



Report Identification Number: AL-20-040

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

Issue Date: May 24, 2021

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 year(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 11/18/2020
Initial Date OCFS Notified: 11/27/2020

Presenting Information

An SCR report alleged on 11/18/2020, around 4:00 PM, the grandfather drove with the 2-year-old child in the car. The child was in the back seat of the car wearing just a seatbelt and was not properly restrained in a car seat. For an unknown reason, the grandfather swerved into oncoming traffic and hit a pole. Police were contacted by a bystander and EMS responded. After the accident, the child was responsive. It was unknown if the child displayed any visible injuries. The grandfather and child were transported via ambulance to the hospital. Approximately 5 hours later, the child was pronounced deceased. The child was not properly restrained and the seatbelt caused unknown internal injuries leading to his death.

Executive Summary

This fatality report concerns the death of the 2-year-old male subject child that occurred on 11/18/2020. An SCR report was registered on 11/27/2020 regarding concerns the child was not properly restrained in his great-grandfather's vehicle, and the car was involved in an accident. The child died as a result of his injuries sustained from the crash. At the time of his death, the child resided with his mother and 3-year-old sibling. The sibling was assessed to be safe in the care of the mother.

Albany County Department of Children, Youth and Families (ACDCYF) gathered information regarding the fatal incident from law enforcement, who had an open investigation at the time the SCR report was received. Law enforcement closed their investigation without criminal charges filed. An autopsy was performed, and the pathologist documented the death was due to exsanguination from massive intro-abdominal hemorrhage secondary to hepatic laceration.

At the time the SCR report was received, the great-grandfather was hospitalized as the result of terminal illness; his illness was unrelated to the incident. The great-grandfather was unable to recall what happened to cause the accident, but believed he had an aneurysm. The great-grandfather reported the child was not properly restrained in a car seat and was buckled with a seatbelt when the accident occurred. The great-grandfather did not provide an explanation as to why he did not utilize a car seat for the child.

The mother was interviewed and stated the child had a car seat and was unsure of why the great-grandfather did not use it. The mother did not have concerns for the great-grandfather's care of the child prior to the accident.

ACDCYF made home visits and contacted collaterals including family members, first responders and medical staff. The family was offered services in response to the death, including grief services and community hospice. It remained unknown if the mother utilized the services. The great-grandfather was involved in hospice at the time of case closure.

The great-grandfather was substantiated for the Inadequate Guardianship and DOA/Fatality allegations. ACDCYF noted the child was not properly restrained while riding in the great-grandfather's car and died as a result of the injuries that were caused. The case was closed on 3/9/2021.

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:

Casework activity was commensurate with case circumstances.

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 No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/18/2020

Time of Death: 04:57 PM

Time of fatal incident, if different than time of death: 03:45 PM

County where fatality incident occurred: Albany

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? 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 was supervisor impaired? Unknown if they were impaired.

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- 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 Year(s)
Deceased Child's Household	Mother	No Role	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Other Household 1	Father	No Role	Male	25 Year(s)
Other Household 1	Other Adult - Great-Grandfather	Alleged Perpetrator	Male	52 Year(s)
Other Household 2	Other Adult - Father of sibling	No Role	Male	22 Year(s)

LDSS Response

On 11/27/2020, ACDCYF received the SCR report regarding the 2-year-old child's death that occurred on 11/18/2020. Within the first 24 hours of the investigation, ACDCYF contacted law enforcement and the source of the report, documented a CPS history check, and gathered information from the hospital.

The great-grandfather was interviewed at the hospital on 11/27/2020. He reported traveling at 20-30 mph when he blacked out and was unable to recall what happened. The child was not in a car seat and the great-grandfather said the child was in the backseat of the car and was buckled in with a seatbelt. The great-grandfather denied being under the influence of drugs or alcohol.

