



Report Identification Number: SV-20-044

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

Issue Date: Apr 20, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

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

Jurisdiction: Suffolk
Gender: Male

Date of Death: 11/01/2020
Initial Date OCFS Notified: 11/02/2020

Presenting Information

An SCR report was received with concerns that on 11/1/20, the one-month-old subject child died due to injuries consistent with Shaken Baby Syndrome, including brain bleeds. The mother and father did not have a plausible explanation for the injuries. Additionally, the parents failed to feed the child for the previous two days. The roles of the surviving siblings were unknown.

Executive Summary

This fatality report concerns the death of a one-month-old male subject child that occurred on 11/1/20. A report was made to the SCR on 11/2/20 with allegations of Inadequate Guardianship, Internal Injuries, Inadequate Food/Clothing/Shelter and DOA/Fatality against the child’s mother and father. The child died during an open CPS investigation, which was initiated on 9/24/20 after the subject child’s twin sibling was born with a positive toxicology for illicit drugs; the subject child did not have a positive toxicology at birth. Suffolk County Department of Social Services (SCDSS) received the fatality report and investigated the child’s death. An autopsy was completed; however, the final cause and manner of death remained pending at the time of this writing.

At the time of the child’s death, he resided with his mother, father, and three siblings, ages one month, one year, and ten years old. A fifteen-year-old surviving sibling resided with his biological father, and a sixteen-year-old surviving sibling was living with a family friend. The investigation revealed that at approximately 5:00AM on 11/1/20, the mother awoke after hearing a strange cry from the subject child in his crib. The mother brought the child into bed with her and he began seizing. The mother called the father, who was not at home at the time, and he returned to the residence shortly thereafter. The child was exhibiting labored breathing at that point, and the parents were preparing to take the child to the hospital. The child suddenly became unresponsive, so the father called emergency services. The ambulance arrived and transported the child to a local hospital where he was pronounced deceased at 7:15AM.

From the time the investigation began to the time of its closure, SCDSS interviewed family members, assessed the safety of the siblings, and spoke with collateral sources. Concerns surrounding the child’s death arose after a preliminary autopsy revealed suspicious injuries indicative of Shaken Baby Syndrome. Due to these findings, SCDSS removed the siblings from their parents care and filed an abuse petition in family court. A criminal investigation remained ongoing, and a court ordered services case was opened upon the removal of the children. The siblings were in the care and custody of relative resources at the time the investigation was closed, and the family court proceedings remained ongoing at the time of this writing.

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:

SCDSS gathered information to determine the allegations and assess the safety of the surviving siblings.

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.

Explain:

The case record reflected supervisory consultations throughout the investigation. The level of casework activity was 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: 11/01/2020

Time of Death: 07:15 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: Unknown

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

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	10 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)
Other Household 1	Sibling	Alleged Victim	Female	16 Year(s)
Other Household 2	Sibling	Alleged Victim	Male	15 Year(s)

LDSS Response

On 11/2/20, SCDSS received the SCR report regarding the death of SC, which occurred on 11/1/20. SCDSS had been involved with the family since 9/24/20, after SC's twin was born with a positive toxicology for THC; SC's meconium was negative. A plan of safe care was completed and monitored. On the date the fatality was received, SCDSS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. SCDSS worked promptly to assess the safety of the 5 SS.

On 11/2/20, SCDSS met with the family at a homeless shelter where they resided. SM was interviewed and explained SC was born with a seizure disorder and took prescribed medications several times throughout the day. SM stated on the morning of 11/1/20, she was asleep in bed when around 5:00AM, SC let out a strange sounding cry. SM explained she took SC out of his crib and placed him in the bed with her. She stated he then began seizing. SM added further that SC had not eaten for possibly two days prior to the incident; however, she did not seek medical care regarding this because the doctor's office was closed on the weekends. SF was asleep at the time of this visit and was not interviewed. SCDSS spoke with the 10yo SS, who denied any safety concerns and had no information surrounding SC's death other than he had stopped breathing. The 1yo SS and SC's twin were observed to be free from suspicious marks and bruises. SM had SC's twin in an unsafe sleeping environment and SCDSS educated SM regarding safe sleep practices.

