



**Report Identification Number: RO-19-020**

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

**Issue Date: Dec 11, 2019**

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:** 1 year(s)

**Jurisdiction:** Steuben  
**Gender:** Male

**Date of Death:** 06/23/2019  
**Initial Date OCFS Notified:** 06/23/2019

## Presenting Information

The SCR report alleged on 6/23/19, the father allowed the 1-year-old subject child and the 4-year-old sibling to play outside unsupervised for approximately 10-15 minutes. When the father went outside to check on the children, the subject child was in the pool, submerged in the water. The father attempted CPR, then called 911. At 5:50 PM, the subject child was pronounced dead due to drowning in the pool. The father failed to provide adequate supervision of the children.

## Executive Summary

On 6/23/19, the Steuben County Department of Social Services (SCDSS) received an SCR report regarding the death of the 1-year-old male subject child. At the time of the child's death, he resided with his mother and three siblings, ages 11, 10 and 4. The father of the subject child and 4-year-old sibling resided with the paternal uncle. The mother and four children spent every weekend at the father's home. The father of the 11 and 10-year-old siblings shared joint custody with the mother and he visited his children regularly.

Through a joint investigation with law enforcement, SCDSS learned that on 6/23/19, the father brought the subject child and the 4-year-old sibling to the paternal grandparent's home. The children played in the backyard while they waited for the mother and grandparents to arrive. The father went inside the home for 10-15 minutes, leaving the children unsupervised in the backyard. When he returned to the backyard, he found the subject child floating face-down on top of the solar cover in the above-ground swimming pool. The father jumped in and pulled the child out of the pool. He called 911 at 4:39 PM and performed CPR until a neighbor arrived and took over. EMTs arrived and performed life-saving measures and transported the child to the hospital via ambulance. Efforts to resuscitate the child were unsuccessful and he was pronounced deceased by the emergency room physician at 5:50 PM.

SCDSS assessed the siblings' safety throughout the case and appropriately developed a safety plan with the mother and father that they would properly supervise the children. Following the incident, the mother and siblings moved in with the father and SCDSS assessed his home to be safe for the children. SCDSS made attempts throughout the case to assess the home the mother and children resided in at the time of the fatality, and they were unsuccessful. The siblings' father's home was assessed to be safe and he had no concerns for his children's care.

SCDSS conducted a home visit at the paternal grandparent's home and observed the backyard and the swimming pool. There was a deck attached to the pool, making it easily accessible to the children. There was no fence around the pool, as required by the local zoning law. After the incident, the paternal grandparents installed a fence with a locking gate around the pool.

SCDSS spoke to the children's pediatrician, hospital staff, law enforcement, the neighbor and the coroner. Information gathered supported that the children were well-cared for. There were no concerns for supervision by the parents and it appeared to be an isolated incident. The final autopsy report was received, and the cause of death was drowning and the manner was accidental. Law enforcement closed their investigation with no criminal charges filed.

SCDSS appropriately substantiated the allegations against the father. The father failed to properly supervise the 4 and 1-year-old children when he left them outside alone for up to 15 minutes. As a result, the subject child drown in a swimming pool and the 4-year-old sibling was placed at risk of harm.



SCDSS provided the parents with referrals for bereavement counseling and the parents planned to utilize the service for the children. SCDSS offered Preventive Services to the parents and they declined. The case was closed as the parents provided proper supervision of the children for the remainder of the case and no additional service needs were identified.

### PIP Requirement

For issues identified in a historical case, SCDSS will submit a PIP to the Rochester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) SCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS will review the plan and revise as needed to address ongoing concerns.

## 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

### Explain:

The case was appropriately indicated and closed.

**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:

Casework activity was commensurate with best casework practice.

## 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:** 06/23/2019

**Time of Death:** 05:50 PM

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

Unknown

**County where fatality incident occurred:**

Steuben

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

04:39 PM

**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?** Yes

**How long before incident was the child last seen by caretaker?** 15 Minutes

**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

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Mother	No Role	Female	42 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Other Household 1	Aunt/Uncle	No Role	Male	28 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	30 Year(s)
Other Household 2	Other Adult - Sibling's Father	No Role	Male	57 Year(s)



## LDSS Response

SCDSS initiated their investigation within 24 hours of receiving the SCR report and coordinated efforts with law enforcement. SCDSS reviewed CPS history, and contacted the source of the report, hospital staff and the coroner. SCDSS conducted interviews with the parents, siblings, father of the siblings, the paternal uncle and the grandparents. The mother and siblings moved in with the father after the child's death and they were assessed to be safe with a safety plan in place that the parents would provide proper supervision.

