



## Report Identification Number: SV-18-058

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

Issue Date: Feb 27, 2019

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 5 month(s)

**Jurisdiction:** Suffolk  
**Gender:** Female

**Date of Death:** 09/22/2018  
**Initial Date OCFS Notified:** 09/24/2018

## Presenting Information

An SCR report was received on 9/22/18. The report alleged the father left the 5-month-old female child, and the 2yo old male child unsupervised while he worked in another room in the home. The father came back to find the 5-month-old child face down on the floor, with blood around her mouth, bruising between her eyebrows, and swelling on the left side of her face, and in the middle of her forehead. The child had no pulse and had stopped breathing. The father contacted 911 at 4:13 PM. The father met the first responders outside with the child, leaving the 2yo inside unsupervised with an aggressive pit bull. First responders began CPR on the child on the front lawn, however were unsuccessful. The child was pronounced dead at the scene. The child did not have a preexisting medical condition that would have contributed to her death. The role of the mother was unknown.

## Executive Summary

This report concerns the death of a 5-month-old female child (Twin A) that occurred on 9/22/18. Suffolk County Department of Social Services (SCDSS) received two SCR reports on 9/22/18 about the fatality. Twin A was an otherwise healthy child and died of unknown causes. The mother brought the twins and the 2yo SS to the father's apartment while she went out to run errands. The parents were separated, but the father resided in a small apartment in the home to assist mother with co-parenting. Father had placed Twin A on her stomach in the middle of his queen size bed with her head to the side. Twin B was placed in a baby swing next to the bed. The 2yo SS was in the bathroom across from the bedroom with the father while he hung a mirror. After hanging the mirror, the father checked on the Twins and found Twin A unresponsive in the same position on the bed where he had placed her twenty minutes earlier. The father called 911 at 4:13PM and began CPR. The father heard EMS arrive and ran outside to EMS with the child in his arms. EMS began CPR and Twin A was transported to the hospital where Twin A was pronounced dead at 5:00PM. The child was not pronounced dead at the scene as reported.

The ME's preliminary autopsy findings were the cause and manner of death were undetermined pending toxicology results. There were no obvious signs of abuse or maltreatment of Twin A and there was no evidence of bruising as reported. The final autopsy results were pending at the time of this writing. There were no criminal charges pursued in relation to the fatality.

SCDSS assessed the safety of Twin B and the 2yo SS. The children were observed and SCDSS went over safe sleep with the parents in detail and provided brochures. The parents fully cooperated with SCDSS. SCDSS interviewed the mother, the father, and collateral contacts able to provide information about the safety of twins and the SS. SCDSS requested and reviewed all pertinent medical records of Twin A as well as Twin B and the 2yo SS. There were no noted concerns for the care of the children. All safety and risk assessments were done correctly and on time. SCDSS completed the child fatality reports timely and accurately. SCDSS made referrals to the parents for domestic violence services. While the fatality was still under investigation the parents had a verbal argument and the mother called the police. There were no arrests. The mother went to Family Court and filed an Article 8 family offense petition against the father for the verbal dispute and the father was ordered to refrain from certain behaviors toward the mother. SCDSS provided referrals to the parents for domestic violence services and interviewed them separately. The SS were in bed asleep at the time of the incident.

On 11/19/2018, the allegations for DOA/fatality, IG, LS, L/B/W and II against the father with respect to Twin A were unsubstantiated and the allegations of LS for the 2yo SS was unsubstantiated. There was no credible evidence to support the allegations. There were no allegations in regard to Twin B. There were no extra blankets or pillows on the bed where



Twin A had been sleeping. SCDSS observed the sleeping environments for Twin B and the 2yo SS and there were no noted safety concerns. The parents were provided referrals for bereavement services but unknown if used. Follow up visits were conducted by SCDSS prior to closing and the parents were compliant with safe sleep practices for Twin B. The case was unfounded and closed.

## 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

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:

N/A

## 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: 09/22/2018

Time of Death: 05:00 PM

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: 04:13 PM  
 Did EMS respond to the scene? Yes  
 At time of incident leading to death, had child used alcohol or drugs? No

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

Did child have supervision at time of incident leading to death? Yes  
 How long before incident was the child last seen by caretaker? 20 Minutes  
 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	Female	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	45 Year(s)
Deceased Child's Household	Mother	No Role	Female	36 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Month(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)

**LDSS Response**

On 9/22/18, SCDSS received a fatality report and a duplicate from the SCR, initiated their investigation within 24 hours and coordinated efforts with LE. SCDSS contacted the source of the report, completed a CPS history check, and verified notification of LE, ME and the DA of Twin A's death. SCDSS assessed the safety of surviving twin and the 2yo SS and were determined to be safe.

On 9/22/18, SCDSS went to the home spoke with the mother, father, and observed twin B and the 2yo SS. SCDSS learned from LE, first responders and the parents, that the mother was out running errands at the time of the fatal incident and the children were in the father's care.

