



Report Identification Number: SV-16-027

Prepared by: Spring Valley Regional Office

Issue Date: 12/23/2016

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

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

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

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

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

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

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

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



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

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-pulmonary 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	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-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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Ulster
Gender: Male

Date of Death: 06/25/2016
Initial Date OCFS Notified: 06/27/2016

Presenting Information

The State Central Register report, states that "on 6/24/16, the mother placed the subject child in bed with her to sleep at 11:30PM. On 6/25/16, the mother woke up at 6:30AM and found the subject child to be cold and unresponsive."

"The subject child was transported to the hospital by emergency medical services and was pronounced deceased at 6:51AM. The subject child was an otherwise healthy child and did not have any visible marks or bruises."

Executive Summary

On 6/27/16, the Ulster County Department of Social Services (UCDSS) received a report of maltreatment from the State Central Register (SCR), which listed allegations of DOA/Fatality and Inadequate Guardianship against the mother on behalf of the four-month-old subject child. The report stated that on 6/24/16, the mother placed the subject child in bed with her to sleep. On 6/25/16, the mother woke at 6:30 AM and found the subject child to be cold and unresponsive. The subject child was transported to the hospital and pronounced deceased at 6:51 AM. The report further stated that the subject child was an otherwise healthy child and did not have any visible marks or injuries.

Visits were made to the home and interviews were conducted with all family members. Contact was made with the source of the report. A CPS check was conducted and CPS history was documented. Collateral contact was made with law enforcement, as well as the maternal grandmother. The mother provided the fathers' names and stated they were all incarcerated at the time. Despite efforts, contact was not made with the subject child's father or the fathers of the surviving siblings. Releases were signed by the mother and the documentation reflected the medical records were received. Medical examiner information was obtained through law enforcement. According to the documentation, Law Enforcement communicated to the UCDSS that the medical examiner's preliminary finding was "Unknown Accidental". Supervisory and case conferences were held throughout the life of the case. Progress notes were adequate and entered in a timely fashion. Safety and risk assessments were appropriate and submitted in a timely manner.

As of the date of this report, the autopsy results were pending. Information was gathered regarding the subject child's sleeping environment. The caseworker also gathered details about the mother checking on the subject child upon waking, touching the subject child and placing her finger under the subject child's nose to verify if he was breathing. Although some information was obtained regarding the subject child's sleep environment, no further information was gathered regarding the sleep position of the subject child when he was laid to sleep nor what position the subject child was found in at the time he was found unresponsive. UCDSS determined that the mother cared for child appropriately and provided an adequate sleep environment. As a result, the allegations of DOA/Fatality and Inadequate Guardianship were unsubstantiated regarding the mother. According to the UCDSS, there was no credible evidence to indicate that the mother failed to exercise a minimum degree of care.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
- Approved Initial Safety Assessment? Yes
- Safety assessment due at the time of determination? Yes
Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
Was the determination made by the district to unfound or indicate appropriate? Yes

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:

The decision to close the case was appropriate.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 06/25/2016

Time of Death: Unknown

Time of fatal incident, if different than time of death: 06:51 AM

County where fatality incident occurred: ULSTER

Was 911 or local emergency number called? Yes

Time of Call: 06:36 AM

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- [x] Sleeping [] Working [] Driving / Vehicle occupant



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Playing
 Other

Eating

Unknown

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)

LDSS Response

On 6/27/16, the Ulster County Department of Social Services (UCDSS) received a report of maltreatment from the State Central Register (SCR), which listed allegations of DOA/Fatality and Inadequate Guardianship against the mother on behalf of the four-month-old subject child. The report stated that on 6/24/16, the mother placed the subject child in bed with her to sleep. On 6/25/16, the mother woke at 6:30AM and found the subject child to be cold and unresponsive. The subject child was transported to the hospital and pronounced deceased at 6:51AM. The report further stated that the subject child was an otherwise healthy child and did not have any visible marks or injuries.

Throughout the investigation the caseworker made home visits, interviewed the mother as well as the surviving siblings. The interviews were well documented and addressed the allegations. The caseworker contacted the source as well as maintained contact with law enforcement throughout the investigation. The mother signed releases and documentation was received from the medical providers. CPS history was conducted.

The mother was interviewed on 7/13/16. She stated that she put the subject child to bed and 20-30 minutes after, she went to bed. She stated that she awoke between 6:15AM-6:30AM, checked on the subject child. According to her, he did not feel right and he was not breathing. She began CPR and called 911. The mother stated that she has a queen sized bed and the subject child would sleep on the right side as she slept on the far left. The mother also reported having a body pillow and three normal pillows on the floor just in case the subject child was to roll off of the bed. She also reported the subject child had a blanket covering him up to his waist that was kicked off when she woke up. The mother stated that the subject child was in a onesie and did not have a bottle or pacifier in his mouth.