On this same date, SCDSS was informed by the ME that the preliminary autopsy of SC showed subdural and subarachnoid hemorrhages, which are typically found in Shaken Baby Syndrome. Due to these findings, SCDSS removed the SS from the parents' care. The 11yo, 1yo and twin SS were placed into foster care until a relative was granted custody on 11/5/20.



The 16 and 15yo SS were placed in the custody of their BF.

On 11/12/20, SM and SF were interviewed to further discuss the fatality. They explained that on 10/29/20, SF was home alone with the 4 youngest CHN, including SC. SM did not return home until 8:30PM that night. SF reported during the day, he became tired and SC was fussy, so he brought him into bed with him to rest. SF stated he had no intention of falling asleep, but must have, because he awoke to SC crying. SF stated he found SC on the floor beside the bed. SF reported SC had no bumps or bruising and acted normally; he did not tell SM about the fall. The parents reported the next two days, SC was not taking his bottle, and did not eat at all on 10/31/20; the parents stated they assumed it was due to the medications he was on. SF stated he went to a party on the night of 10/31/20 and received a call from SM that SC had a seizure and labored breathing. SF arrived home shortly after the call and was getting ready to take SC to the emergency room when SC stopped breathing. The parents called 911 and SC was taken by ambulance to the hospital.

On 11/16/20, SCDSS spoke with a child abuse specialist physician. The specialist reported the stories the parents provided were not plausible given SC's injuries, and felt the death was suspicious. On 11/18/21, SCDSS attempted to follow up with the ME; however, the ME declined to give any information per LE's instruction. SCDSS spoke with LE, who noted they had no additional information regarding SC's cause/manner of death.

Throughout the investigation, SCDSS spoke with collateral sources and assessed the safety of the SSs on several occasions. The older SSs were interviewed, and none reported ever witnessing either parent harm SC. The SSs remained in the custody of relative resources, and an abuse petition was filed in family court. SCDSS found evidence the parents' actions and inaction placed SC at risk of harm, and therefore substantiated the allegations. Family court proceedings and the criminal investigation remained ongoing at the time of this writing.

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

Comments: This fatality investigation was conducted by the Suffolk County MDT.

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056767 - Deceased Child, Male, 1 Mons	056772 - Mother, Female, 33 Year(s)	Internal Injuries	Substantiated
056767 - Deceased Child, Male, 1 Mons	056772 - Mother, Female, 33 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
056767 - Deceased Child, Male, 1 Mons	056772 - Mother, Female, 33 Year(s)	DOA / Fatality	Substantiated
056767 - Deceased Child, Male, 1 Mons	056768 - Father, Male, 28 Year(s)	Internal Injuries	Substantiated



056767 - Deceased Child, Male, 1 Mons	056768 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
056767 - Deceased Child, Male, 1 Mons	056768 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
056767 - Deceased Child, Male, 1 Mons	056768 - Father, Male, 28 Year(s)	DOA / Fatality	Substantiated
056767 - Deceased Child, Male, 1 Mons	056772 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
056769 - Sibling, Male, 10 Year(s)	056768 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
056769 - Sibling, Male, 10 Year(s)	056772 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
056770 - Sibling, Male, 1 Month(s)	056772 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
056770 - Sibling, Male, 1 Month(s)	056768 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
056771 - Sibling, Male, 1 Year(s)	056772 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
056771 - Sibling, Male, 1 Year(s)	056768 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
056773 - Sibling, Female, 16 Year(s)	056768 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
056773 - Sibling, Female, 16 Year(s)	056772 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
056774 - Sibling, Male, 15 Year(s)	056772 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
056774 - Sibling, Male, 15 Year(s)	056768 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input 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 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"/>
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Additional information:

SCDSS interviewed the family and collateral sources. Progress notes and other documentation were completed and entered within the required timeframes.

