



Report Identification Number: SV-20-009

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

Issue Date: May 07, 2020

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Dutchess
Gender: Male

Date of Death: 02/13/2020
Initial Date OCFS Notified: 02/13/2020

Presenting Information

An SCR report received on 2/13/20, alleged the father and the mother had a history of co-sleeping in their bed with the 3-month-old subject child and the 3-year-old surviving sibling. On the morning of 2/13/20, at approximately 1AM, the father Michael fell asleep on the right side of the bed, the subject child in the middle of the bed and the surviving sibling was sleeping on the left side of the bed. Sometime between 6:15AM & 6:45AM, the father woke and found the subject child in the middle of the bed, unresponsive. The subject child was cold and had mucus and blood around his nasal area. One of the adults in the home contacted 911. The subject child was transported to the local hospital and subsequently pronounced dead at 7:45 AM on 2/13/20. The father offered no explanation for the subject child's death and it was suspected that the subject child was asphyxiated in his sleep.

Executive Summary

Dutchess County Department of Community and Family Services (DCDCFS) received an SCR report on 2/13/20 regarding the death of a 3-month-old male child.

On 2/13/20, at 1 AM, the father placed the subject child to sleep on his back on a pillow in the middle of the parents' queen size bed. The father then placed a comforter on the subject child up to the middle of his body. The father went to sleep and woke at approximately 6:45 AM and found the subject child unresponsive. The subject child was found on his back with blood and mucus trickling from his nose. The father yelled for help and 911 was called. EMS arrived and transported the subject child to the hospital where he was pronounced deceased at 7:45 AM.

The mother had been asleep on the couch in the living room. Sometime during the early hours of 2/13/20, the surviving half sibling climbed into the bed with the subject child and the father. The surviving half sibling was reported by the father to have been asleep on the left side of the subject child at the time the father found the subject child unresponsive.

DCDCFS adequately assessed the safety of the 2-year-old surviving half sibling who was in the care of and staying with her biological father pending further investigation. The home was assessed by DCDCFS and there were no noted safety concerns. DCDCFS offered the family a multitude of services and the parents fully cooperated with DCDCFS and agreed to services.

The final autopsy listed the cause of death as Sudden Unexplained Death in Infancy and the manner of death was Undetermined. Law enforcement investigated the fatality and concluded their investigation, finding no criminality involved in the death of subject child.

DCDCFS gathered information about the child's death from the mother, the father, the friend, and the uncle who were present in the home on the evening of 2/12/20 and the morning of 2/13/20 at the time of the fatal incident. Several collateral contacts were made with family members, the pediatrician, law enforcement, EMS, medical examiner, and hospital staff.

DCDCFS substantiated the allegations of DOA/fatality and inadequate guardianship against the parents for the subject child and substantiated the allegations of inadequate guardianship against the mother and the father of the subject child for the 2-year-old surviving half sibling. The parents failed to provide a minimum degree of care by placing the subject child in an unsafe sleeping environment. The parents told DCDCFS although they were aware of safe sleep practices, the



subject child co-slept with them on a regular basis. The mother allowed the father to co-sleep with the subject child despite the risks. The parents also admitted to consuming alcoholic beverages prior to going to sleep that evening. The father was unaware the surviving half sibling climbed into bed with him and the subject child. Given the age and vulnerability of the subject child and the surviving half sibling, the parents placed the children at imminent risk of harm. The case was indicated and opened for services.

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 indicated and remained open for preventive services.

Was the decision to close the case appropriate? N/A

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 was opened for services and continued to be monitored by CPS.

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: 02/13/2020

Time of Death: 07:45 AM

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

Unknown

County where fatality incident occurred:

Dutchess

Was 911 or local emergency number called?

Yes

Time of Call:

07:00 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

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

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

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Other Household 1	Father	No Role	Male	28 Year(s)

LDSS Response

On 2/13/20, DCDCFS received the fatality report from the SCR and immediately initiated the investigation. DCDCFS obtained information from law enforcement, completed a CPS history check, notified the medical examiner's office and the district attorney's office of the death. Assessed the safety of the 2-year-old surviving half sibling. DCDCFS learned the 2-year-old was staying at her father's home and DCDCFS observed the child and the father's home environment and there were no noted concerns.