Supervisory and case conferences were held throughout the life of the case. Regular contact was maintained with the mother and referrals for bereavement services as well as help paying for funeral expenses were offered. The mother declined bereavement services for herself but accepted services for the surviving siblings. A referral was made by the caseworker. Safety and risk assessments were appropriate and completed in a timely fashion. Progress notes were entered



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contemporaneously.

The allegations of DOA/Fatality and Inadequate Guardianship were unsubstantiated regarding the mother on 8/18/16. According to the caseworker, there was no credible evidence to support that the mother caused the death of the subject child. Law enforcement did not observe anything suspicious as it related to the subject child's death and closed their case. In addition, there was no credible evidence to indicate that the mother failed to exercise a minimum degree of care. The subject child was put to sleep with the mother in her bed but it was noted that the mother had precautions put in place to prevent the subject child from being injured. The Medical Examiner's report was pending as of the date of this report. According to law enforcement, there were no suspicious findings and a cause of death may never be determined.

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)? Yes

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
030986 - Deceased Child, Male, 4 Mons	030987 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
030986 - Deceased Child, Male, 4 Mons	030987 - Mother, Female, 26 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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"/>

Additional information:

The caseworker received documentation from the pediatrician. ME report is pending.

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



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



Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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:
 Bereavement services were provided to the mother and refused. Bereavement services were offered to the surviving siblings and a referral was made.

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:
 A referral for counseling was made for the surviving siblings.

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

Explain:
 Bereavement services were offered to the mother but were declined.

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:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:



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- 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)	Status/Outcome	Compliance Issue(s)
08/07/2014	10853 - Sibling, Female, 8 Years	10852 - Mother, Female, 26 Years	Lack of Supervision	Far-Closed	No
	10851 - Sibling, Male, 5 Years	10852 - Mother, Female, 26 Years	Lack of Supervision	Far-Closed	

Report Summary:

This report was called in to the SCR and assigned to a FAR unit. The report was called in against Unknown, Unknown on behalf of Unknown, Unknown. The report alleged that the 8-year-old female sibling and the 5-year-old female sibling were riding motorized children's vehicles in the street, without supervision.

OCFS Review Results:

The case was appropriately assigned to a FAR unit and appropriately closed with "no assistance needed" as the mother denied the allegations. There is no indication that the children were interviewed.

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

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

There are 4 CPS cases regarding the family. In 2010 as case was called in to the SCR against the mother and the 8 year old female sibling's father on behalf of the 8-year-old female sibling with allegations of other. The report alleged that the mother and the 8- year-old female sibling's father were selling drugs and guns in the home in the presence of the child. The case was unsubstantiated and closed on 12/9/10.

On 12/28/10 a case was called in against the mother on behalf of the 8-year-old female sibling with allegations of Inadequate Guardianship, Inadequate Food, Clothing and Shelter and parent's drug and alcohol misuse. The case was unsubstantiated and closed on 2/8/11.

On 4/5/11 a case was called in against the mother and the 8-year-old female sibling's father on behalf of the 8-year-old female sibling and the 5-year-old male sibling with allegations of Inadequate Guardianship and Parent's Drug and Alcohol Misuse. The case was unsubstantiated and closed on 6/9/11.

On 5/29/12 a case was called in against the mother and the 5-year-old male sibling's father on behalf of the 8-year-old female sibling and the 5-year-old male sibling with allegations of Inadequate Guardianship, Lack of Supervision and Parent's Drug and Alcohol Misuse. The case was unsubstantiated and closed on 7/20/12.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.



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.

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

Action:	UCDSS is seeking to improve in the area of collateral contacts. OCFS made some specific recommendations in this area and the district has begun training in the CPS unit to revisit and reinforce the importance of obtaining all known information on absent fathers, including those that are incarcerated. Investigators are expected to follow through with attempted contacts with fathers, as well. The training will emphasize the importance of thoroughly documenting collateral contact information including discussions with Law Enforcement, Medical Examiners, and first responders. Supervisors have begun discussing and counseling investigators to pursue collateral contacts on a biweekly basis and all directives are documented in CONNECTIONS.
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Action:	It is recommended that the district will do a refresher with staff based on the assistance provided on 10-OCFS-LCM-15 Guidance for CPS Investigations of Infant Fatalities and Injuries Involving Unsafe Sleeping Conditions.
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Are there any recommended prevention activities resulting from the review? Yes No