



Report Identification Number: SY-19-054

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

Issue Date: Apr 07, 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

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: 1 year(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 11/02/2019
Initial Date OCFS Notified: 11/02/2019

Presenting Information

An SCR report was received with concerns on 11/2/19 at 1:17 AM, the one-year-old subject child passed away as a result of brain injuries he sustained from physical abuse he suffered in 2018. The child was abused while in the care of his mother and an unrelated home member.

Executive Summary

This fatality report concerns the death of a 1-year-old male subject child that was in the custody of the Onondaga County Department of Social Services (OCDSS). The child had been in foster care since August 2018 after he sustained multiple life-threatening injuries due to physical abuse at the age of 2 months old. The child entered hospice care in June 2019 and finally succumbed to his injuries on 11/2/19. An SCR report was made regarding the child’s death and an investigation was conducted by OCDSS. An autopsy was completed and noted the cause of death as “head trauma and complications thereof.” The manner of death was listed as homicide.

On August 21, 2018, the child was hospitalized after his mother (SM) and her significant other (PS) found him breathing abnormally. At that time, the child required intubation and was found to have the following injuries and complications as a result: bilateral cerebral subdural hematoma, subarachnoid hypoxia/ischemia, buckling of the lateral right ribs, seizures, secondary hypothyroidism, adrenal deficiency, diabetes insipidus, spastic quadriparesis, neuromuscular lung disease and blindness. An investigation into the child’s condition determined the mother’s significant other had become upset when the child would cry and had shaken the child on at least three separate occasions; medical professionals concurred the injuries the child sustained were consistent with a shaken baby. The child’s biological father (SF) had no contact with the child at the time of the incident, and there were no other children in the home. The child was removed from the care of his parents and placed into foster care, where he remained until the date of his death.

Throughout the fatality investigation, OCDSS spoke with numerous collateral sources and those named on the report; there was no new information gathered surrounding the child’s injuries that was not already known after the 2018 investigation. The mother’s boyfriend was criminally charged for the child’s death. OCDSS indicated the investigation and closed the case.

PIP Requirement

OCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) OCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, OCDSS will review the plan(s) and revise as needed to further address on-going concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**



- Safety assessment due at the time of determination? N/A

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:

OCDSS gathered sufficient information to appropriately determine the allegations. There were no SS.

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 case record reflected supervisory consultations throughout the investigation. The level of casework activity 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: 11/02/2019

Time of Death: 01:17 AM

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

08/21/2018

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

Unknown

County where fatality incident occurred:

Onondaga

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

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	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Other Household 1	Mother's Partner	Alleged Perpetrator	Male	23 Year(s)
Other Household 2	Father	Alleged Perpetrator	Male	29 Year(s)

LDSS Response

On 11/2/19, OCDSS received the SCR report regarding the death of SC. OCDSS had been involved with the family since 8/21/18, after a report was received which alleged SC sustained life-threatening injuries due to physical abuse. During that investigation, SC was placed into foster care, where he remained until his death.

Upon receipt of the fatality report, OCDSS utilized an MDT approach to gather any new information surrounding the events and injuries that led to SC's death. OCDSS appropriately documented the findings from the abuse investigation from 2018 and all other relevant information was pulled forward into the case record. On 11/2/19, OCDSS spoke with the medical examiner who advised an autopsy would be completed. OCDSS also spoke with the District Attorney's Office to inform them of SC's death. OCDSS was advised as a result of the fatality, new criminal charges would be filed against PS.

The case record reflected SC was brought to the hospital via ambulance on 8/21/18 and upon examination was found to have numerous and extensive injuries. The attending physician at the time opined the injuries were consistent with child physical abuse. OCDSS promptly began investigating the cause of SC's injuries, and neither SM nor PS had an explanation. As a result of the injuries, SC was intubated until 9/2/18, and a permanent feeding tube was placed on 9/12/18. Ongoing complications of the injuries included seizures, lung disease, and blindness with a poor overall prognosis. On 9/21/18, SM signed a consent for SC's placement and OCDSS filed an abuse petition in family court. The family court judge implemented a full stay-away order of protection against SM and PS regarding SC for a period of one year. On 9/28/18, SM contacted LE to inform them on that same date, PS admitted to shaking SC on three separate occasions and that he felt SC's ribs "break in his hands." On 10/3/18, PS was arrested and charged with Reckless Assault of a Child and Endangering the Welfare of a Child. It was ordered SC remain in foster care. OCDSS indicated the allegations in the 2018 report and closely monitored the family via a CPS services case, which had remained open at the time of SC's death. In June of 2019, SC was placed on hospice care.

