



Report Identification Number: SV-18-014

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

Issue Date: Aug 22, 2018

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		



Case Information

Report Type: Child Deceased
Age: 6 month(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 02/20/2018
Initial Date OCFS Notified: 02/21/2018

Presenting Information

The 2/20/18 SCR report alleged on 2/19/18, between the hours of 11:00 PM and 12:00 AM, the 6-month-old SC went into cardiac arrest for unknown reasons. EMS transported the SC to the hospital where he was intubated and administered epinephrine. On 2/20/18, at 4:13 AM, the SC passed away. SC was in the care of the SM, therefore she was made the alleged subject.

Executive Summary

On 2/20/18, Suffolk County Department of Social Services (SCDSS) received an SCR report about the death of the 6-month-old male SC.

The investigation revealed, on 2/19/18 between 11:00 PM and 12:00 AM, SM placed SC to sleep on his back on a Boppy u-shaped pillow on one end of the sectional sofa in the MA's home. SM then slept on the other end of the sofa. At approximately 3:30 AM, SM awoke to find SC in the same position on his back with his mouth wide open and unresponsive. SM called for the 21-year-old maternal cousin (MC) to get the MA. SM called 911 and the MA performed CPR until EMS arrived. SC was transported via ambulance to Brookhaven Memorial Hospital, where he was pronounced deceased at 4:13 AM.

An autopsy was performed by the Suffolk County ME's office and the final autopsy report was still pending at the time this report was written. The ME reported there were no signs of abuse or neglect and SC suffered from numerous conditions related to being a premature infant and was suffering from respiratory issues at the time of his death. The Suffolk County Police Department's investigation remained open, pending the final autopsy results. No charges had been filed and LE had no concerns that SC was a victim of abuse or maltreatment.

At the time of SC's death, SM and her 3 CHN, ages 5 (SS1), 1 (SS2) and 6 months (SC), were temporarily staying with the MA, MU and 4 MC, ages 21, 16, 12 and 5. The MA and MU resided closer to the hospital and SC often required hospitalization due to medical complications from prematurity. All CHN were assessed to be safe in their parents' care. During the investigation, SM permanently moved into the MA and MU's home with her CHN. The MA's home was assessed to have no safety concerns and had an appropriate sleeping environment for the CHN.

The BF of SM's 3 children did not regularly visit the children and his location was unknown. SCDSS was unsuccessful in their attempts to locate BF. BF had 3 additional children, twin 5 yo daughters (SS3 and SS4) who resided with their BM and an 11 yo son (SS5) that resided with his BM. SS3, SS4 and SS5 had no contact with SM or her CHN.

SCDSS conducted a thorough investigation into the incident, contacted all necessary collaterals and reviewed records from LE, EMS, the hospital and pediatrician. SCDSS unfounded and closed the case. It was found SC suffered from numerous medical conditions stemming from his premature birth and SM was meeting all of his medical needs. There was no evidence gathered that SM caused SC's death or could have prevented it.

SCDSS referred the family for bereavement services and it was unknown if they utilized this service. SM accepted Preventive Services and a Family Services Intake was opened to assist SM with housing, employment and transportation.

PIP Requirement



SCDSS will submit a PIP to the Spring Valley Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the SCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

The decision to unfound and close the case was appropriate.

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:

Casework activity was commensurate with 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: 02/20/2018

Time of Death: 04:13 AM



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

County where fatality incident occurred: Suffolk

Was 911 or local emergency number called? Yes

Time of Call: 03:36 AM

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

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

How long before incident was the child last seen by caretaker? 4 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not 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	6 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)

LDSS Response

SCDSS initiated their investigation immediately upon receipt of the report and they coordinated their efforts with LE. They contacted hospital staff to gather more information. The ER doctor said SC was born premature, had medical issues and may have aspirated.

LE found the MA and MU's home to be appropriate. They did not note anything suspicious or concerning surrounding SM's care of SC. SM provided LE with a statement in which she reported she fed SC a bottle around 10:00 PM on 2/19/18. He drank 2 ounces, which was less than usual. SC was congested and had a runny nose and cough for the past day and had respiratory issues since birth. SM placed a sleep pad on the sofa then placed a Boppy u-shaped pillow on top of the pad. SM laid SC down on the Boppy with his top half elevated to assist with congestion. SM went to sleep after SC fell asleep. SM awoke around 3:30 AM to feed SC, as that was his schedule. SM went to the bathroom and when she returned, she noticed SC had not moved at all, his mouth was wide open and he was unresponsive. SM called for the 21 yo MC to get the MA. SM called 911 and MA performed CPR until EMTs arrived and took over. LE additionally shared SC was born at 24 weeks gestation due to SM suffering complications and SC spent an extended period of time in the hospital. SC



had recently been hospitalized for reasons related to his prematurity, he was "undersized for his age", was on medication for a digestive condition and received breathing treatments for respiratory issues.

