



## Report Identification Number: SV-17-043

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

Issue Date: Feb 14, 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

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		
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	
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:** Suffolk  
**Gender:** Male

**Date of Death:** 06/23/2014  
**Initial Date OCFS Notified:** 10/10/2017

## Presenting Information

Suffolk County Department of Social Services (SCDSS) received an SCR report on 6/9/14 alleging the BM and BF of the SC had left the 1yo SS outside the home without supervision on 6/4/14 and 6/8/14. The report alleged the weather was hot on these days and the SS was in a baby carriage. There was concern that the improper supervision of the SS put the SS at risk of harm. Therefore, SCDSS had an open CPS investigation when the SC died on 6/23/14.

## Executive Summary

This report concerns the death of a 2-month old male child that occurred on 6/23/14. The SC died during an open CPS investigation and it was reported to OCFS in the Fall of 2017 through a 7065 reporting form. There was no SCR report made in regard to the fatality as there was no reason to suspect the death of the SC was the result of maltreatment or abuse.

The ME performed an autopsy but the final report was not completed at the time of this writing; therefore the cause and manner of death were pending at the time of this writing.

SCDSS received an SCR report on 6/9/14 alleging the BM and BF were not properly supervising the 1-year-old SS. There was no mention of the SC in this report. There was no identifying information for the BM, BF and SS in the report, only an address. SCDSS made numerous attempts to locate the family at the apartment building named in the report, but were unsuccessful. SCDSS spoke to neighbors of the parents and learned where the family lived. All collaterals interviewed acknowledged there was a 1yo child living in the BM and BF's home, but they denied the SS was ever seen unsupervised. During an attempted visit on 6/26/14 a neighbor disclosed the BM and BF had recently lost their infant son. The neighbor reported the SC was found deceased in his sleep. SCDSS was able to verify the death of the SC through contact with the landlord and LE.

SCDSS contacted LE and learned LE investigated the death and determined the death accidental. There were no criminal charges pursued against the BM and BF of the SC. LE provided SCDSS with a copy of the incident report the day of the fatality. The report contained a telephone number for the parents.

SCDSS contacted and interviewed the BM, BF and SS. The SS was assessed to be safe in her parents' care. SCDSS documented speaking with the parents about safe sleep for the SS, and they followed up to be sure the family had a crib for the SS. SCDSS documented minimal conversation with the BF and BM regarding the death of the SC. The circumstances surrounding the SC's death were not discussed and documented. There was no documentation that any services were offered to the BM and BF at the conclusion of the CPS investigation.

SCDSS appropriately unsubstantiated the allegations in the open CPS investigation, as they found no credible evidence that the BM or BF had failed to supervise the SS at any time.

### PIP Requirement

SCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what actions the SCDSS has taken, or will take, to address the cited issues. For citations where a PIP is currently implemented, SCDSS will review the plans and revise as needed to further address on-going concerns.



## 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

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:

It was appropriate to conclude the investigation that was open at the time of the SC's death.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Failure to report death of child in open CPS or Preventive/CPS services case in timely manner
<b>Summary:</b>	The SC died on 6/23/2014 and the death was reported to OCFS on 9/7/2017.
<b>Legal Reference:</b>	06-OCFS-LCM-13
<b>Action:</b>	SCDSS will notify OCFS within 24-hours by telephone, when there is a death of a child in an open CPS investigation. SCDSS will then complete OCFS form 7065 and submit it to OCFS within 72 hours of the death.

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 06/23/2014

Time of Death: 07:04 AM

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: Suffolk

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?**

No

**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?** Unable to determine

**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	No Role	Male	2 Month(s)
Deceased Child's Household	Father	No Role	Male	24 Year(s)
Deceased Child's Household	Mother	No Role	Female	18 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)

### LDSS Response

On 6/9/14 SCDSS received an SCR report concerning the BM, BF and SS. The report did not mention the SC, so SCDSS was initially unaware of his existence. The demographics for the family were not provided in the SCR report and SCDSS began their investigation by going to the reported case address.

SCDSS made several unsuccessful home visits in an attempt to locate, identify and interview the BM and BF about the allegations regarding supervision of the SS. SCDSS spoke with neighbors in adjoining apartments each time they attempted to see the parents. SCDSS confirmed the apartment where the family resided through these collateral contacts. SCDSS left letters in the apartment door and mailboxes in front of the home requesting contact. On 6/25/14 another home visit was made and a neighbor advised SCDSS that the SC died 2 days earlier and the BM and BF were at the funeral home making arrangements for his burial.

