-114

Prepared by: New York City Regional Office

Issue Date: Jun 08, 2021

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 12/16/2020
Initial Date OCFS Notified: 12/16/2020

Presenting Information

On 12/16/20, the SCR registered a report alleging that on 12/11/20, at an unknown time, the mother discovered the four-month-old female subject child unresponsive. The parents then transported the subject child for emergency medical care. The subject child's skin tone was gray; she had cold extremities, fixed pupils, bite marks on her tongue, was unresponsive to pain, listless, and had difficulty breathing. The subject child had other injuries including bleeding in various parts of her skull and brain, a dent on the left side of her brain, a small bruise on the left side of her scalp, and bleeding in and behind her eyes. She also had six rib fractures and two arm fractures, all of which were in different stages of healing. The report alleged the subject child sustained these injuries while in the care of the parents and babysitter who were unable to provide a plausible explanation for them. Despite hospitalization since 12/11/20, the subject child succumbed to her injuries and was pronounced dead at 2:40 PM on 12/16/20.

Executive Summary

This report concerns the death of a four-month-old subject child who died on 12/16/20. At the time of the subject child's death she resided with her parents and a four-year-old male half sibling (from the mother's previous relationship). The subject child also had a six-year-old half sibling (from the father's previous relationship) who resided with his biological mother and maternal relatives. The cause and manner of death as listed on the death certificate reflect the subject child's death was due to abusive head trauma, and the manner of death was listed as homicide.

According to ACS's documentation, on 12/11/20, the subject child became unresponsive while in the care of her parents. The parents opted to drive to the emergency room because they felt the ambulance would have taken too long to respond. At the hospital, the subject child was examined and found to have numerous injuries that included bleeding in various parts of her skull and brain, a dent on the left side of her brain, a small bruise on the left side of her scalp, and bleeding behind her eyes. She also had six rib fractures and two arm fractures, all in different stages of healing. The subject child succumbed to her injuries at 2:40PM on 12/16/20. Medical staff deemed the subject child's injuries non-accidental and surmised they were the result of acts of physical abuse.

The Medical Examiner reported the subject child had devastating neurological injuries that had to have occurred on the day she was admitted to the hospital. The Medical Examiner added the subject child had hemorrhaging on both sides of her ribcage that was consistent with someone grabbing her.

The parents viewed the death an accident and denied there were any incidents involving the subject child. The mother indicated the child had been in the care of a babysitter. ACS interviewed the subjects of the report and later law enforcement reported that each parent retained legal representation and declined additional interviews. No arrests were made. The ADA reported that the investigation remained open because they could not establish exclusive information as to which of the parents committed the crime.

ACS staff observed the forensic interviews of the children at the Child Advocacy Center. The four-year-old surviving half sibling was afraid of the stepfather because he "screamed" at him and the subject child. The six-year-old surviving sibling stated the father was "scary," but refused to elaborate.

On 12/16/20, the ACS filed an Article Ten Petition of Abuse and Maltreatment against the parents. A full stay away Order of Protection was issued against each parent for their respective child. The four-year old surviving half sibling was placed



in the care of his biological father, and the six-year-old half sibling was released to his biological mother. The parents of the subject child were allowed supervised visits with their respective child.

ACS substantiated all reported allegations against the parents and babysitter on the basis of some credible evidence one or more of the adults inflicted or allowed the injures to be inflicted on the child resulting in her death. The case remains open for services.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

Casework activity was commensurate with case circumstances, and sufficient information was gathered to determine all allegations.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion was commensurate with the case circumstances.

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: 12/16/2020

Time of Death: 02:40 PM

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

12/11/2020

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

Unknown

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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 was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: Providing care to the surviving sibling.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	38 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Other Household 1	Sibling	Alleged Victim	Male	6 Year(s)
Other Household 2	Other Adult - Babysitter	Alleged Perpetrator	Female	65 Year(s)

LDSS Response

ACS investigated the fatality report allegations within the required timeframe. The Specialist interviewed the medical staff, law enforcement, parents, relatives, and the babysitter who was considered a person legally responsible for the subject child. The death certificate listed cause of death as abusive head trauma and the manner of death homicide.

The Specialist learned from the medical staff that the parents denied any trauma to the subject child. They reported after



the subject child received two vaccines on 12/9/20 she was fussy the following day and lost her appetite. On 12/11/20, the subject child became lethargic and they decided to seek medical attention.