SCDSS assessed the MA and MU's home to be appropriate with no safety concerns. SS1 and SS2 were assessed to be safe in SM's care and the MC were assessed to be safe in the MA and MU's care. Information gathered from SM, MA and MC was consistent with the information provided by LE. In addition, SM reported upon birth SC was hospitalized in the Neonatal Intensive Care Unit (NICU) for 3 months due to medical complication from prematurity. Since his discharge in October 2017, SC was hospitalized 3 additional times for various illnesses. SM was staying with MA and MU temporarily since her home was closer to the hospital and MA provided support with SC's medical needs. SM gave SC a breathing treatment around 10:00 PM on 2/19/18, just prior to feeding him. SC fell asleep between 11:00 PM and 12:00 AM. SC was placed on the end of an L-shaped sectional sofa and SM slept on the other end. SM reported she used a co-sleeper for SC to sleep in at her home, which she placed next to her bed. SC did not spend much time in the co-sleeper due to his hospitalizations. She had the co-sleeper at the MA and MU's home, although used the Boppy pillow to sit him up on the sofa at times, due to his congestion and digestive condition. SM reported hospital staff recommended she use the Boppy pillow to assist SC in sitting up to aid in his breathing and lessen congestion. SM was aware of safe sleep guidelines and reported her CHN were always placed to sleep on their back.

SM did not have contact information for the BF, but reached out to the PA on social media to let BF know SC passed away. BF did not attend SC's funeral services and SCDSS and LE's attempts to locate him were unsuccessful.

Pediatrician and hospital records confirmed SC suffered from numerous illnesses and required several hospitalizations related to prematurity. There were no concerns noted in the pediatrician records regarding the SS. EMS records stated SC was in cardiac arrest upon their arrival and remained in cardiac arrest during transport to the hospital.

SCDSS appropriately unfounded and closed their investigation. SM accepted a referral for Preventive Services and a Family Services Intake was opened on 4/30/18 and closed on 5/2/18 when SM declined services.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
047121 - Deceased Child, Male, 6 Mons	047122 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
047121 - Deceased Child, Male, 6 Mons	047122 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities



	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

Attempts to interview BF were unsuccessful.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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

Explain:

SM was referred for bereavement services. Preventive Services were accepted by SM, although later declined.

Placement Activities in Response to the Fatality Investigation

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

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 Preventive Services were accepted by SM to assist with finding housing, employment and providing transportation. SM later declined services and the Family Services Intake was closed. SCDS provided referrals for bereavement counseling and funeral assistance, although it is unknown if these services were utilized.

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? Yes

Explain:

Bereavement referrals were provided for the SS.

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

Explain:

Bereavement referrals were provided for SM.

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Had heavy alcohol use
- Misused over-the-counter or prescription drugs
- Smoked tobacco



- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- 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)
04/16/2015	Sibling, Female, 2 Years	Father, Male, 23 Years	Inadequate Guardianship	Substantiated	Yes

Report Summary:

An SCR report alleged on 4/16/15, BF was angry with SM. BF took a gun out of his jeans, pointed it at SM while she was holding SS1 and cocked the gun, posing a threat of serious harm to the child. When other people present came to SM's defense, BF ran to his car and drove away. There was no injury to SS1.

Report Determination: Indicated

Date of Determination: 05/04/2015

Basis for Determination:

SCDSS substantiated the allegation of IG against BF regarding SS1. Through interviews conducted, it was determined BF became angry with SM and pointed a gun at her while she was holding SS1. SM contacted LE and BF was charged with Menacing 2nd Degree and Endangering the Welfare of a Child. A criminal OP was issued barring BF from contact with SM and SS1. SCDSS filed an Article 10 Abuse Petition in Family Court and obtained an OP barring BF from contact with SM and SS1. The case was opened for ongoing CPS services.

OCFS Review Results:

SCDSS interviewed SM and observed SS1 at Family Court and BF was interviewed at jail. A home visit was not conducted prior to case determination to assess the environment of the child named in the report. CPS history was reviewed, LE and SS1's pediatrician were contacted and criminal history records were reviewed. An Article 10 Abuse Petition was appropriately filed and the required services were provided to the family through the ongoing CPS services case.

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

Issue:

Pre-Determination/Home Visit

Summary:

A home visit was not conducted prior to case determination to assess the environment of the child named in the report.

Legal Reference:

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

Action:

Prior to a determination being made, the investigation must include one home visit so as to evaluate the environment of the child named in the report.

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

There is no CPS history more than 3 years prior to the fatality.

Known CPS History Outside of NYS



There is no known CPS history outside of New York State.

Preventive Services History

An ongoing CPS services case was opened 4/17/15 due to BF pointing a gun at SM while she was holding SS1. BF was arrested and an OP was issued barring BF from SM and SS1. An Article 10 Abuse Petition was filed against BF and an OP was issued in Family Court barring BF from SM and SS1. BF was court ordered to obtain a mental health evaluation and attend a parenting skills program and DV prevention program. BF refused contact with SCDSS and did not comply with court orders. SM was granted sole Article 6 custody of SS1 in Family Court and the court orders were vacated. The services case closed on 7/26/16.

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:
04/24/2015	Adjudicated Abused	Order of Supervision
Respondent:	047126 Father Male 26 Year(s)	
Comments:	On 6/9/2015 SS1 was adjudicated abused by BF and an order of supervision was issued from 6/19/15-6/18/16. BF was ordered to obtain a MH evaluation and attend a parenting skills program and DV prevention. An OP was issued barring BF from SS1 and SM until 6/19/16.	

Have any Orders of Protection been issued? Yes

From: 06/19/2015

To: 06/19/2016

Explain:

An OP was issued against BF in Family Court barring him from contact with SM and SS1.

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