

Report Identification Number: RO-14-009

Prepared by: Rochester Regional Office

Issue Date: 1/30/2015

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.

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Abbreviations

<p>Relationships BM = Biological Mother OC = Other Child MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother BF = Biological Father FM = Foster Mother MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child SF = Surviving Father FF = Foster father DCP = Day Care Provider</p>
<p>Contacts LE = Law Enforcement EMS = Emergency Medical Services DC = Day Care</p>	<p>CW = Caseworker Dr = Doctor CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner ME = Medical Examier FD = Fire Department</p>
<p>Allegations L/B/W = Lacerations/Bruises /Welts B/S = Burns / Scalding PD/AM = Parent's Drug Alcohol Misuse M/FTTH= Malnutrition/Failure-to-Thrive LS = Lack of Supervision OTH/COI = Other</p>	<p>FX = Fractures S/D/S = Swelling/Dislocation /Sprains CD/A = Child's Drug/Alcohol Use P/Nx = Poisoning/ Noxious Substance IF/C/S = Inadequate Food/Clothing /Shelter Ab = Abandonment</p>	<p>II = Internal Injuries C/T/S = Choking/Twisting /Shaking MN = Medical Neglect XCP = Excessive Corporal Punishment IG = Inadequate Guardianship SO = Sex Offender</p>
<p>Miscellaneous LDSS = Local Department of Social Service</p>	<p>IND = Indicated ACS = Administration for Children's Services</p>	<p>UNF = Unfounded NYPD = New York City Police Department</p>

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Case Information

Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Monroe
Gender: Female

Date of Death: 04/24/2014
Initial Date OCFS Notified: 04/24/2014

Presenting Information

On 04/24/14 MCDHS received a duplicate report listing the SC as an abused child. The allegations of the report were DOA/FAT, IG, and L/B/W. The BM's partner was listed as the subject of the report. According to the report, the SC was admitted to the hospital on 4/21/14 with severe neurologically devastated brain trauma. The SC had bruises on her arm, thigh, back, and behind the ear. The BM's partner was caring for the SC at the time of the injury. The BM discovered the SC unresponsive when she returned from work. The SC remained at the hospital in the Pediatric Intensive Care unit until she was removed from life support. The SC was pronounced dead at 6:35 am. The role of the mother was unknown.

Executive Summary

This fatality report concerns the death of a 17-month old female that occurred on 4/24/14. At the time of the death, the family had an open child protective case with Monroe County Department of Human Services (MCDHS) due to an initial and two subsequent reports regarding injuries to the SC. The allegations listed on the reports were C/T/S, L/B/W, II, and IG. The BM and her partner were listed as alleged subjects. On 4/21/14, the SC had been in the care of the BM's partner while she was at work. Upon returning the BM noticed that the SC was unresponsive with blood covering her face. The BM called 911 for assistance and made attempts to resuscitate the SC. The SC was transported by ambulance and admitted to the hospital with multiple non-accidental injuries and subdural bleeding. As a result, the SC condition was listed as critical. The SC was placed on life support with a very poor prognosis. Over the course of 3 days, the subject child's condition continued to deteriorate. The BM and BF made the decision to remove the SC from life support. The SC was pronounced dead at 6:35 am on 4/24/14.

MCDHS received an additional subsequent report from the SCR on 4/24/14 with allegations of DOA/FAT, IG and L/B/W. The parent substitute was listed as the alleged subject. MCDHS determined that there were not any safety concerns as there were no surviving siblings or any other children in the care of the mother or the parent substitute. The preliminary autopsy report indicated the manner of death was homicide and the cause of death was "multiple injuries". The BM's partner was subsequently arrested and indicted for second degree murder of the SC.