ACS learned from medical staff that although the father's family had a history of seizures that could cause brain damage, the subject child was brain dead due to a skull fracture.

ACS's case notes reflected the subject child's mother gave the Specialist conflicting details regarding information she had provided hospital staff. Initially, she stated that on 12/11/20, at 3:30PM she and the surviving sibling left the subject child at home with the father. Between 6:30PM and 7:00PM they returned, and at that time the subject child was playing and was propped up watching television. The mother stated she was busy caring for the surviving sibling and did not notice the subject child was ill until 8:00PM when she and the father observed the subject child to be pale. Later, the mother stated the subject child was in the care of her paternal grandmother. The mother stated she did chores and showered, then at 8:00PM, she observed the subject child appeared to have a seizure, then became unresponsive. Neither law enforcement nor ACS could further interview the parents regarding the inconsistency as the parents retained the services of an attorney and refused to speak with ACS. The parents said they drove the subject child to the hospital.

The mother disclosed she had been treated for clinical concerns in the recent past.

The father also gave some conflicting details, regarding the discovery of the unresponsive subject child. The father stated the subject child was fine and was moving for most of the day. He put her to sleep at 3:30PM (as soon as the mother left), and explained that instead of placing the subject child in her bassinet, he placed the subject child in the center of their adult bed surrounded by pillows. The father said he remained in the living room and kitchen as the subject child slept, and sometime between 7:00PM and 8:00PM when he checked the subject child, he found her unresponsive. The parents denied they physically abused the subject child or witnessed any falls that may have resulted in the brain injury noted by medical professionals. The SF declined to say whether he had any clinical conditions.

The Specialist interviewed the babysitter who stated she had known the mother for many years and that she watched the subject child whenever the mother had to run errands. The babysitter said she had no concerns for the care the parents provided to both children, and had cared for both children on 12/8/20 and 12/9/20, and the subject child only on 12/10/20 from 10:00AM to 3:30PM. The babysitter reported the subject child was fine at the time. The Specialist interviewed family members and the mother of the six-year-old surviving sibling and they reported no concerns or incidents.

ACS contacted Suffolk County DSS to request a courtesy home visit to assess the safety of the six-year-old surviving half sibling. ACS learned the child was physically safe and there were no concerns.

The surviving siblings were enrolled in a pre-school and in-person learning daily. They both maintained separate weekly supervised visits with the parents. The parents chose not to tell the surviving siblings of the demise of the subject child. The six-year-old surviving half sibling's paternal grandmother reported she saw no need for therapy.

ACS substantiated the allegations of DOA/Fatality, Fractures, Internal Injuries, Lacerations, Bruises Welts and Inadequate Guardianship of the subject child by the parents and babysitter on the basis of some credible evidence. ACS documented the subject child sustained multiple injuries while in the care of the parents and the babysitter resulting in her death. The parents and babysitter gave no explanation regarding the manner in which the subject child sustained the injuries. The four-year-old surviving half sibling who resided in the home was removed from their care and placed with his biological father. The six-year-old surviving half sibling remained in the care of his mother and maternal relatives.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause



Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: 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
057236 - Deceased Child, Female, 4 Mons	057238 - Father, Male, 38 Year(s)	Lacerations / Bruises / Welts	Substantiated
057236 - Deceased Child, Female, 4 Mons	057238 - Father, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
057236 - Deceased Child, Female, 4 Mons	057241 - Other Adult - Babysitter, Female, 65 Year(s)	DOA / Fatality	Substantiated
057236 - Deceased Child, Female, 4 Mons	057241 - Other Adult - Babysitter, Female, 65 Year(s)	Fractures	Substantiated
057236 - Deceased Child, Female, 4 Mons	057241 - Other Adult - Babysitter, Female, 65 Year(s)	Inadequate Guardianship	Substantiated
057236 - Deceased Child, Female, 4 Mons	057241 - Other Adult - Babysitter, Female, 65 Year(s)	Internal Injuries	Substantiated
057236 - Deceased Child, Female, 4 Mons	057241 - Other Adult - Babysitter, Female, 65 Year(s)	Lacerations / Bruises / Welts	Substantiated
057236 - Deceased Child, Female, 4 Mons	057238 - Father, Male, 38 Year(s)	Fractures	Substantiated
057236 - Deceased Child, Female, 4 Mons	057237 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
057236 - Deceased Child, Female, 4 Mons	057238 - Father, Male, 38 Year(s)	Internal Injuries	Substantiated
057236 - Deceased Child, Female, 4 Mons	057238 - Father, Male, 38 Year(s)	DOA / Fatality	Substantiated
057236 - Deceased Child, Female, 4 Mons	057237 - Mother, Female, 29 Year(s)	DOA / Fatality	Substantiated
057236 - Deceased Child, Female, 4 Mons	057237 - Mother, Female, 29 Year(s)	Fractures	Substantiated
057236 - Deceased Child, Female, 4 Mons	057237 - Mother, Female, 29 Year(s)	Internal Injuries	Substantiated
057236 - Deceased Child, Female, 4 Mons	057237 - Mother, Female, 29 Year(s)	Lacerations / Bruises / Welts	Substantiated
057239 - Sibling, Male, 4 Year(s)	057237 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated



Child Fatality Report

057239 - Sibling, Male, 4 Year(s)	057238 - Father, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
057240 - Sibling, Male, 6 Year(s)	057237 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
057240 - Sibling, Male, 6 Year(s)	057238 - Father, Male, 38 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
Sufficient information was gathered to assess risk to all surviving children in the household.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
There was an adequate assessment of impending or immediate danger to the surviving children named in the report. As a result, ACS filed an Article 10 Petition of Abuse on 12/16/20 on behalf of the surviving siblings. An Order of Protection was issued on 12/16/20.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?
 Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:



12/18/2020	There was not a fact finding	There was not a disposition
Respondent:	057238 Father Male 38 Year(s)	
Comments:		

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
12/18/2020	There was not a fact finding	There was not a disposition
Respondent:	057237 Mother Female 29 Year(s)	
Comments:		

Have any Orders of Protection been issued? Yes	
From: 12/18/2020	To: 12/24/2021
Explain: The four-year-old and six-year-old surviving siblings were issued an Order of Protection against the parents.	

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input 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"/>



Child Fatality Report

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

Explain:

The father enrolled in parenting and anger management classes and chose to receive therapy from his own resources. The mother received bereavement and counseling services from her mental health provider. She was also engaged in parenting and anger management classes.

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:

- 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)	Allegation Outcome	Compliance Issue(s)
12/12/2020	Deceased Child, Female, 4 Months	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 4 Months	Mother, Female, 29 Years	Internal Injuries	Substantiated	
	Deceased Child, Female, 4 Months	Father, Male, 38 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 4 Months	Father, Male, 38 Years	Internal Injuries	Substantiated	



Sibling, Male, 4 Years	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 6 Years	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 4 Years	Father, Male, 38 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 6 Years	Father, Male, 38 Years	Inadequate Guardianship	Substantiated

Report Summary:

On 12/11/20, the four-month-old subject child sustained injuries while in the care of the parents who had no explanation for the cause of the injury. The parents took the subject child to the emergency room as it appeared she was having a seizure, respiratory distress, and altered mental state. A CT scan completed at the hospital showed a brain bleed. The subject child was stabilized and transferred to another hospital. The parents were very distraught and were unable to provide any information.

Report Determination: Indicated**Date of Determination:** 02/10/2021**Basis for Determination:**

ACS substantiated the allegations of Internal Injuries of the subject child and Inadequate Guardianship of the subject child and the four-year-old and six-year-old surviving half siblings by the parents, as there was some credible evidence to support the substantiation of the allegations. ACS documented the subject child sustained internal injuries (brain bleeds, rib fractures) while in the care of her parents, which resulted in her death. Neither parent provided any explanation as to how the SC could have sustained the non-accidental injuries. To support the allegation of Inadequate Guardianship of the four-year-old and six-year-old surviving halfsiblings, ACS cited derivative neglect/abuse.

OCFS Review Results:

ACS initiated the investigation timely and appropriately contacted the hospital, law enforcement, and the family. ACS completed a database clearance and confirmed the family had no prior Child Welfare history. ACS appropriately notified the parents and the babysitter of the report. Since the circumstances of the case met the requirements for heightened oversight, there was a Heightened Oversight Protocol response. ACS staff followed up on information obtained, and there was evidence of supervisory involvement during the investigation. The investigation met regulatory requirements and at the conclusion of the investigation, ACS substantiated the allegations of the report.

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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