DCDCFS interviewed the parents of the subject child about the events leading up to the death of the subject child. The parents told DCDCFS that on the evening of 2/12/20 they had a friend over for the evening and were drinking alcoholic



beverages. The father said that he and the subject child went to bed at 1:00 AM on 2/13/20 and he had placed the subject child on his back with his head on a pillow in the middle of their queen-sized bed. The father said he then placed a comforter on the subject child midway up his body. The father said he was on the right side of the subject child. The mother and the father stated the mother went to sleep on the couch. The father said he woke at 6:45 AM and found the subject child on his back on the pillow where he placed him unresponsive. The father said he called for help. The uncle who had spent the night at the home and the mother came to assist. The mother took the uncle's phone and called 911. The father was administering CPR. The parents said EMS arrived and transported the subject child to the hospital. The father told DCDCFS that when he awoke that morning, he saw that the surviving half sibling was in the bed with him and the subject child. The uncle and a friend of the parents had spent the night in the home and were interviewed and provided similar statements.

All the adults admitted to consuming alcohol on the evening of 2/12/20 but all denied being intoxicated. The uncle and the friend stated that they had no concerns for the care the parents provided to the subject child or the surviving half sibling. The father of the surviving half sibling was interviewed, and he had no concerns for the care provided to his child by the mother or the subject child's father.

DCDCFS interviewed first responders who had observed numerous empty beer bottles in the kitchen. The father admitted to DCDCFS that he smokes marijuana on a regular basis to manage his mental health. The mother admitted to occasional use of marijuana but denied misuse of alcohol/drugs.

DCDCFS observed the parents' home and had some concerns that were addressed with the mother and the father of the subject child. The surviving half sibling's bedroom was cluttered with numerous items; however, the bedroom was cleaned prior to the surviving half sibling returning home. DCDCFS discussed safe sleep with the parents and they were aware of safe sleep but said the subject child would not sleep in the crib.

DCDCFS obtained information from law enforcement, the medical examiner, emergency services, medical records from the hospital, the children's pediatrician, family members and friends. There were no noted concerns for the care of the subject child and the surviving half sibling.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From a medical cause

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

Comments: Dutchess County Department of Social Services does not have an OCFS approved CFRT.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053527 - Deceased Child, Male, 2 Mons	053529 - Father, Male, 33 Year(s)	Inadequate Guardianship	Substantiated



053527 - Deceased Child, Male, 2 Mons	053529 - Father, Male, 33 Year(s)	DOA / Fatality	Substantiated
053527 - Deceased Child, Male, 2 Mons	053818 - Mother, Female, 21 Year(s)	DOA / Fatality	Substantiated
053527 - Deceased Child, Male, 2 Mons	053818 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
053817 - Sibling, Female, 2 Year(s)	053529 - Father, Male, 33 Year(s)	Inadequate Guardianship	Substantiated
053817 - Sibling, Female, 2 Year(s)	053818 - Mother, Female, 21 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
A multitude of services were provided to the family to meet their needs.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
The 2-year-old surviving sibling remained in the care of her parents.

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



Child Fatality Report

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input 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"/>				
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other, specify: Preventive services							

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

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 fetal alcohol effects or syndrome With neither of the issues listed noted in case record**CPS - Investigative History Three Years Prior to the Fatality**

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/02/2018	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 1 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Mother's Partner, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Mother's Partner, Male, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

The reports dated 12/2 and 12/3/2018, alleged alcohol/drug misuse against the mother and the parent substitute and Inadequate Guardianship against the parents and the parent substitute for the surviving sibling. The report alleged that when the parents met to exchange the surviving sibling, the father yelled at the mother and ripped the child out of her arms. In the past, the father had assaulted the mother in the presence of the child. The report also alleged the mother and the parent sub misused drugs and alcohol while caring for the child. The mother suffered from mental health issues.

Report Determination: Unfounded**Date of Determination:** 01/14/2019**Basis for Determination:**

Based on interviews and information obtained from the family, collateral contacts, and friends, there was no credible evidence to support the allegations. There was no evidence the surviving sibling was impacted by the parents behavior. The mother did obtain an OP but it was dropped and joint custody was agreed upon in Family Court. Everyone was tested for drug use and the parents were negative. The parent sub tested positive for marijuana use. The case worker made appropriate referrals for services. The allegations were unsubstantiated and the case was unfounded and closed. There were no further services required.

OCFS Review Results:

DCDCFS gathered a substantial amount of information from collateral contacts by way of face-to-face interviews, telephone contacts, and copies of records. The information gathered supported the basis for unfounding the report. DCDCFS offered services to the family. DCDCFS fully completed all casework activity in a timely fashion, commensurate with case circumstances.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

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

Known CPS History Outside of NYS

There was no known history outside of NYS.



Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

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

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