



Report Identification Number: SY-15-003

Prepared by: Syracuse Regional Office

Issue Date: 10/27/2015

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

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

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

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

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

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

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

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



Abbreviations

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

Case Information



NYS Office of Children and Family Services - Child Fatality Report

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

Jurisdiction: Onondaga
Gender: Male

Date of Death: 01/10/2015
Initial Date OCFS Notified: 01/12/2015

Presenting Information

On 1/12/15, the SCR registered a report stating that the SC had passed away on 1/10/15 due to internal injuries caused by his BF. This report was subsequent to a report registered by the SCR on 1/5/15 stating that the SC had been found unresponsive by the BF in the home. EMS was called to the home on 1/5/15 and found the SC not breathing and with no pulse. The SC was transported to the hospital, and upon examination, it was discovered that the SC was suffering from a brain hemorrhage, along with multiple fractures to his ribs and forearm all in various stages of healing. The SC succumbed to his injuries and passed away on 1/10/15. There were no surviving siblings.

Law Enforcement responded to the initial call on 1/5/15 and the BF was arrested. An autopsy was performed by the ME on 1/11/15.

Executive Summary

On 1/12/15, the SCR registered a report stating that the SC had died on 1/10/15 from injuries he sustained while in the care of his parents. This report was subsequent to an SCR report registered on 1/5/15 in which the SC was found unresponsive in his car seat by the BF. On 1/5/15 the BM picked the BF up from work, then the BM, BF, and SC went home. The BM stated the SC fell asleep in the car, so once they entered the home, they left him in the car seat. The BM laid down to take a nap, and was woken up later by the BF, telling her that the SC was not breathing and was unresponsive. The BM attempted CPR and EMS was called. The SC was taken to the hospital.

Upon examination, it was found that the SC was suffering from a closed head injury and a brain hemorrhage. The SC also had healing rib fractures and forearm fracture. The BF was interviewed by LE and admitted that he had shaken the SC. Later the BF told the LDSS worker he had accidentally dropped the SC. It was determined that the SC's injuries were consistent with a shaken baby, due to retinal hemorrhaging and faint contusions on the back of the head associated with closed head injuries. The BF was arrested. On 1/10/15 the SC, who was on a ventilator with poor prognosis for recovery, passed away. The BM had decided to end treatment and efforts to continue the SC's life. Once the SC died, the BF was charged by the DA with manslaughter. The BF remains in jail at this time awaiting trial for the criminal charges associated with this case.

The ME determined the cause of death in the case to be blunt force trauma and head injuries, with the manner of death homicide.

The LDSS made appropriate collateral and familial contacts in this case to secure the information needed to make their determination. The LDSS substantiated the abuse allegations of DOA/Fatality, Fractures, Internal Injuries and Inadequate Guardianship against the BF. The BM was determined to have no role.

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? 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:

NA

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:

NA

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: 01/10/2015

Time of Death: 08:37 PM

Date of fatal incident, if different than date of death: 01/05/2015

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: 01:42 PM

Did EMS to 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



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

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

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At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	No Role	Female	38 Year(s)

LDSS Response

The LDSS initially responded on 1/5/15 to an SCR report involving the SC with allegations of Internal Injuries, Inadequate Guardianship and Fractures. The SC was reported to be unresponsive in his carseat, by the BF. EMS was contacted and responded to the home. The SC was unconscious and unresponsive and was transported to the hospital. Once at the hospital, it was discovered that the SC was suffering from a brain hemorrhage and had a number of fractures in various stages of healing. The SC was being kept alive at this time by a ventilator, with a poor prognosis for recovery. Due to the nature of his injuries, both parents were questioned by LE. The BF admitted to shaking the SC and was arrested. It was determined that the BM did not have a role in this case. On 1/10/15 the SC was taken off the ventilator and passed away. A new SCR report was registered 1/12/15 with a new allegation of DOA/Fatality. The LDSS made a determination to substantiate the allegations of Internal Injuries, Inadequate Guardianship, Choking/Twisting/Shaking and Fractures in the initial report against the BF for abuse.

