



Report Identification Number: NY-23-075

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

Issue Date: Jan 22, 2024

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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: 2 month(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 08/05/2023
Initial Date OCFS Notified: 08/05/2023

Presenting Information

On 8/5/2023, the New York City Administration for Children’s Services (ACS) received an SCR report which alleged on the same date the mother (SM) found the child (SC) unresponsive at approximately 11:20 AM. The mother had attempted to feed the child at approximately 8:30 AM and he did not want to eat so she put him back to sleep. When the mother checked on the child at approximately 11:20 AM the child was bluish in color and had vomit coming from his mouth. The father (SF) drove the mother and child to the hospital 10 minutes away. The mother ran into the emergency room with the child in her arms. Hospital staff attempted to revive the child for approximately 40 minutes before the child was pronounced deceased. The child had no visible marks on his body and was an otherwise healthy child.

Executive Summary

This report concerns the death of a 2-month-old child which occurred while in the care of his mother and father. On 8/5/2023, the mother found the child unresponsive in his bassinet at approximately 11:20 AM. The mother yelled for the father to help her. The father put the mother and child in the car and drove to a hospital 10 minutes away where the mother ran inside with the child. Life-saving measures were attempted for approximately 40 minutes before the child was pronounced dead.

ACS attempted to interview the mother and father throughout their investigation. Each time an interview was attempted the mother and father became too distraught to discuss the fatal incident. The mother and father participated in a reenactment with law enforcement and the medical examiner’s investigator. A 2-year-old half sibling was assessed as being safe in the care of her biological mother throughout the investigation and was not present at the time of the fatal incident.

Law enforcement and the medical examiner’s investigator stated the mother and father demonstrated the child was in the bassinet. The mother attempted to feed the child at approximately 8:30 AM and the child did not want to eat much. The mother placed the child back down to sleep in the bassinet. The mother was throughout the home over the next few hours believing the child was asleep. The mother returned to check on the child at approximately 11:20 AM and found him unresponsive.

The medical examiner stated there were no signs of abuse or trauma present in the child. The contents of the child’s stomach were consistent with the mother’s version of events. The medical examiner did not believe the sleep environment contributed to the child’s death or that the child died as a result of abuse or maltreatment. The medical examiner made these statements with the caveat the toxicology results could change their opinion when available.

The allegations against the mother and father concerning the death of the child were unsubstantiated. Services in relation to the death of the child were offered and initially accepted by the mother. Following the death of the child, the mother and father ended their relationship and moved out of jurisdiction and the investigation was 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

Explain:

The decision to close the case was made commensurate with the case circumstances and the allegations were determined in congruence with evidence gathered.

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:

There was detailed documentation in the case record of supervisory consult and the decision to close the case was made commensurate with the 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: 08/05/2023

Time of Death: 12:07 PM

Time of fatal incident, if different than time of death: 11:00 AM

County where fatality incident occurred: Queens

Was 911 or local emergency number called? No

Did EMS respond to the scene? No



At time of incident leading to death, had child used and/or ingested alcohol or drugs? No

Child's activity at time of incident:

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

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	Aunt/Uncle	No Role	Male	26 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)

LDSS Response

ACS received the SCR report and immediately initiated their investigation. ACS coordinated their response with LE. LE informed ACS the SF and SM had been interviewed and participated in a reenactment with the medical examiner investigator (MEI) prior to ACS being informed of the SC's death.

LE informed ACS the SM attempted to feed the SC at approximately 8:30 AM and the SC did not want to eat. The SM put the SC back to sleep in the bassinet at the foot of the bed and went about her day. The SM returned to check on the SC at approximately 11:20 AM and found the SC unresponsive. The SM yelled for assistance from the SF and the SF drove the SM and SC to the hospital for medical attention. The SC did not appear to have any signs of abuse or trauma and an autopsy was performed.

ACS made multiple attempts to interview the SM and SF throughout the investigation. In each interview attempt the parents became too upset to speak about the fatal incident. ACS offered services in relation to the death of the SC which were initially accepted by the SM; however, the SM moved out of jurisdiction prior to services being provided.

The PU and PGM were interviewed. The PU had no direct knowledge of the fatal incident. The PU and PGM confirmed the SM and SF utilized safe sleep practices and expressed no concerns for the care of the SC by the parents.

The SF had a 2-year-old child in the care of her biological mother. The 2-year-old child was assessed as safe in the care of her mother throughout the investigation and had limited contact with the SF.

The MEI informed ACS the SC had some formula in his stomach, consistent with the SM's narrative of events in which she attempted to feed the SC. The MEI stated there were no signs of abuse or trauma present in the SC.

ACS interviewed the ME assigned to the case. The ME stated the autopsy showed no signs of abuse or trauma and safe sleep guidelines appeared to have been followed. The final autopsy report was not available at the time the case was closed.



