



## Report Identification Number: SV-18-021

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

Issue Date: Sep 25, 2018

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 10 month(s)

**Jurisdiction:** Dutchess  
**Gender:** Male

**Date of Death:** 03/25/2018  
**Initial Date OCFS Notified:** 03/28/2018

## Presenting Information

On 3/25/2018, at approximately 8:40PM, the BM was attempting to cross the road with her children. The BM, SS and SC were struck by a vehicle. The BM and the 10-month-old SC were pronounced dead at the scene of the accident.

## Executive Summary

Dutchess County Department of Community and Family Services (DCDCFS) had an open CPS investigation for this family due to an SCR report dated 2/26/18, the allegations were education neglect of the 10yo sibling. The mother and children were staying in a domestic violence shelter, and Family Court intervention was initiated. On 3/27/18, DCDCFS notified OCFS, through form 7065 of the 10-month-old SC's passing on 3/25/18.

On 3/25/18, DCDCFS learned from law enforcement that the mother and children were struck by a motor vehicle while walking to the store. The mother and SC were pronounced dead at the scene, and the sibling was transported to the hospital.

DCDCFS worked with LE and shared information. The SS were transported to a medical facility in Westchester County, where they were being treated for injuries they sustained as a result of the accident. DCDCFS immediately contacted Westchester County Department of Social Services to assess the safety of the SS. DCDCFS contacted the BF and offered condolences and referrals for bereavement counseling. DCDCFS contacted the hospital social worker to see if they were available to assist the BF. The BF had family members at the hospital for support as well. There were no noted safety concerns for the SS.

DCDCFS obtained information from first responders and medical personnel and other collaterals, such as LE, SS's pediatrician, shelter staff, family members and Family Court. DCDCFS prior to the BM death had interviewed the SS and had conducted home visits to the BF's residence. The BF was awarded weekly unsupervised visits on 3/22/18 by the Family Court Judge, prior to the death of the SC. There were no safety concerns noted. The BF moved in with his sister and his sister was assisting him with the care of the SS. DCDCFS visited her home as well and there were no noted safety concerns. The Family Court custody petitions filed by the BM and the BF were dismissed by the Judge and the SS were released from the hospital to the BF on 3/29/18.

ME's autopsy report findings listed the cause of death as cranio-cerebral trauma due to blunt impact injuries to the head and the manner of death was ruled accidental. DCDCFS based information and interviews from law enforcement and others at the scene of the accident, there was no suspicion the BM caused the death of the SC.

DCDCFS met all NYS regulatory requirements pertaining to casework contacts, safety assessments, risk assessment and the provision of services in the investigation that was open at the time of the fatality. DCDCFS unfounded and closed that investigation, which has been addressed in the history section of this fatality report. At the time of this writing, the family was referred to community based services.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### 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:

DCDCFS gathered sufficient information to determine there was no reasonable cause to suspect the BM caused the death of the SC. DCDCFS offered an provided services and assistance to the family as needed prior to closing the investigation.

- 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:

DCDCFS offered and provided family with appropriate services to meet the family's needs prior to closing their investigation.

### 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: 03/25/2018

Time of Death: 08:40 PM

- County where fatality incident occurred: Dutchess
- 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? N/A

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

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



**Did child have supervision at time of incident leading to death?** Yes

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	10 Month(s)
Deceased Child's Household	Mother	No Role	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Other Household 1	Father	No Role	Male	41 Year(s)

### LDSS Response

On 3/25/18, DCDCFS was informed about the deaths of the mother and child by LE and the shelter where the family had been staying at the time of the fatal incident. It was reported that at approximately 8:40PM the mother and children were struck by a vehicle when they were crossing a busy intersection crossing in front of the shelter. The mother was holding the SC in her arms, and they were pronounced dead at the scene of the accident. The siblings were transported to a local hospital to be treated for injuries sustained during the accident, then transferred to Westchester Medical Center. DCDCFS notified OCFS of the SC's death via form 7065 as per regulation on 3/27/18.

DCDCFS contacted Westchester County Department of Social Services (WCDSS) to see the SS at the hospital and assess their immediate safety, and contacted the social worker at Westchester medical to obtain updates. DCDCFS spoke with the BF, offered bereavement referrals and other services as needed. The BF requested assistance in telling the SS about the deaths. DCDCFS spoke with the hospital Social Worker and they assisted the BF in telling the SS.

DCDCFS received updates from the hospital and the BF about the SS. DCDCFS spoke with the hospital on 3/26/18 and the 11yo SS was doing well and would be released in a few days. The 6yo SS had fractured ribs but was no longer in critical condition. The 4yo SS was improving and taken off all machines.

WCDSS met with the BF and observed and spoke with the SS at the hospital. There were no noted safety concerns for the care of the SS. The BF was appropriate and was receptive to any assistance that could be provided to him and the SS from DCDCFS.