MCDHS gathered information about the circumstances of the SC's death from the parents, LE, the Monroe County Assistant District Attorney's (ADA) office, attending physicians, and hospital social workers. MCDHS also obtained copies of medical and criminal records. From the time of the case opening in April 2014 to the writing of this report, MCDHS made several contacts with the BM, BF, and other family members of the SC. MCDHS also conducted joint investigations with LE and the Monroe County ADA office. MCDHS determined that the SC had been residing at the case address for about 8 months with the BM and her partner. There was evidence that the SC had suffered from suspicious bruising and injuries prior to her death. The BM reported that the injuries were noticed after the SC was left in the care of her partner.

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? Unable to Determine

Determination:

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

Was the decision to close the case appropriate? N/A

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

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

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: 04/24/2014

Time of Death: 06:35 AM

Date of fatal incident, if different than date of death: 04/21/2014

County where fatality incident occurred: MONROE

Was 911 or local emergency number called? Yes

Time of Call: 10:43 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:

- | | | |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input checked="" type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

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

2

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	Female	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	23 Year(s)

LDSS Response

MCDHS completed and approved the initial 24 hour safety assessment on 04/24/14. MCDHS determined that no safety factors were present as there were no surviving siblings. On 04/25/14, MCDHS made contact with LE due to the active investigation regarding events leading up to the death of the SC. MCDHS was informed that the mother's partner had retained an attorney and was unwilling to speak with LE or CPS.

On 04/28/14, the MCDHS worker attended a joint meeting with LE, the Monroe County ADA, ME, and a medical specialist regarding the SC. It was determined that the SC had sustained multiple non-accidental injuries. The ME provided MCDHS with the results of the preliminary autopsy report. The report indicated the manner of death was homicide and the cause of death was "multiple injuries". The caseworker requested copies of the emergency call for assistance, crime scene photographs, and the video interview of the mother's partner from LE.

On 04/29/14, the mother's partner was arrested and charged with the homicide of the SC. On 5/6/14, he was indicted on murder in the second degree regarding the death of the SC.

During the course of the investigation, MCDHS did not conduct joint interviews with LE. LE interviewed the BM, MGM, and the mother's partner prior to MCDHS. MCDHS made several attempts to interview the BM, BF, and other relatives. The BF was not able to be reached initially however, he was cooperative. MCDHS interviewed the BF on 05/16/14. He reported that he lived with his mother at a separate address and had not had contact with the SC for about 3 weeks. He did not report any concerns regarding the care provided to the SC by the BM. He reported that the BM and SC lived with the BM's partner. He further reported that the BM left the SC in the care of her partner while she worked at a local sub shop.

MCDHS interviewed the BM on 6/20/14. She reported that on 04/21/14 the SC woke up as usual in the morning and that they followed their normal routine of getting dressed and having breakfast. She stated that the SC ate normally, napped, and played. She and the SC accompanied her partner to a local store and returned to the home at about 3:30 p.m. She reported that she left the home for work around 4:45 pm. The SC was left in the sole care of her partner. The BM called her partner at about 8:45 pm. She reported that her partner was acting normal and reported that the SC was put down for bed at about 8:00 pm. The BM returned from work between 10:30 and 11:00 pm. She was in the kitchen preparing food and after about 10 minutes, her partner went to check on the SC. The SC was sleeping in her bedroom inside a pack in play. The partner called for the BM, the BM responded to the bedroom and found the SC unresponsive with blood on her face. The BM reported that she called 911. The mother reported that she believed that the SC had suffered from a seizure and may have bitten her lip during the activity. The BM denied being aware that her partner had ever physically

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disciplined the SC. In addition, she was adamant that he did not cause the death of the SC.

During follow up with the ADA on 9/16/14 the MCDHS caseworker was informed that the BM reported that her partner was verbally abusive and would act out violently. She also admitted to observing suspicious injuries to the SC after she left her in the care of her partner and continuing to leave the SC in the care of her partner despite the injuries. Due to the discrepancies, MCDHS did follow up with the BM via phone on 11/10/14 to discuss her knowledge of prior injuries to the SC. The BM reported that the SC sustained normal bruising and bumps for her age and that she never saw any red flags regarding her partner's interactions with her. The BM also stated that she never suspected her partner of deliberately causing injury to the SC.