The mother was interviewed on 11/28/2020 and the sibling was observed to be comfortable in her care. The sibling was with the maternal grandmother at the time of the accident. The sibling was unable to be interviewed due to his age and development. The mother said the great-grandfather called her and said he was in an accident. She could hear the child talking in the background. The mother was on her way to the accident to pick the child up when she received a call stating the great-grandfather and child were being transported to the hospital in ambulances. The mother went to the hospital and approximately an hour later was told the child died. The mother said the child did not have visible injuries but sustained internal injuries due to the seatbelt. The mother was unsure why the great-grandfather did not use the child's car seat.

The fathers of the children and family members were interviewed. The fathers did not have concerns for the care of the children. The great-grandfather's sister reported the mother had a car seat for the child but did not provide the great



grandfather with it that day.

Law Enforcement said the accident was filmed by a security camera and the footage was reviewed. The video captured an eyewitness pulling the child from the front seat of the vehicle. The child was reclined in the seat and the seat position caused the seatbelt to remain unlocked during the crash. Law enforcement reported the child was in and out of consciousness when first responders arrived. Law enforcement did not pursue criminal charges as the great-grandfather was terminally ill and was unlikely to live through the court process.

After completing required casework activity, ACDCYF appropriately determined and closed their investigation. The investigation did not reveal concerns that would warrant further involvement from ACDCYF.

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: Pathologist

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? Yes

Comments: The death was referred to an OCFS-approved CFRT.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056761 - Deceased Child, Male, 2 Yrs	056862 - Other Adult - Great-Grandfather, Male, 52 Year(s)	DOA / Fatality	Substantiated
056761 - Deceased Child, Male, 2 Yrs	056862 - Other Adult - Great-Grandfather, Male, 52 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

The father could not be interviewed face-to-face as he was incarcerated during the investigation.

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 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 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 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 sibling did not need to be removed as a result of the fatality.				

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 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 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"/>



Additional information, if necessary:

The mother was offered grief services and an Adopt-a-Family referral. It remained unknown if she utilized the services. The great-grandfather was provided with a referral for grief counseling; however, it remained unknown if he was engaged in services at the time of case closure.

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 mother was provided with information regarding grief services on behalf of the sibling.

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

Explain:

The mother was offered grief counseling services and a referral to Adopt-a-Family.

History Prior to the Fatality

Child Information

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

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)
09/12/2019	Sibling, Male, 2 Years	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 1 Years	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Male, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 1 Years	Mother, Female, 20 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 1 Years	Mother, Female, 20 Years	Lack of Medical Care	Unsubstantiated	



Child Fatality Report

Deceased Child, Male, 1 Years	Mother, Female, 20 Years	Lack of Supervision	Unsubstantiated
Deceased Child, Male, 1 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Deceased Child, Male, 1 Years	Mother, Female, 20 Years	Swelling / Dislocations / Sprains	Unsubstantiated

Report Summary:

An SCR report alleged the BM smoked marijuana and drank alcohol to the point of impairment which affected her ability to care for the CHN. There were few provisions for the CHN in the home. The CHN went hungry and missed meals. On the floors throughout the home, there were piles of dirty laundry, dirty plates, pill bottles, and other various random objects posing a safety hazard. On 9/21/19, the SC was dirty. The SC had a bruise on his forehead and a swollen bump on his eye that he sustained while in the care of the BM. The SC had a diaper rash for about 2-3 weeks, and it was recommended to the BM that she seek medical care for the SC; however, the BM failed to address the situation.

Report Determination: Unfounded**Date of Determination:** 12/12/2019**Basis for Determination:**

The investigation did not reveal information to support the allegations of IF/C/S, IG, PD/AM against the mother regarding the sibling. There was no credible evidence to support the allegations of IF/C/S, IG, PD/AM, L/B/W, LMC, LS or S/D/S regarding the child. The mother rectified the child's diaper rash and denied PD/AM. The home was observed to meet minimal standards. The record did not reflect a basis for determination regarding L/B/W, LS, or S/D/S.

OCFS Review Results:

The investigation was initiated timely, the source of the SCR report was contacted, and the sibling was observed. A history check was noted. The child was observed free from any L/B/W and relevant collateral contacts were made. The interview with the mother did not include information regarding supervision for the children. The Safety Assessment was completed timely and accurately.

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 CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of New York.

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