

Report Identification Number: AL-14-027

Prepared by: Albany Regional Office

Issue Date: 2/19/2015

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.

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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
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
CPR-Cardio-plumonyary Resuscitation		
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	MN-Medical Neglect	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 Suprevision
Ab-Abandonment	OTH/COI-Others	
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		

Case Information

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Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Rensselaer
Gender: Male

Date of Death: 09/19/2014
Initial Date OCFS Notified: 09/20/2014

Presenting Information

On 9/19/14, the parents left their five-month-old child in the care of the grandfather's girlfriend. While caring for the child, the girlfriend became intoxicated to the point of being incapable of caring for the child. She placed the child on the couch in the living room and went to her bedroom to take a nap. At 10:00pm she went to check on the child, he was cold and not breathing. The child's pupils were "blown out" which is consistent with trauma to the head. The child's death was under suspicious circumstances while he was under the care of the grandfather's girlfriend. The roles of the mother, father, grandfather and surviving sibling were unknown.

Executive Summary

A report was made on 9/20/14 alleging DOA/Fatality against the paternal grandfather's girlfriend regarding the 3 month old child. The girlfriend was sleeping on the couch with the 3 month old. When she woke up, the child was deceased. Autopsy results were pending at the time of this report. Rensselaer County DSS had primary investigative duties and Schenectady County DSS had secondary. Immediate contact was made and a safety assessment of the surviving sibling. DSS and the Schenectady Police executed a joint investigation including interviews of everyone listed on the report and collateral contacts; gathering/reviewing records from the hospital, pediatrician, EMS; as well as enlisting a medical professional for help reviewing all medical records. The case remains open in CPS and determination is pending. The team felt that this was a thorough investigation.

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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** Unable to Determine

Explain:

The caseworker contacted the source, interviewed all necessary and collateral contacts, jointly worked with the Schenectady Police, completed all required forms, and gathered all necessary information to complete this investigation.

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The caseworker went above and beyond to consult a medical professional to review the medical files and make an assessment.

Was the decision to close the case appropriate?

Unknown

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 investigation was still pending at the time of this report.

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: 09/19/2014

Time of Death: Unknown

County where fatality incident occurred:

SCHENECTADY

Was 911 or local emergency number called?

Yes

Time of Call:

09:52 PM

Did EMS to 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

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

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

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Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Father	No Role	Male	22 Year(s)
Deceased Child's Household	Mother	No Role	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Grandparent	No Role	Male	51 Year(s)
Other Household 1	Other	Alleged Perpetrator	Female	51 Year(s)

LDSS Response

First responders to the 911 call reported upon arrival the child was on the couch with a bottle. The girlfriend registered a .119 on a Breathalyzer test.

The parents were interviewed several times by RCDSS and the police. Their statements were consistent. The parents stated the girlfriend called them and asked to take the children on 9/19/14. At 5:00pm the parents brought the SC and 2 yr old sibling to the girlfriend's home. The girlfriend looked tired and told them she had been sleeping. The parents stated she appeared fine and they did not smell alcohol. The father saw a liquor bottle on the table but couldn't provide details. The parents stated the girlfriend had previously watched the children. The 2yr old child did not want to stay and left with the parents. The parents attempted to call the girlfriend and she did not answer. Around 10:00pm the girlfriend called saying something was wrong with the child.

The girlfriend was interviewed by police and then CPS. She told the police the child had been fed and was put on the couch before the parents left. She said she laid on the couch with the child between her feet and around 7:30pm the grandfather called from jail, where he was serving time for DWI. It was then she noticed something wrong with the child and called 911. She stated she drank rum on Thursday, not Friday but she was "hung over." She denied being drunk despite registering a .119 on the Breathalyzer. The girlfriend was suspended from work for drug abuse; she may have taken pain pills she thought were sleeping pills and had a prior DWI charge. Her statements to police and CPS were inconsistent. She told CPS she was unaware the child was there until the grandfather called and woke her up. She changed the time of his call from 7:30pm to 8:30pm. She did not remember asking the parents to babysit or them being at her home earlier that night. Further contact with the girlfriend was limited by her attorney.

RCDSS interviewed the grandfather in jail. He reported he called his girlfriend Friday night. She was screaming that the baby didn't look right. He told her to take the baby to the hospital. He said that they usually drank on Friday nights and would watch the children on Saturday. They didn't drink when watching the children. He told the caseworker that the parents would be able to tell if the girlfriend was drinking.