On 11/4/19, OCDSS spoke with PS via phone; PS declined to meet with OCDSS face to face. PS informed the CW he was unaware SC had passed away and denied having any new information to provide. PS explained he had no recent contact with SM. On this same date, OCDSS met with SM at her home. OCDSS offered SM services; however, she declined. SM stated she had no recent contact with PS and was abiding by the order of protection that remained in place. SM denied knowing of any new information regarding SC and the injuries that led to his death.

On 2/10/20, OCDSS met with SF at his home and reviewed the allegations in the fatality report. SF advised he had no contact with SC during the time he was injured and explained PS was charged with SC's death. SF stated he did not



believe SM had anything to do with the injuries SC sustained. OCDSS offered SF services, which he declined. He denied having any additional information surrounding the fatality.

On 2/10/20, OCDSS received the final autopsy report which noted the cause of SC’s death as “head trauma and complications thereof,” and the manner as homicide. On 2/11/20, OCDSS was informed by the DA’s Office that PS was indicted for Manslaughter 1 and Endangering the Welfare of a Child. The ADA also informed OCDSS that SM had moved back in with PS for three weeks in July of 2019, while SC was still alive, and SM was hoping to regain custody.

OCDSS spoke with all relevant collateral sources and offered SM, SF and the foster parents appropriate services. OCDSS found evidence to substantiate the allegations against SM and PS. The investigation was indicated, and the services case was closed.

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

Comments: This fatality investigation was conducted by the Onondaga County Multidisciplinary Team.

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

Comments: OCDSS does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053181 - Deceased Child, Male, 1 Yrs	053621 - Mother, Female, 20 Year(s)	DOA / Fatality	Substantiated
053181 - Deceased Child, Male, 1 Yrs	053621 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
053181 - Deceased Child, Male, 1 Yrs	053621 - Mother, Female, 20 Year(s)	Internal Injuries	Substantiated
053181 - Deceased Child, Male, 1 Yrs	053622 - Mother's Partner, Male, 23 Year(s)	DOA / Fatality	Substantiated
053181 - Deceased Child, Male, 1 Yrs	053622 - Mother's Partner, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
053181 - Deceased Child, Male, 1 Yrs	053622 - Mother's Partner, Male, 23 Year(s)	Internal Injuries	Substantiated
053181 - Deceased Child, Male, 1 Yrs	053623 - Father, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
053181 - Deceased Child, Male, 1 Yrs	053623 - Father, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
053181 - Deceased Child, Male, 1 Yrs	053623 - Father, Male, 29 Year(s)	Internal Injuries	Unsubstantiated



CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

OCDSS interviewed the family and appropriate collateral sources. Progress notes and other documentation were completed and entered timely.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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

Criminal Charge: Manslaughter Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	PS	Unknown	Unknown
Comments:	PS faced multiple charges after injuring SC. New charges were added after SC's death.		



Have any Orders of Protection been issued? No

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 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 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 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 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"/>

Additional information, if necessary:

OCDSS provided the parents and foster family with bereavement counseling referrals. OCDSS also provided the parents with information on assistance with funeral costs.

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:

There were no surviving siblings or other children in the household.

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

Explain:

OCDSS offered the parents and foster parents appropriate service referrals in response to SC's death.

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?	Yes
Were there any siblings ever placed outside of the home prior to this child's death?	N/A
Was the child acutely ill during the two weeks before death?	Yes

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)
08/21/2018	Deceased Child, Male, 2 Months	Other Adult - PS' Father, Male, 55 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 2 Months	Other Adult - PS' Father, Male, 55 Years	Internal Injuries	Unsubstantiated	
	Deceased Child, Male, 2 Months	Other Adult - PS' Mother, Female, 53 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Months	Other Adult - PS' Mother, Female, 53 Years	Internal Injuries	Unsubstantiated	
	Deceased Child, Male, 2 Months	Mother, Female, 19 Years	Fractures	Substantiated	
	Deceased Child, Male, 2 Months	Mother, Female, 19 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 2 Months	Mother, Female, 19 Years	Internal Injuries	Substantiated	
	Deceased Child, Male, 2 Months	Mother's Partner, Male, 23 Years	Fractures	Substantiated	
	Deceased Child, Male, 2 Months	Mother's Partner, Male, 23 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 2 Months	Mother's Partner, Male, 23 Years	Internal Injuries	Substantiated	

Report Summary:

This report was received with concerns the SC was found to have extensive head and neck trauma consistent with Shaken Baby Syndrome, as well as two healing rib fractures. SM and PS were SC's primary caregivers and could not provide a plausible explanation as to how SC sustained the injuries.