ACS spoke with hospital personnel regarding the fatal incident. It was confirmed the SC was brought into the emergency room by the SM and attempts to resuscitate the SC were made for approximately 40 minutes. The hospital clinic was the SC's primary care provider. Primary care notes showed no medical diagnoses or concerns for the care of the SC. His next regularly scheduled visit was scheduled for the week after his death.

The allegations of DOA/Fatality and IG were unsubstantiated. The SM and SF ended their relationship following the death of the SC and each moved out of ACS jurisdiction.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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 referred to an OCFS approved Child Fatality Review Team? No

Comments: ACS does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
065899 - Deceased Child, Male, 2 Month(s)	065900 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
065899 - Deceased Child, Male, 2 Month(s)	065900 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
065899 - Deceased Child, Male, 2 Month(s)	065901 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
065899 - Deceased Child, Male, 2 Month(s)	065901 - Father, Male, 25 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 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"/>



Child Fatality Report

Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input 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"/>

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"/>

Placement Activities in Response to the Fatality Investigation



Child Fatality Report

	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 as a result of information uncovered during the fatality investigation?	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? No

Explain:

Services were offered to the half-sibling and declined by her BM.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The SM stated she would accept grief counseling and information on services was provided, though the SM moved out of state during the open investigation.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? 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
- Had a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none 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)
11/02/2022	Sibling, Female, 1 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 1 Years	Father, Male, 23 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

The SCR report alleged the SF engaged in a verbal dispute with the BM to the half-sibling which escalated to a physical altercation. During the altercation, the SF assaulted the BM to the half-sibling and the half-sibling sustained a bruise to her cheek and left temple. The mother and half-sibling required medical attention.

Report Determination: Unfounded

Date of Determination: 12/27/2022

Basis for Determination:

Westchester County Department of Social Services (WCDSS) received the SCR report and initiated their investigation. The BM to the half-sibling confirmed the events happened as reported between her and the SF, and the SF pushed the SS



to the side, causing a superficial scratch. The SF was arrested and charged with assault, EWOC, and criminal obstruction of breathing as a result of the incident and an OP was filed and put in effect until 11/2023. The BM and half-sibling moved out of state immediately following the incident and the SF claimed the BM to the half-sibling assaulted him first. The allegations were unsubstantiated as WCDSS determined there was no negative impact on the half-sibling.

OCFS Review Results:

WCDSS interviewed all family members and relevant collateral contacts. All parties moved out of WCDSS jurisdiction following the incident and the half-sibling was assessed to be safe in the care of her BM out of state. WCDSS made an incorrect determination of the allegations as the child was pushed to the side during the altercation which led to her sustaining a minor scratch to her cheek. The SF was arrested and criminally charged as a result of the incident, meeting the evidentiary standard to substantiate the allegations against him.

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

Issue:

Appropriateness of allegation determination

Summary:

The half-sibling sustained a scratch to her cheek during an altercation between her BM and the SF. The SF pushed the half-sibling to the side, causing her to sustain the injury. The SF was charged with multiple criminal charges, including EWOC, as a result of the assault against the BM to the half-sibling.

Legal Reference:

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

Action:

WCDSS will refer to the CPS Program Manual and/or consult with the Westchester Regional Office when determining the appropriateness of allegations, and will take into consideration all information when applying the circumstances to the definition(s).

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS 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?

Family Court Criminal Court Order of Protection

Criminal Charge: Endangering the welfare of a child **Degree:** NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:



11/02/2022	SF	Unknown	Unknown
Comments:	The SF was charged with EWOC, Assault in the 3rd degree, Criminal obstruction of breathing, and Harassment in the 2nd degree stemming from a domestic violence incident with the BM to the half-sibling.		

Criminal Charge: Assault Degree: 3

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
11/02/2022	SF	Unknown	Unknown
Comments:	The SF was charged with EWOC, Assault in the 3rd degree, Criminal obstruction of breathing, and Harassment in the 2nd degree stemming from a domestic violence incident with the BM to the half-sibling.		

Criminal Charge: Other - Criminal Obstruction of Breathing Degree: NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
11/02/2022	SF	Unknown	Unknown
Comments:	The SF was charged with EWOC, Assault in the 3rd degree, Criminal obstruction of breathing, and Harassment in the 2nd degree stemming from a domestic violence incident with the BM to the half-sibling.		

Criminal Charge: Other - Harassment Degree: 2

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
11/02/2022	SF	Unknown	Unknown
Comments:	The SF was charged with EWOC, Assault in the 3rd degree, Criminal obstruction of breathing, and Harassment in the 2nd degree stemming from a domestic violence incident with the BM to the half-sibling.		

Have any Orders of Protection been issued? Yes

From: Unknown	To: 11/14/2023
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Explain:
The BM to the half-sibling was issued an OP against the SF resulting from a domestic violence incident which occurred on 11/2/2022.

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