Fatality Safety Assessment Activities				
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	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile				
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	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 checked="" type="checkbox"/>	<input 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:

The siblings were removed and an abuse petition was filed in family court. SCDSS offered the grief counseling resources in response to the SC's death, and a mandatory preventive services case was also opened.

Placement Activities in Response to the Fatality Investigation		
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	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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The siblings were removed from the care of their mother and the subject child's father after the autopsy showed signs of Shaken Baby Syndrome. The two older siblings were placed with their biological father, and the younger siblings were placed with a relative resource.				

Legal Activity Related to the Fatality

Was there legal activity as a result of 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:
11/05/2020	There was not a fact finding	Direct Custody to/or Continued with Non-Relative (Article 10)
Respondent:	056772 Mother Female 33 Year(s)	
Comments:	SCDSS filed an abuse petition against SM and SF after preliminary ME findings were indicative of Shaken Baby Syndrome. The SS's were removed from SM's care. The three youngest siblings were placed in the custody of a relative resource, while the 15 and 16-year-old siblings were placed in the custody of their biological father. Court ordered services were implemented and the parents were allowed supervised visitation only. Family court proceedings remained ongoing at the time of this writing.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
11/05/2020	There was not a fact finding	Not LDSS Custody
Respondent:	056768 Father Male 28 Year(s)	
Comments:	SCDSS filed an abuse petition against SM and SF after preliminary ME findings were indicative of Shaken Baby Syndrome. The SS's were removed from SM's care. The three youngest siblings were placed in the custody of a relative resource, while the 15 and 16-year-old siblings were placed in the custody of their biological father. Court ordered services were implemented and the parents were allowed supervised visitation only. Family court proceedings remained ongoing at the time of this writing.	

Have any Orders of Protection been issued? Yes	
From: 11/05/2020	To: Unknown

**Explain:**

Orders of protection were issued against the mother and father. Visitation was to be supervised by SCDSS.

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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Mandated Preventive Services

Additional information, if necessary:

SCDSS offered the family services in response to the fatality. A mandated preventive services case was opened to address ongoing concerns surrounding domestic violence, substance abuse, and the mother's chronic homelessness.

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:

SCDSS provided referrals for grief and bereavement counseling for the siblings. A mandate preventive services case was opened in response to the fatality.

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

Explain:



SCDSS provided the parents with referrals for grief and bereavement counseling. A mandated preventive services case was opened to address additional ongoing concerns.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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? 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 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)
09/24/2020	Deceased Child, Male, 1 Days	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No
	Sibling, Male, 1 Days	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 10 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 10 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Years	Mother, Female, 33 Years	Educational Neglect	Substantiated	
	Sibling, Male, 10 Years	Father, Male, 27 Years	Educational Neglect	Substantiated	

Report Summary:

This SCR report was received with concerns SC and his twin were born premature, and the twin SS tested positive for marijuana. SM was prescribed a controlled substance which both newborns also tested positive for. There were further concerns the 10yo SS was not attending school and failing as a result.



Report Determination: Indicated **Date of Determination:** 11/17/2020

Basis for Determination:
 SCDSS completed interviews with family members and collateral sources, including medical staff, school staff, and service providers. A plan of safe care was completed and monitored. SC was diagnosed with a medical condition and required medication several times per day. SC's twin did not exhibit any negative effects because of the positive toxicology. SM and SF had supplies for the CHN. The family resided in a homeless shelter, which was assessed as safe. SCDSS confirmed the 10yo was not attending classes, and this was negatively impacting his learning. SC died while this investigation was ongoing.

