



Report Identification Number: AL-21-014

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

Issue Date: Dec 14, 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: 2 month(s)

Jurisdiction: Warren
Gender: Male

Date of Death: 07/16/2021
Initial Date OCFS Notified: 07/16/2021

Presenting Information

An SCR report alleged on 7/4/21, the infant sustained multiple injuries including bilateral rib fractures, a subdural hematoma, a subarachnoid hemorrhage, liver laceration, splenic laceration, and an L3 compression fracture while he was in the care of the father. It was unknown how the infant sustained these injuries. The infant was placed on life support as a result of his injuries. On 7/16/21 at 8:55 PM, the infant passed away after being removed from life support.

Executive Summary

On 7/16/21, the Warren County Department of Social Services (WCDSS) received an SCR report regarding the death of the 2-month-old male subject infant that occurred on that date. An SCR report had been received on 7/4/21, following the incident that led to the infant’s death. At the time of the incident, the infant resided with his mother and father. The parents had no other children, and they had no SCR history.

The investigation revealed that on 7/4/21, the father called 911 and reported that the infant was unresponsive. First responders performed CPR and the infant was transported to the hospital via ambulance. When the infant arrived at the hospital at 6:00 PM, he was observed to have head trauma, bite marks and bruising all over his body. The infant was having seizures as a result of his injuries. At approximately 7:30 PM, the infant was airlifted to another hospital for a higher level of care. The infant was placed on life support and he was diagnosed with a subconjunctival hemorrhage, two subdermal hematomas, multiple rib fractures on both sides of the infant’s body, a spine fracture, a liver laceration 1.4 cm in depth, a splenic laceration 1 cm in depth, and multiple skull fractures. On 7/16/21, it was determined the infant had sustained an anoxic brain injury and he was declared brain dead. The mother decided to withdraw life support at 1:30 PM and the infant was declared deceased at 8:55 PM.

Following the incident, the father admitted to law enforcement that he caused the infant’s injuries on 7/4/21 and that he had previously harmed the infant causing bruises. The father was charged with Assault 2nd degree and Endangering the Welfare of a Child and he was incarcerated. After the infant’s death, the father’s charges were upgraded to Murder 2nd degree and Manslaughter 1st degree.

An autopsy was performed, and the final report was pending at the time this report was written. In the preliminary autopsy report, the coroner listed the cause of death as homicide. On 9/8/21, WCDSS filed an Article 10 Severe Abuse Petition against the father. Family Court and Criminal Court proceedings were ongoing at the time this report was written.

WCDSS substantiated the allegations of DOA/Fatality, Fractures, Lacerations/Bruises/Welts, Inadequate Guardianship and Internal Injuries against the father. Bereavement services and crime victim services were provided to the mother and the case was closed on 11/1/21.

Findings Related to the CPS Investigation of the Fatality



Playing
 Other

Eating

Unknown

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

At time of incident was supervisor impaired? Unknown if they were impaired.

At time of incident supervisor was:

Distracted
 Asleep

Absent
 Other: N/A

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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	19 Year(s)
Deceased Child's Household	Mother	No Role	Female	20 Year(s)

LDSS Response

WCDSS coordinated investigative efforts with law enforcement. They spoke to the source of the report, the DA's office, the coroner's office, hospital staff and the pediatrician. Following the incident, the mother and maternal grandmother were spoken to at the hospital. After the infant's death, the mother and maternal aunt were interviewed at the aunt's home. The grandmother and aunt denied seeing any bruises or injuries on the infant and they had no concerns for his care.

The mother reported that in the month prior to the incident, she noticed bruising on the infant's cheek, which she brought to the pediatrician's attention. She thought that the infant may have caused the bruises from scratching himself. She said she also took the infant to the doctor for a tear near his penis. She said the father watched the infant while she worked, and she did not have any concerns for his care of the infant. She said on 7/4/21, she worked all day. She returned home at 3:00 PM and the father was upset about being fired from his job. At that time, the infant was sleepy, fussy, and he was grunting. She thought he was fussy from having immunizations on 7/2/21. She fed and changed the infant, then gave him pain reliever and put him down for a nap. She told the father she needed some time to cool off about him getting fired and she went to the maternal grandmother's home around 4:00 PM. At 5:40 PM, she noticed she had 3-4 missed calls from the father. When she called the father back, he told her the infant slipped under the water in the bathtub and the infant was not moving. She told the father to call 911 and she went straight to the hospital.

The father was interviewed at jail. He would not discuss the details of the incident, but he said on 7/4/21, the mother was at the maternal grandmother's home. He said he tried giving the infant CPR when he became unresponsive. He called the mother and told her he dropped the infant in the tub, which was not true, and she told him to call 911. He admitted that the infant's bruises that occurred prior to 7/4/21 were intentionally caused by him when he bit and punched the infant. He would not provide additional details, but he said the mother was not home at the time of the incidents and he told her he did not know how the injuries occurred.