DCDCFS assisted the BF in obtaining important documents and other items from the shelter. DCDCFS spoke with all relevant collaterals and there were no concerns noted about the BF's care of the SS. DCDCFS had interviewed the mother, father and children during the open investigation received on 2/26/18. The mother denied that her husband ever hit her. The mother stated she entered the shelter because her husband hit the children. DCDCFS did a complete investigation of the previous report and assessed the children to be safe with the BF. DCDCFS spoke with school staff and the children's pediatrician and there were no reported concerns for either parents care of the children. DCDCFS cautioned both parents about the use of physical discipline and discussed alternative forms of discipline.



The Family Court Article 6 custody petitions were vacated with no court ordered services. The SS were released from the hospital to their father on 3/29/18.

DCDCFS made follow up visits with the BF and the SS. The BF and the SS had moved into the BF's sister's home within Dutchess County and were engaged in counseling. DCDCFS obtained and reviewed all medical documentation. DCDCFS requested the accident report from Law enforcement and were told this could take several months. There was no arrest and the driver was not under the influence at the time of the accident. Law Enforcement told DCDCFS the accident was still under investigation. DCDCFS gathered sufficient information and it was determined there was no reasonable cause to suspect that the BM caused the death of the SC.

### 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 reviewed by an OCFS approved Child Fatality Review Team?**No

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

### 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"/>
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"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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**Explain:**  
There were no assessments required.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
Appropriate services and service referrals were provided by the DCDCFS prior to closing the open investigation.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
The SS were not removed from the home.

**Legal Activity Related to the Fatality**



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

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Additional information, if necessary:**

The BM was in a domestic violence shelter at the time of the accident. The BM died in the accident along with the SC. The BF and the SS were in private counseling at the time of this writing.

**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:**  
DCDCFS offered referrals for bereavement services for the SS. The family was in counseling services at the time of this writing.

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

**Explain:**  
DCDCFS offered referrals for bereavement services for the BF. The family was in counseling services at the time of this writing.



## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? 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  Had heavy alcohol use
- Misused over-the-counter or prescription drugs  Smoked tobacco
- Experienced domestic violence  Used illicit drugs
- Was not noted in the case record to have any of the issues listed

#### Infant was born:

- Drug exposed  With fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/26/2018	Deceased Child, Male, 9 Months	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 4 Years	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Father, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 9 Months	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 10 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	



Sibling, Female, 10 Years	Mother, Female, 28 Years	Educational Neglect	Unsubstantiated
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**Report Summary:**

The 10yo SS had been absent from school 18 days this school year and was failing as a result. The BM was aware of the situation, but was allowing it to continue. The roles of the BF, the 6yo SS, the 4yo SS and 9-month-old SS were unknown. On 2/28/18, a subsequent was received with the allegation of other which is used for Court ordered investigations. On 3/26/18, an additional information was received from the SCR about the death of the BM and the SC.

**Report Determination:** Unfounded**Date of Determination:** 05/02/2018**Basis for Determination:**

The allegation of IG against both parents for the SS was Unsub. The BM had entered a domestic violence shelter on 2/12/18. It was learned due to the mother and the CHN entering a shelter, the SS had not attended school. The BM had filed for custody in Family Court. A Court Ordered Investigation (COI) was completed by DCDCFS and the Judge granted the BF unsupervised visitation. On 3/25/18, the BM and CHN were walking to the store from the shelter and BM, SC and SS were struck by a car. The BM and the SC were killed. The custody petitions were dismissed and the SS were released from the hospital to the BF. The case was UNF and closed, the family was receiving community based services

**OCFS Review Results:**

DCDCFS made the appropriate determination based on the information gathered during the investigation.

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)
04/10/2015	Sibling, Male, 5 Months	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Months	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The report alleged 3yo SS had attempted to hurt the 5-month-old SS on at least two occasions. The 3yo tried to drown the 5-month-old and put a plastic bag over his head. The parents were aware that these things were occurring, and that the 5-month-old was at risk around the 3yo. The parents failed to make any effort to protect the 5-month-old. The role of the 8yo SS was unknown.

**Report Determination:** Unfounded**Date of Determination:** 06/23/2015**Basis for Determination:**

The allegations of IG against both parents for the SS was Unsub. The BM was working with a community based agency and had told them about her struggles with the 3yo SS behaviors towards his sibling. The BM had reached out for help and was not leaving the the 3yo unsupervised with his sibling. The BM brought the 3yo for an evaluation and was working with Early Headstart for the 3yo. The SS pediatrician had no concerns for the parents care of the SS. The case was UNF and closed. The family was working with community based services.

**OCFS Review Results:**

DCDCFS gathered sufficient information to make a determination and met all regulatory requirements.

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

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

SCR report received 10/10/12, with allegations of IG and LMC against the BM and the BF for the SS. The allegations were Unsub and the case was closed. There were no services needed.

## Known CPS History Outside of NYS



There was no known history outside of NYS.

### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

### Recommended Action(s)

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Are there any recommended prevention activities resulting from the review?**  Yes  No