OCFS Review Results:
 This investigation met all statutory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/23/2019	Sibling, Male, 9 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 11 Months	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 9 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 11 Months	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 15 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 15 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 14 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 15 Years	Father, Male, 27 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 11 Months	Father, Male, 27 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 15 Years	Mother, Female, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 15 Years	Mother, Female, 32 Years	Swelling / Dislocations / Sprains	Unsubstantiated	
	Sibling, Female, 15 Years	Father, Male, 27 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

Report Summary:
 This SCR report was received with concerns SM and the now 16yo SS got into an argument and SM punched SS in the face multiple times. The report further alleged SS ran away following the incident and SM failed to look for her or file a missing person's report. Approximately one month prior, SF threw an object at SM's car while the CHN were inside, breaking a window. SF was violent toward SM on several occasions in the presence of the CHN. A subsequent report was received on 1/23/20 with concerns SS got into the middle of an altercation between SM and SF and injured her hand as a result.

Report Determination: Indicated **Date of Determination:** 02/26/2020

**Basis for Determination:**

SCDSS completed interviews with family members and collateral sources including the school, LE and service providers. SS and SM reported an altercation occurred after SS missed curfew. SM stated SS attacked her, while SS stated SM slapped her in the face. SS had no visible marks and denied feeling unsafe. SS disclosed witnessing interpersonal violence between SM and SF. SS confirmed an incident occurred where she got in the middle of SM and SF arguing. SS stated she attacked SF after he called her a name and she called LE. SS hurt her hand while hitting SF. The other SS were asleep during this incident. SCDSS provided SM and SF with resources for counseling and to address DV. The SS reported they felt safe with SM and SF.

OCFS Review Results:

This investigation met all statutory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/28/2019	Sibling, Male, 3 Months	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Months	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

This SCR report was received with concerns SF had a highly communicable disease and he and SM were advised to have no contact with the now 1yo SS. The report alleged SM and SF allowed SS around SF despite knowing the risks of acquiring the disease.

Report Determination: Unfounded

Date of Determination: 08/22/2019

Basis for Determination:

SCDSS interviewed family members and collateral sources including medical providers. Medical documentation confirmed SF was negative for the disease he was alleged to have. SF was suffering from medical concerns; however, not a communicable disease. The CHN were assessed as safe during this investigation.

OCFS Review Results:

This investigation met all statutory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/06/2019	Sibling, Male, 8 Years	Mother, Female, 31 Years	Educational Neglect	Unsubstantiated	No
	Sibling, Male, 13 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 14 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 8 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 1 Days	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

This SCR report was received with concerns SM had a history of illicit drug use and the now 1yo SS tested positive for a controlled substance at birth. The report further alleged SM was not in substance abuse treatment. A subsequent report



Child Fatality Report

was received on 1/23/19 with concerns the now 10yo SS was not attending school regularly and his grades were suffering as a result.

Report Determination: Indicated

Date of Determination: 05/01/2019

Basis for Determination:

SCDSS interviewed family members and collateral sources including medical staff and service providers. SM's medical provider reported SM was prescribed the controlled substance she tested positive for. SM did not test positive for any other substances. It was confirmed SM was using illicit substances prior to obtaining a prescription while caring for her CHN. A plan of safe care was completed and monitored. SM explained SS would miss the bus occasionally. SCDSS was informed by SS's school that he was not failing as a result of his absences. The CHN were assessed as safe.

OCFS Review Results:

This investigation met all statutory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/06/2018	Sibling, Female, 14 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

This SCR investigation was received with concerns SM left the shelter where the family was residing at 2:50AM and slept in a car in the parking lot with a man. The SS's were left alone in the shelter room.

Report Determination: Unfounded

Date of Determination: 07/18/2018

Basis for Determination:

SCDSS completed interviews with family and collateral sources including shelter staff. SM admitted she fell asleep in her car; however, the SS's were in their room at the shelter and old enough to care for themselves. Shelter staff reported this as an isolated incident and noted SM was otherwise compliant with shelter rules. The SS did not note any negative impact due to the incident and denied any safety concerns.

OCFS Review Results:

This investigation met all statutory requirements

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

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

SM was listed as a subject in six CPS investigations from 2010 to 2017, with common allegations of IG, LM, PD/AM, and LS. Of these six investigations, two were indicated.

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? 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