Law enforcement reported that the father called 911 on 7/4/21 at 5:50 PM, reporting that the infant was face down in the tub. When officers arrived, the father was naked and holding the infant, who was unresponsive. The father told first



responders that he dropped the infant in the tub. The father was brought to the police station to give a statement and he admitted to inflicting the infant's injuries.

Hospital records showed the infant arrived in cardiac arrest. He was diagnosed with non-accidental trauma and injuries over the majority of his body.

Pediatrician records showed the infant was seen on 5/14/21, 5/19/21 and 5/26/21 for weight checks and there were no concerns. On 6/2/21, he was observed to have some bruise-like spots on his cheek and chest. He was seen on 6/29/21 for a small laceration on his penis, which was treated with a topical cream. He was then seen for immunizations on 7/2/21, and there were no concerns noted. The doctor stated that the infant had mittens on his hands and the mother was concerned he was causing the bruises to his cheeks from scratching his own face. She had no explanation for the cut on the infant's penis or the bruise on the infant's chest; however, the doctor did not suspect child abuse at that time.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Coroner

Multidisciplinary Investigation/Review

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

Was the fatality referred to an OCFS approved Child Fatality Review Team? No

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059092 - Deceased Child, Male, 2 Mons	059094 - Father, Male, 19 Year(s)	DOA / Fatality	Substantiated
059092 - Deceased Child, Male, 2 Mons	059094 - Father, Male, 19 Year(s)	Fractures	Substantiated
059092 - Deceased Child, Male, 2 Mons	059094 - Father, Male, 19 Year(s)	Inadequate Guardianship	Substantiated
059092 - Deceased Child, Male, 2 Mons	059094 - Father, Male, 19 Year(s)	Internal Injuries	Substantiated
059092 - Deceased Child, Male, 2 Mons	059094 - Father, Male, 19 Year(s)	Lacerations / Bruises / Welts	Substantiated

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
09/08/2021	There was not a fact finding	There was not a disposition
Respondent:	059094 Father Male 19 Year(s)	
Comments:	WCDSS filed a Severe Abuse Petition against the father on 9/8/21. The petition was pending in Family Court at the time this report was written.	

Criminal Charge: Murder **Degree:** 2

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
08/18/2020	The Father	Pending	pending
Comments:	The father was charged with Murder 2nd degree and Manslaughter 1st degree. His charges were pending at the time this report was written.		

Have any Orders of Protection been issued? Yes



Child Fatality Report

From: 07/06/2021

To: 01/05/2022

Explain:

An order of protection was issued against the father barring him from all contact with the mother and infant.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Crime Victim Services							

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

Explain:

The mother was provided with bereavement and crime victim services.

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? N/A
 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)
07/04/2021	Deceased Child, Male, 1 Months	Father, Male, 19 Years	Internal Injuries	Substantiated	No
	Deceased Child, Male, 1 Months	Father, Male, 19 Years	Lacerations / Bruises / Welts	Substantiated	
	Deceased Child, Male, 1 Months	Father, Male, 19 Years	Fractures	Substantiated	
	Deceased Child, Male, 1 Months	Father, Male, 19 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report alleged the infant went into cardiac arrest on 7/4/21 and the infant was brought to the hospital at about 6:00 PM. The infant had severe bruising to his face, on both arms and hands and on his abdomen. There were bite marks on his upper left thigh and the frontal skull bones were hard when they should have been soft. The father was the caretaker of the infant when the injuries were believed to have occurred. The mother was not home at the time. The father reported that he dropped the infant face first in the tub after bathing him. The explanation was not consistent with the injuries. There was bruising in different stages of healing so the mother was also named as a subject.

Report Determination: Indicated

Date of Determination: 11/01/2021

Basis for Determination:

The father admitted to causing the infant's injuries on 7/4/21 and causing bruises on the infant in June 2021. He was charged with Assault 2nd degree and Endangering the Welfare of a Child and he was incarcerated. The infant remained on a ventilator with an anoxic brain injury until care was withdrawn and he passed away on 7/16/21. After the infant's death the father's charges were upgraded to Manslaughter 1st degree and Murder 2nd degree. The mother was not present when the infant's injuries occurred and she was unaware the father harmed the infant prior to 7/4/21.

OCFS Review Results:

WCDSS completed the 7-day safety assessment and RAP within the required timeframe and notified the parents of the



report. They interviewed the parents and contacted relevant collateral sources. WCDSS completed a thorough investigation and closed the case once all objectives were met.

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 is no 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