



Report Identification Number: SV-24-018

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

Issue Date: Aug 13, 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: Orange
Gender: Female

Date of Death: 03/06/2024
Initial Date OCFS Notified: 03/06/2024

Presenting Information

Orange County Department of Social Services (OCDSS) received an SCR report on 3/6/2024, which alleged on the same date the mother (SM) put the 2-month-old child (SC) down for a nap in her bassinet at approximately 8:00 AM. The mother checked on the child at 10:00 AM and found the child unresponsive. The mother called 911, and initiated CPR. The child was transported to the hospital by ambulance where she was pronounced dead. The 6-year-old sibling (SS) and father (SF) had unknown roles at the time of intake. The SCR report was received subsequent to an open investigation dated 3/2/2024, which stemmed from a domestic violence incident in which the SF assaulted the SM while she held the SC.

Executive Summary

This report concerns the death of a 2-month-old child which occurred while in the care of her mother. The mother placed the child to sleep in a bassinet at approximately 10:00 PM. The mother checked on the child at approximately 9:00 AM and did not notice anything of concern. The mother checked on the child again at approximately 11:00 AM and found the child unresponsive.

An autopsy of the child was performed, and a skull fracture and epidural hemorrhage was found. The medical examiner could not provide a time frame in which the injury could have occurred without further testing.

OCDSS and law enforcement interviewed the mother before and after the extent of the injuries to the child were known. The mother had no explanation for the child’s injuries. The 6-year-old sibling was placed in foster care due to the unknown origins of the child’s injuries. During a later interview by phone, the maternal grandmother stated during the domestic violence incident on 3/2/2024, the mother stated to her that the father had struck the child while attempting to hit her. The mother did not explicitly confirm this version of events, but stated she believed it was what happened. The 6-year-old sibling remained in foster care at the time this report was written.

The father was interviewed and initially denied knowledge of how the child sustained the injuries. The father then stopped speaking with LE and OCDSS on advice of counsel.

The investigation into the fatal incident remained open at the time this report was written. The 6-year-old sibling and mother received services in response to the death of the child through the open foster care case.

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? N/A
- 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The investigation remained open at the time this report was written pending further evidence from the ME.

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 investigation remained open at the time this report was written.

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: 03/06/2024

Time of Death: Unknown

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

County where fatality incident occurred: Orange

Was 911 or local emergency number called? Yes

Time of Call: 11:14 AM

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:

- 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	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	28 Year(s)

LDSS Response

OCDSS received the SCR report and coordinated their response with LE. OCDSS responded to the hospital where LE and the family was located. Hospital staff informed OCDSS the SC arrived not breathing and was pronounced dead after assessment at the hospital.

OCDSS and LE performed a joint interview of the SM following the fatal incident. The SM stated the SC was fed at 10:00 PM and placed in the bassinet to sleep. The SM stated it was not uncommon for the SC to sleep through the night. The SM awoke at approximately 8:56 AM, informed the SS to remain asleep as they had missed the school bus, and checked on the SC. The SM stated she did not notice anything of concern with the SC and returned to sleep until approximately 11:00 AM. The SM checked on the SC when she awoke and found the SC unresponsive. The SM called 911 and initiated CPR. The SM admitted to cigarette and marijuana use, though denied marijuana use the night of the fatal incident.

An autopsy was performed, and the initial results showed the SC had a skull fracture to the right side of her head above the ear with an epidural hemorrhage underneath the fracture. The ME stated there was no time frame for when the injury occurred, and more information would follow.

OCDSS and LE interviewed the SM again following the ME's initial findings. The SM offered no explanation for the SC's injuries. Due to the unknown nature of the SC's injuries, an emergency removal of the SS was performed, and the SS was placed in foster care. The MGM was interviewed by LE and OCDSS. The MGM stated that during the domestic violence incident on 3/2/2024, the SM called her and stated the SF had hit the SC during the altercation. The MGM stated the SC was in her care following the incident and appeared to be uncomfortable when she attempted to put a hat on her and was difficult to console at other times. The SM did not definitively confirm the SF had struck the SC, though stated "I think that's what happened."

The SF was interviewed and denied a domestic violence incident occurred or that he hit the SC. The SF denied knowledge of how the SC sustained the injury. Following the initial family court appearance following the removal of the SS, the SF declined to answer further questions on the advice of counsel.