On 6/26/14 SCDSS called a local funeral home and confirmed there were services for the SC. SCDSS then contacted the landlord of record per the town Assessor's office. The landlord stated he did not know the tenants as his son handled the building. The landlord also confirmed that the SC was residing in his building when he passed away. He told SCDSS the BM and BF normally arrive home between 6:00-7:00PM each day. SCDSS went back to the case address and was informed the BM, BF and SS had moved to the MGM's home after the death of the SC.

SCDSS contacted LE and were provided a copy of the police report from the day they went to the home in response to a 911 call about the SC not breathing. The LE report stated the BM called Emergency Services at 6:13AM on 6/23/14 because the SC was not breathing. LE and EMS responded. EMS administered CPR and transported the SC to the ER. The SC was pronounced dead at the ER by a physician at 7:04AM. SCDSS found a contact number for the parents on the LE report.



On 7/8/14 SCDSS reached the BF via telephone and a home visit was arranged for later that day. SCDSS went to the home where the BM, BF and SS were residing and spoke with them. The SF told SCDSS the death of the SC was ruled an accident and LE was no longer involved. SCDSS did not document discussion with the parents regarding circumstances surrounding the death, but the documentation alluded to the presence of unsafe sleep as a factor. SCDSS spoke with the BM and BF about safe sleep practices and inquired about the sleeping environment for the SS. The BF explained the crib for the SS was at another home and he had not picked it up yet. At the strong urging of SCDSS he agreed to get the crib for the SS and SCDSS would do another home visit to see if this was done. It was not documented if the BM and BF had previous knowledge of safe sleep practices.

SCDSS observed the SS to be safe in the care of her parents. The SS had an appropriate bond with the BM and BF and appeared comfortable in their presence. SCDSS visited the family again on 8/19/14 at their new home. SCDSS observed the crib for the SS and deemed it to be appropriate.

SCDSS noted in the case record that the BF and BM appeared to be functioning well after the death of the SC. The BF acknowledged he and the BM did not dwell on the death of the SC, because if they had, they would have been consumed with grief. SCDSS did not further assess the families need for services, nor did the BM or BF express they needed services.

SCDSS concluded their CPS investigation and unsubstantiated all the allegations against the BM and BF regarding the supervision of the SS.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

**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

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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 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 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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## Fatality Risk Assessment / Risk Assessment Profile

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

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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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"/>

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The casework documentation notes in a meeting with the BM and BF the death of the SC is discussed and the BF stated they were not dwelling on the death. SCDSS was empathetic in their response, but never gave the BM and BF information on available services for bereavement counseling.

### History Prior to the Fatality





### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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
- 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:**

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

### 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)
06/09/2014	Sibling, Female, 1 Years	Father, Male, 24 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 1 Years	Father, Male, 24 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 18 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 18 Years	Lack of Supervision	Unfounded	

**Report Summary:**

An SCR report was received alleging the BM and BF of the SC were failing to appropriately supervise the 1yo SS. The report stated the SS was left alone outside the home in a stroller on 2 hot days and this put her at risk of harm.

**Determination:** Unfounded**Date of Determination:** 08/20/2014**Basis for Determination:**

SCDSS interviewed the BM, BF and several neighbors as collateral contacts, and each person denied the SS was ever left outside in a stroller without supervision. The SS was observed to be well cared for and had a bond with the BM and BF. There was no credible evidence that the SS was neglected.

**OCFS Review Results:**

Several attempts were made to see the family and SCDSS spoke with several neighbors to get information on locating the family. Several days into the investigation SCDSS was able to speak with the family, and they learned about the existence of the SC and his death. LE was also contacted for information. The safety and risk assessments were completed and notice of existence letters were provided. SCDSS checked for CPS and criminal history and discussed safe sleep with the parents. SCDSS asked minimal questions regarding the details surrounding the death of the SC, but gathered some information. The safety of the SS was appropriately assessed.



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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-day safety assessment was completed on day 9 and approved on day 14.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

A PIP was successfully implemented in 2016 to address this issue, resulting in significant improvement. No further corrective action is necessary at this time.

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

There is no known CPS History in New York State more than three years before the fatality.

#### Known CPS History Outside of NYS

There is no known CPS History outside of New York State.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### 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