Report Determination: Indicated

Date of Determination: 10/12/2018

Basis for Determination:

OCDSS utilized an MDT approach to explore the allegations in the report. On 9/28/18, PS admitted to SM that he had shaken SC on several occasions; he was arrested and charged with Reckless Endangerment of a Child and Endangering the Welfare of a Child. SC survived his injuries but was diagnosed with a traumatic brain injury and needed around the clock care. SC was placed in foster care and remained there at the close of the investigation. OCDSS filed an abuse



petition in family court, and an OP was put into place. The allegations were indicated against SM and PS, and a CPS services case was opened in response.

OCFS Review Results:

The 7 Day Safety Assessment was completed 2 days late. OCDSS made no attempts to interview PS after he admitted he harmed SC. On 10/5/18, PS' father called OCDSS and stated PS had information SM was also responsible for SC's injuries. OCDSS did not follow up with this individual surrounding these concerns prior to closing the case.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7 Day Safety Assessment was due on 8/28/18, but not completed until 8/30/18.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

Within seven days of receiving a report, OCDSS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

Issue:

Pre-Determination/Nature, Extent and Cause of Any Condition

Summary:

After learning PS admitting to injuring SC, OCDSS did not attempt to re-interview him regarding such. OCDSS was also given information from PS' father that SM may have also had a role in SC's injuries; however, OCDSS did not explore this further.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

Prior to making a determination of a report of abuse and/or maltreatment, the investigation conducted by the child protective service shall include a determination of the nature, extent and cause of any condition enumerated in the report.

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

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

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 09/21/2018

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 09/21/2018

Date of placement with most recent caregiver? 09/21/2018

How did the child(ren) enter placement? Emergency removal without Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training



	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 07/19/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 07/19/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 07/19/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: The foster care case was closed due to SC's death on 11/2/19.				

Foster Care Placement History

A foster care services case was opened on 9/21/18 after SC was removed from SM and PS and placed into foster care. SC had sustained life-threatening injuries after being shaken numerous times by PS. SM, PS and SF were ordered to engage in services via Family Court. Criminal charges were pending against PS, and he was non-compliant with the court's recommendations. The case was closed on 11/18/19, due to the death of SC.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

- Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
09/24/2018	There was not a fact finding	Foster Care Placement to Continue
Respondent:	053621 Mother Female 20 Year(s)	
Comments:	On 9/21/18, SC was removed from the care of his parents and placed into foster care after sustaining life threatening injuries at the hands of PS. OCDSS filed an Abuse Petition in family court and a one year order of protection was put into place against SM and PS regarding SC. SC remained in foster care until the date of his death.	

Family Court Petition Type: FCA Article 10 - CPS



Date Filed:	Fact Finding Description:	Disposition Description:
09/24/2018	There was not a fact finding	Foster Care Placement to Continue
Respondent:	053622 Mother's Partner Male 23 Year(s)	
Comments:	On 9/21/18, SC was removed from the care of his parents and placed into foster care after sustaining life threatening injuries at the hands of PS. OCDSS filed an Abuse Petition in family court and a one year order of protection was put into place against SM and PS regarding SC. SC remained in foster care until the date of his death.	

Criminal Charge: Reckless endangerment Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	PS	Unknown	Unknown
Comments:	PS faced multiple charges after injuring SC. New charges were added after SC's death.		

Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	PS	Unknown	Unknown
Comments:	PS faced multiple charges after injuring SC. New charges were added after SC's death.		

Have any Orders of Protection been issued? Yes	
From: 09/24/2018	To: 11/02/2019
Explain: An order of protection was implemented in 2018 after SC was removed and placed in foster care. The order was still in place at the time of SC's death.	

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