At this time, the criminal and CPS investigations remain open.

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: The fatality was reviewed by the Monroe County CFRT.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child Female 1 Year(s)	Mother's Partner Male 23 Year(s)	DOA / Fatality	Pending

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"/>
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"/>
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"/>

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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: Murder **Degree:** 2

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
04/29/2014	Mother's Partner	05/06/2014	Indicted
Comments: The mother's partner was arrested and charged with Murder in the second degree on 4/29/14. He was indicted on 5/6/14 by the grand jury for the death of the SC.			

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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: No Other

Additional information, if necessary:
Services offered as checked above.

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 are no surviving siblings.

History Prior to the Fatality

Child Information

- | | |
|---|-----|
| Did the child have a history of alleged child abuse/maltreatment? | Yes |
| Was there an open CPS case with this child at the time of death? | 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 |

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)
11/08/2012	518-Deceased Child, Female, 1 Days	517-Mother, Female, 23 Years	Inadequate Guardianship	Far-Open	No
	518-Deceased Child, Female, 1 Days	517-Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Far-Open	

Report Summary:

MCDHS received a report listing the SC as maltreated. The BM and the SC tested positive for marijuana and opiates when the SC was born. The BM admitted to smoking marijuana and abusing opiates during her pregnancy due to back pain. As result, The SC suffered from withdrawal symptoms. The BM also admitted to minimal prenatal care as she did

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not have health insurance.

OCFS Review Results:
MCDHS conducted adequate safety assessments and determined that the report was appropriate for FAR. The BM and BF opted for the FAR assessment track versus CPS investigation. During the FAR stage, the FLAG was appropriately and accurately completed with the family. MCDHS determined that the family had formal and informal supports and was able to provide more than a minimum degree of care for the SC. Concerns/needs were addressed in regards to safety and future risk of maltreatment of the SC. The BM and BF complied with recommendations and the FAR case was closed successfully.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/10/2013	511-Other Child, Male, 13 Years	508-Unrelated Home Member, Male, 43 Years	Inadequate Guardianship	Unfounded	No
	511-Other Child, Male, 13 Years	508-Unrelated Home Member, Male, 43 Years	Lack of Supervision	Unfounded	
	511-Other Child, Male, 13 Years	509-Mother's Partner, Male, 21 Years	Inadequate Guardianship	Unfounded	
	511-Other Child, Male, 13 Years	509-Mother's Partner, Male, 21 Years	Lack of Supervision	Unfounded	
	511-Other Child, Male, 13 Years	510-Unrelated Home Member, Female, 23 Years	Inadequate Guardianship	Unfounded	
	511-Other Child, Male, 13 Years	510-Unrelated Home Member, Female, 23 Years	Lack of Supervision	Unfounded	

Report Summary:
MCDHS received a report from the SCR listing a 13-year-old male as maltreated. The mother of the SC was listed as a household member with no role and her partner was listed as the child's uncle and as an alleged subject. The child's father and step-mother were also listed as subjects. The report alleged that the 13-year-old was not being supervised properly; as a result he was left roaming the neighborhood and had burglarized a couple of homes.

Determination: Unfounded **Date of Determination:** 09/04/2013

Basis for Determination:
MCDHS did not find credible evidence to support the allegations. It was determined that the parents were providing a minimal degree of care and the 13-year-old child needed external interventions and services to address his mental health and behavioral needs. MCDHS referred the family to appropriate community services. The family complied and the case was closed with community services in place.

OCFS Review Results:
MCDHS conducted adequate assessments of immediate danger to all children listed in the report within 24 hours, completed adequate safety and risk assessments throughout the life of the case, implemented appropriate safety plans when needed, gathered sufficient information to make determinations for all allegations of abuse and maltreatment, and appropriately determined each allegation of abuse and maltreatment. In addition, service needs were adequately assessed and appropriate services were offered when necessary.

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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No CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

No known history outside of NYS.

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

No history of preventive services.

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 legal activity as a result of 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