Through interviews with the mother and father it was learned that the mother and 11-year-old sibling went to a dance recital on 6/23/19. The 10-year-old sibling was with the maternal uncle and the father was watching the 4 and 1-year-old children. The father brought the children to the paternal grandparent's home around 3:00 PM and he planned to go out of town for work when the mother and grandparents arrived. The 4-year-old sibling was jumping on the trampoline and the subject child was playing with rocks in the backyard when the father went inside the house. The father said he was inside for 10-15 minutes and during that time the subject child let the dog in and went back outside to play with rocks. The father no longer heard the child on the trampoline, so he went outside to check on the children. The sibling was still jumping on the trampoline and the father could not find the subject child. The sibling said, "baby pool." The father went over to the swimming pool, which was on the other side of the yard, and he saw the subject child floating face-down and unresponsive. The father immediately pulled the child out of the pool and attempted CPR. He called 911 and a neighbor arrived and took over CPR.

The paternal uncle stated that he heard the call on a fire scanner and arrived at the home right after EMS arrived. The uncle located the paternal grandfather, who was out working in the field. The mother and 11-year-old sibling arrived at the home a short time later and the mother was informed about the incident.

SCDSS and law enforcement attempted to interview the 4-year-old sibling and were unsuccessful due to a speech delay. The 11 and 10-year-old siblings were interviewed and expressed no concerns. All family members stated that this was an isolated incident and the children were usually supervised when playing outside.

SCDSS conducted a thorough investigation and contacted numerous collaterals. No concerns were expressed for the parents' care of the children. The siblings' safety was assessed throughout the investigation and there were no additional concerns for supervision.

## 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:** Other physician

## 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

**Comments:** Steuben County does not have an OCFS-approved Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052091 - Deceased Child, Male, 1 Yrs	052096 - Father, Male, 30 Year(s)	Lack of Supervision	Substantiated



# Child Fatality Report

052091 - Deceased Child, Male, 1 Yrs	052096 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
052091 - Deceased Child, Male, 1 Yrs	052096 - Father, Male, 30 Year(s)	DOA / Fatality	Substantiated
052095 - Sibling, Male, 4 Year(s)	052096 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
052095 - Sibling, Male, 4 Year(s)	052096 - Father, Male, 30 Year(s)	Lack of Supervision	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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harm, were the safety interventions, including parent/caretaker actions adequate?

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

**Explain:**  
Preventive Services and bereavement services were offered.

### 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"/>

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

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 children were referred for bereavement counseling and an appointment was scheduled.

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

Explain:

The parents were referred for bereavement counseling and they declined.

### History Prior to the Fatality

#### Child Information

Did the child have a history of alleged child abuse/maltreatment? 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

### 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)
01/17/2018	Sibling, Female, 10 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	Yes

**Report Summary:**

An SCR report alleged on 1/15/18, the father became upset and threw a container of toys at the oldest sibling, hitting her on the right arm, and causing her pain.

**Report Determination:** Unfounded**Date of Determination:** 04/03/2018**Basis for Determination:**

It was determined the father accidentally hit the sibling in the arm with a small box of toys when he tossed the box out of the bedroom and the sibling was standing in the doorway. The sibling did not have a mark and she was not afraid of the father.

**OCFS Review Results:**

SCDSS interviewed the mother, children and father and assessed the home to be safe. Appropriate collateral contacts were made and the children's safety was assessed throughout the investigation. The allegations were appropriately unsubstantiated. There were no documented attempts to interview the father of the two oldest siblings.

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

Failure to Conduct a Face-to-Face Interview (Subject/Family)

**Summary:**

There were no documented attempts to conduct a face-to-face interview with the father of the two oldest siblings.

**Legal Reference:**

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

**Action:**

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children and other persons named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

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

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

**Known CPS History Outside of NYS**

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

**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