The BF to the SS was interviewed and denied having any historical concerns for the SS in the care of the SM. The BF to the SS had no knowledge of the fatal incident and was incarcerated at the time.

The investigation remained open at the time this report was written, and the SS remained in the care of a relative resource. Services were put in place for the SS and SM through the open foster care case.

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
068031 - Deceased Child, Female, 2 Month(s)	068033 - Mother, Female, 24 Year(s)	DOA / Fatality	Pending
068031 - Deceased Child, Female, 2 Month(s)	068033 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Pending
068031 - Deceased Child, Female, 2 Month(s)	068033 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Pending
068031 - Deceased Child, Female, 2 Month(s)	068034 - Father, Male, 28 Year(s)	Inadequate Guardianship	Pending
068032 - Sibling, Female, 6 Year(s)	068034 - Father, Male, 28 Year(s)	Inadequate Guardianship	Pending
068032 - Sibling, Female, 6 Year(s)	068033 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Pending
068032 - Sibling, Female, 6 Year(s)	068033 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Pending

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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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

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

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



Child Fatality Report

Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<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: Following the autopsy, an injury to the SC was identified and the SS was placed in foster care due to the unknown nature of the injury.				

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:
03/12/2024	There was not a fact finding	There was not a disposition
Respondent:	068033 Mother Female 24 Year(s)	
Comments:	An Article 10 neglect petition was filed against the SM due to the nature of the injuries to the SC and the SM and SF allegedly not knowing how the injuries occurred. The SS was placed in foster care due to the concerns for her safety in the care of the SM.	

Have any Orders of Protection been issued? No

Services at the Time of and/or in Response to the Fatality

Services	Received	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A
Bereavement counseling	<input checked="" type="checkbox"/>	<input 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"/>
Funeral arrangements	<input checked="" 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"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Preventive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Were services offered to and/or received by siblings or other children in the household at the time of and/or in response to the fatality? Yes

Explain:

The SS was placed in foster care following the death of the SC and received counseling services.

Were services offered to and/or received by parent(s) and other care givers at the time of and/or in response to the fatality? Yes

Explain:

The SM was referred to multiple services in response to the death of the SC and the SS being placed in foster care. The SF did not speak further with OCDSS on the advice of counsel and services were not able to be offered or put in place as a result.

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

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)
03/02/2024	Deceased Child, Female, 2 Months	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Substantiated	No
	Sibling, Female, 6 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Female, 2 Months	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 2 Months	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 2 Months	Mother, Female, 24 Years	Fractures	Substantiated	
	Deceased Child, Female, 2 Months	Mother, Female, 24 Years	Internal Injuries	Substantiated	
	Deceased Child, Female, 2 Months	Father, Male, 28 Years	Fractures	Substantiated	
	Deceased Child, Female, 2 Months	Father, Male, 28 Years	Internal Injuries	Substantiated	

Report Summary:

The SCR report alleged the SM and the SF got into an argument which became physical. During the physical altercation, the SF slapped the SM multiple times while she was holding the SC. The role of the SS was unknown.

Report Determination: Indicated

Date of Determination: 05/03/2024

Basis for Determination:

OCDSS met with the family and obtained information from relevant collateral contacts and determined the SF struck the SM multiple times while she was holding the SC and while the SS was present. It was determined the SM was intoxicated at the time of the incident. The SF was arrested and an OP was issued on behalf of the SM against the SF. Additional allegations were added and substantiated following the death of the SC against the SM and the SF regarding the injuries discovered in the autopsy.

OCFS Review Results:

OCDSS conducted an investigation which met regulatory requirements and a determination of the allegations was made in congruence with the 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

Criminal Charge: Assault **Degree:** NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	SF	Pending	Unknown
Comments: The SF was criminally charged with assault stemming from a domestic violence incident in which he assaulted the SM. The criminal case was pending at the time this report was written.			

Have any Orders of Protection been issued? Yes

From: 03/02/2024

To: Unknown

Explain:
An OP was issued on behalf of the SM against the SF due to the domestic violence incident which occurred on 3/2/2024. The order was changed to a refrain from order following the death of the SC.

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