The LDSS then investigated the fatality. The LDSS CW made contacts with the hospital staff, emergency services personnel, the Medical Examiner and Law Enforcement. The LDSS CW observed the SC, and consulted with hospital staff. The LDSS CW met with the BM and some of the BM's family members in both the BM's home. The BF was interviewed during the initial report, but after the SC died, the LDSS CW was prevented from interviewing him for the fatality investigation by the BF's attorney. Based on the information provided by the medical personnel regarding the SC's injuries and the BF's admission to shaking the SC, it was determined that the allegations of DOA/Fatality, Internal Injuries, Fractures and Inadequate Guardianship be substantiated against the BF for abuse.

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



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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: The local CFRT will review the case following the completion of the criminal case associated with this case.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
020761 - Deceased Child, Male, 3 Mons	020764 - Father, Male, 28 Year(s)	Internal Injuries	Substantiated
020761 - Deceased Child, Male, 3 Mons	020764 - Father, Male, 28 Year(s)	Fractures	Substantiated
020761 - Deceased Child, Male, 3 Mons	020764 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
020761 - Deceased Child, Male, 3 Mons	020764 - Father, Male, 28 Year(s)	DOA / Fatality	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 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 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



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	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:
01/10/2015	Father	Pending	Pending, awaiting trial
Comments:	BF was initially arrested prior to the SC's death for inflicting injuries that led to his hospitalization. The SC succumbed to those injuries on 1/10/15 and BF was charged with manslaughter. He remains in jail at this time, awaiting trial.		

Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
01/10/2015	Father	Pending	Pending, awaiting trial
Comments:	BF was initially arrested for inflicting injuries that led the SC to be in the hospital. On 1/10/15 the SC succumbed to the injuries and passed away. The BF remains in jail awaiting trial for these charges.		

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input 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: Information on local support groups							

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:
No surviving siblings.

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

Explain:
The LDSS CW provided information to the BM and her family about local support groups, bereavement and mental health counseling, along with information for financial assistance for the burial.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was there an open CPS case with this child at the time of death?** No
- 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



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Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/05/2015	5121 - Deceased Child, Male, 4 Months	5123 - Father, Male, 28 Years	Internal Injuries	Indicated	No
	5121 - Deceased Child, Male, 4 Months	5123 - Father, Male, 28 Years	Choking / Twisting / Shaking	Indicated	
	5121 - Deceased Child, Male, 4 Months	5123 - Father, Male, 28 Years	Fractures	Indicated	
	5121 - Deceased Child, Male, 4 Months	5123 - Father, Male, 28 Years	Inadequate Guardianship	Indicated	

Report Summary:

On 1/5/15 the SC was found in the family home unresponsive and unconscious. He was taken by EMS to the hospital. Once at the hospital, he was found to have old fractures and new injuries including brain hemorrhaging. Law Enforcement questioned the BF, who admitted to shaking the SC.

Determination: Indicated

Date of Determination: 01/14/2015

Basis for Determination:

Based on the information provided by medical personnel regarding the SC's injuries and the BF's admission to shaking the SC, it was determined that the allegations of Fractures, Internal Injuries, Choking/Twisting/Shaking, and Inadequate guardianship be substantiated against the BF for abuse.

OCFS Review Results:

During the OCFS review, an adequate safety assessment was completed by the LDSS. However, based on the details of the case a more appropriate safety decision could have been selected. Following discussion with the LDSS and after providing technical assistance, it was determined no required actions are needed. OCFS is in agreement with the determination in this case.

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

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



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The BM has no history as a child or as an adult for more than three years prior to the fatality. The BF has no history as an adult. As a child, the BF was named in four reports. In three of those he was found to have no role. In one report, the BF was a confirmed maltreated child. This report was indicated against the BF's mother for Inadequate Guardianship, due to the BF's mother allowing her brother, a convicted murderer, to supervise the BF and his siblings. The BF's mother's brother sexually abused one of the BF's siblings.

Known CPS History Outside of NYS

No known history outside of New York State.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

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

Yes No

Foster Care Placement History

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

Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

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

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