At the autopsy the medical examiner saw signs of fractured arms. He completed further testing and was able to conclude that the child did not have fractured arms. The parents had denied any physical behavior that could have resulted in fractures.

The caseworker spoke with the 2 yr. old's biological father. He reported no concerns about the parents' caretaking ability or drug/alcohol use.

Collateral contacts were spoken to. The girlfriend's sisters stated they had no knowledge of drug/alcohol abuse by the girlfriend and that she told them that she didn't know the child was at her house that night.

Schenectady Police records identified prior police involvement with the grandfather and his girlfriend. In June 2014 the grandfather was arrested for possession of narcotics (heroin). In January 2011 a domestic incident resulted in an Order of Protection for the girlfriend that was violated in February 2011. In August 2013 the grandfather was arrested for threatening a male with a knife. In March 2013 while responding to the home due to the grandfather and girlfriend being drunk and fighting the grandfather was arrested on an outstanding warrant and turned over to Saratoga County. In

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November 2011 the father was found with marijuana. There were additional police reports regarding the grandfather and girlfriend being drunk and fighting but no arrests as a result.
 A review of medical records indicated no medical concerns regarding the care of the children. There were no concerns for lack of medical care for the children

Official Manner and Cause of Death

Official Manner: Pending
Primary Cause of Death: Unknown
Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? No
Comments: The police and CPS worked jointly to interview the parents and alleged perpetrator.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes
Comments: The team met on October 1, 2014 to notify the team and discuss the case briefly.
 The team met on November 5, 2014 to review this case in its entirety.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child Male 3 Month(s)	Other Female 51 Year(s)	Internal Injuries	Pending
Deceased Child Male 3 Month(s)	Other Female 51 Year(s)	Parents Drug / Alcohol Misuse	Pending
Deceased Child Male 3 Month(s)	Other Female 51 Year(s)	DOA / Fatality	Pending
Deceased Child Male 3 Month(s)	Other Female 51 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
The SCR Report source contacted?	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?				
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<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 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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investigation?				
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 and 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 siblings/other children in the household removed as a result of this fatality report/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

Services Provided to the Family in Response to the Fatality

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

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

Additional information, if necessary:
 The parents were given Hospice Grief and Bereavement Treatment pamphlets but refused stating that they did not believe they needed it.

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:
 The surviving sibling was evaluated by Early Intervention. It was determined that he had a delay in language testing and was recommended for speech services.

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

Explain:
 The parents were provided with Hospice pamphlets for grief and bereavement treatment. Both parents declined services.

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? No
- 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:

- | | |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> 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)	Status/Outcome	Compliance Issue(s)
09/11/2012	748-Sibling, Male, 3 Months	745-Mother, Female, 19 Years	Other	Unfounded	Yes
	748-Sibling, Male, 3 Months	746-Father, Male, 19 Years	Other	Unfounded	

Report Summary:

On 9/11/12 a Family Court Judge ordered CPS to conduct a 1034 Court Ordered Investigation on the homes of the mother and biological father of the now 2 yr old sibling. The RCDSS caseworker interviewed the mother who reported she was seeking custody of her child and supervised visitation for the father. She had a OOP against the father. She reported he was arrested in the past and was physically abusive. The ACDCYF caseworker interviewed the father who admitted to having "anger problems" but denied being physical with the mother. He denied any history of substance abuse, criminal involvement, domestic violence or CPS involvement.

Determination: Unfounded

Date of Determination: 11/27/2012

Basis for Determination:

There was a full Order of Protection in place against the father due to domestic violence. The mother reported she would call the police if the father attempted to see her. The mother was awarded full custody of their son and supervised visitation granted for the father. The child appeared happy and healthy. The mother's home had provisions for the child and was clean with no safety concerns. The child was up to date with physicals and immunizations.

OCFS Review Results:

Of concern is that the caseworkers did not interview any collateral contacts or obtain records from police regarding history. The mother reported that the father was arrested but the father denied any criminal history. No records were gathered regarding the incident that lead to an OOP being ordered. The mother and father were interviewed but no collateral contacts to corroborate either story.

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

Collateral contacts were not made during the course of this investigation. This was necessary to corroborate the mother and father's stories.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

Collateral contacts must be interviewed and records gathered.

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

There is no known history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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

LDSS: Pertinent Information Related to the Fatality

There are no recommended actions.

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