The father gave his account of the events leading up to the death of Twin A. The father told SCDSS the mother had brought the children to his apartment located in the family home while she went out to run errands. The father said he had placed Twin B in an infant swing in his bedroom next to the bed. The father said he placed Twin A in the middle of his queen-sized bed on her stomach and there were no blankets or pillows near the child. The father said he went into the bathroom located directly across from the room to hang a mirror. The father said the 2yo SS was with him in the bathroom. He said he hung the mirror and cleaned up the debris on the bathroom floor, this took approximately 20 minutes. As he was walking by the bedroom he noticed Twin A's coloring wasn't right. The father said he turned her over onto her back



and she was unresponsive. The father said he did not find Twin A on the floor as was reported. The father said he called 911 immediately and he was instructed to start CPR. The father said he started CPR and he heard EMS arriving outside. He told SCDSS he ran down stairs with Twin A to meet them. EMS took Twin A and began CPR and transported Twin A to the hospital. He said he called the mother to come home and she arrived home shortly after he called her. The mother went to the hospital with LE and he stayed with Twin B and the 2yo SS until family arrived to care for the children. The father said he then went to the hospital. The father reported they do have a dog but denied she was aggressive. The mother confirmed father's statements.

SCDSS offered the parents bereavement referrals for counseling. SCDSS appropriately went over safe sleep recommendations with the parents and provided brochures. The parents fully cooperated with SCDSS. SCDSS went to the parent's home and observed there were appropriate sleeping arrangements for the Twin B and the 2yo SS. SCDSS observed the dog in the home and the dog was friendly and not aggressive.

The mother denied misuse of drugs or alcohol. The father denied any current misuse of drugs or alcohol; however, the father had a history of opioid use from 2011-2014. The father told SCDSS he had successfully completed treatment and provided a release for SCDSS to speak with the treatment provider. SCDSS spoke with the treatment provider who confirmed the father had successfully completed the program. LE and SCDSS did not observe any evidence of drugs or alcohol in the home. SCDSS spoke with EMS and they never saw the dog. The physician at the hospital and the ME saw no bruises on Twin B as recorded. SCDSS obtained information from LE, medical records from the hospital Twin A was transported to, birth records, and the children's pediatrician. The children's pediatric records noted no concerns for the care of Twin A, Twin B or the 2yo SS. SCDSS spoke with collateral contacts and family members and there were no noted concerns for the care of the children.

### 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

**Comments:** Suffolk County does not have an OCFS approved CFRT.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049061 - Deceased Child, Female, 5 Mons	049063 - Father, Male, 45 Year(s)	Lack of Supervision	Unsubstantiated
049061 - Deceased Child, Female, 5 Mons	049063 - Father, Male, 45 Year(s)	Inadequate Guardianship	Unsubstantiated
049061 - Deceased Child, Female, 5 Mons	049063 - Father, Male, 45 Year(s)	DOA / Fatality	Unsubstantiated
049061 - Deceased Child, Female, 5 Mons	049063 - Father, Male, 45 Year(s)	Internal Injuries	Unsubstantiated



# Child Fatality Report

049061 - Deceased Child, Female, 5 Mons	049063 - Father, Male, 45 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
049065 - Sibling, Male, 2 Year(s)	049063 - Father, Male, 45 Year(s)	Inadequate Guardianship	Unsubstantiated
049065 - Sibling, Male, 2 Year(s)	049063 - Father, Male, 45 Year(s)	Lack of Supervision	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 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 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"/>

Additional information:

n/a

## 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 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"/>



# Child Fatality Report

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

SCDSS offered the family bereavement referrals.

### 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"/>

**Explain as necessary:**

N/A

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### 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"/>



<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The parents were separated but had agreed to co-parent their CHN. The father had a separate apartment in the home, where he resided. During the investigation the parents had a verbal argument and the mother called the police. There were no arrests. The mother went to Family Court and was granted a refrain from OP. SCDSS provided referrals to the parents for domestic violence services.

## 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
- 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 fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

### 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)
11/20/2016	Sibling, Male, 6 Months	Father, Male, 43 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 6 Months	Father, Male, 43 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

On 11/20/16, the father rear-ended a stopped vehicle while driving with then 6-month old SS. The child was secured in a car seat. It was believed the father was impaired at the time of the accident. He was slurring his words and acting erratically. The role of the mother was unknown.

**Report Determination:** Unfounded

**Date of Determination:** 02/03/2017

**Basis for Determination:**

The allegations of IG and PD/AM were unsubstantiated. The father was driving on the highway and rear ended a vehicle that was pulled to the side of the road but part of the vehicle was in the driving lane. The father sustained a fracture pelvis, ribs and one wrist. The father had to have surgery as a result. There was no evidence to support the allegation that the father was under the influence of drugs or alcohol at the time of the accident. The father consented to a blood test at the hospital but none was taken. There was no evidence the father was drinking. The 6-month-old had a broken finger but was otherwise unharmed. The case was unfounded and closed with no services needed.

**OCFS Review Results:**

OCDESS gathered sufficient information to make a determination and met all regulatory requirements for this investigation.

**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 history more than three years prior to the fatality.

#### Known CPS History Outside of NYS

There was no known history outside of NYS.

### 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