



Report Identification Number: SV-23-066

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

Issue Date: May 31, 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: 1 year(s)

Jurisdiction: Dutchess
Gender: Female

Date of Death: 12/30/2023
Initial Date OCFS Notified: 12/30/2023

Presenting Information

Dutchess County Department of Community and Family Services (DCDCFS) received an SCR report on 12/30/2023, which alleged on the same date the 1-year-old child (SC) was in the care of the mother (SM) and choked on a grape. The mother contacted 911 and at approximately 6:36 PM emergency services responded, performed CPR, and transported the child to the hospital where she was pronounced dead at approximately 7:20 PM.

Executive Summary

This report concerns the death of a 1-year-old child which occurred while in the care of her mother on 12/30/2023. Within the first 24 hours of the investigation, DCDCFS contacted the source of the report, notified the ME and DA’s offices of the death, documented a CPS history check, interviewed medical collaterals, and assessed the safety of the other children.

DCDCFS coordinated their response with law enforcement and interviews were conducted jointly. The mother stated the child asked for grapes, and she gave the child approximately 4 grapes in a small bowl. The child began to leave the kitchen and turned back towards the mother. The mother noticed immediately the child was unable to breathe and she and the maternal uncle attempted to get the grape out of the child’s mouth. The 15-year-old cousin called 911 and emergency responders arrived to the home, attempted to remove the grape from the child’s throat, and then transported her to the hospital where she was pronounced dead.

DCDCFS interviewed hospital staff who treated the child and were informed a large grape was removed posthumously from the child’s throat. An autopsy was performed, and the final cause of death was identified as asphyxia due to choking on a foreign object and the manner of death was identified as accidental.

The allegations of DOA/Fatality and Inadequate Guardianship against the mother regarding the death of the child were unsubstantiated 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:



Child Fatality Report

- **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:
DCDCFS conducted an investigation which met regulatory requirements and a determination of the allegations was made in congruence with the 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: 12/30/2023

Time of Death: 07:20 PM

Time of fatal incident, if different than time of death: 06:30 PM

County where fatality incident occurred: Dutchess

Was 911 or local emergency number called? Yes

Time of Call: 06:32 PM

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input checked="" type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 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	50 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	48 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	46 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	58 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	15 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Female	10 Year(s)
Other Household 1	Father	No Role	Male	37 Year(s)

LDSS Response

DCDCFS received the SCR report and coordinated their response with LE. DCDCFS and LE performed a home visit to interview the family together.

The SM stated the SC asked for grapes. The SM stated she gave the SC 4 small grapes and the SC walked away from the kitchen. The SM stated the SC turned to look at her and the SM knew something was wrong and went to the SC and saw she was unable to breathe. The SM stated she and her brother-in-law attempted to get the grape out of the SC's mouth and 911 was called by the 15-year-old OC for assistance. The SM stated the grapes were not cut, the SC had eaten grapes like that before and had no problem and had no pre-existing medical conditions.

The other adults present in the home that day were interviewed. All adults confirmed the SC wanted grapes, the SM gave her a few in a bowl, and then they heard the SM yell the SC was choking. The other children were interviewed and confirmed the SC was given grapes and began to choke. The 15-year-old OC confirmed to DCDCFS he called 911. The other children were assessed as safe in the home throughout the investigation.

DCDCFS interviewed the BF. The BF expressed previously investigated concerns for the SC in the care of the SM and stated he wanted the SM charged criminally in the SC's death. The SF had no contact with the SM or SC due to an existing OP for domestic violence.

DCDCFS interviewed the hospital staff and EMS responders who treated the SC. The hospital staff confirmed the SC was unresponsive upon arrival and a grape was visible in her throat and removed. EMS informed DCDCFS suction of the grape was attempted and only produced blood prior to arrival at the hospital.

DCDCFS obtained the final autopsy report from the ME. The autopsy report identified the cause of death to be asphyxia due to choking on a foreign object and the manner of death was identified as accidental. LE stated no criminal charges would be pursued against the SM.

The allegations of DOA/Fatality and IG against the SM regarding the death of the SC were unsubstantiated. Services were offered to the family, though it was not identified in the case record if the SM utilized the services prior to the investigation being closed.

Official Manner and Cause of Death



Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Was the fatality referred to an OCFS approved Child Fatality Review Team? No

Comments: Dutchess 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
066988 - Deceased Child, Female, 1 Year(s)	066989 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated
066988 - Deceased Child, Female, 1 Year(s)	066989 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

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"/>



Child Fatality Report

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

	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 in relation to the death of the SC were offered on behalf of the other children and declined by the family.

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

Explain:
Services in relation to the death of the SC were offered to the family. The family accepted assistance with burial costs. Additional services were offered and it was unclear if the services were utilized prior to the investigation being closed.

History Prior to the Fatality

Child Information



Did the child have a history of alleged child abuse/maltreatment?

Yes

Was the child acutely ill during the two weeks before death?

No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/08/2023	Deceased Child, Female, 1 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 1 Years	Mother, Female, 34 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Female, 1 Years	Father, Male, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Years	Father, Male, 37 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Female, 1 Years	Mother, Female, 34 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Female, 1 Years	Mother, Female, 34 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

Report Summary:

The SCR report alleged the SM physically assaulted the SC by hitting her on the head with a phone which caused the SC to become lethargic. The SM and BF failed to seek medical attention for the SC following the incident. The SCR report also alleged in July 2022, the BF observed the SC to have scratches sustained while in the care of the SM. The SCR report also alleged on an unknown date when the SC was approximately 7 months old, the SM punched the SC on the side of her head which caused swelling. The SM and the BF did not seek medical attention for the SC's injury. On another unknown date, the SM and BF had an argument and the SM dropped the SC and made verbal threats toward the SC.

Report Determination: Unfounded

Date of Determination: 08/10/2023

Basis for Determination:

DCDCFS met with the SM who denied all allegations. The SM stated there was a history of domestic violence in which the BF was the perpetrator and stated she believed the allegations were made in retaliation against her due to his arrest. The BF was unable to be located by DCDCFS throughout the duration of the investigation. DCDCFS obtained information from relevant collateral contacts. Collateral contacts did not identify any concerns for the SC in the care of the SM.

OCFS Review Results:

DCDCFS interviewed the SM and relevant collateral contacts and made a determination of the allegations in congruence with evidence obtained.

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)
09/25/2022	Deceased Child, Female, 6 Months	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	No



Child Fatality Report

Deceased Child, Female, 6 Months	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Female, 6 Months	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

The SCR report alleged the BF was caring for the SC while intoxicated and failed to strap the SC into the carrier properly, causing her to fall to the ground. The SM was aware the BF was intoxicated while caring for the SC and failed to address it. The SC did not sustain any visible injuries during the incident.

Report Determination: Unfounded**Date of Determination:** 11/03/2022**Basis for Determination:**

DCDCFS met with all family members and the allegations were denied. The SM stated she had not finished strapping the SC into the carrier and the BF was unaware of that when he picked up the carrier, which caused the SC to fall out onto a grassy area. The SC was taken to the hospital and there were no injuries sustained in the incident. During the investigation, the SM disclosed concerns regarding domestic violence and a referral was made to domestic violence services which the SM accepted.

OCFS Review Results:

DCDCFS interviewed all family members and relevant collateral contacts. A determination of the allegations was made in congruence with evidence gathered.

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 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**Have any Orders of Protection been issued? Yes****From:** Unknown**To:** Unknown**Explain:**

An OP was issued against the BF to refrain from contact with the SM and the SC due to domestic violence. The date the OP was issued was unknown from the case record.

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