



**Report Identification Number: BU-18-026**

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

**Issue Date: Jan 02, 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:** 4 month(s)

**Jurisdiction:** Orleans  
**Gender:** Female

**Date of Death:** 08/12/2018  
**Initial Date OCFS Notified:** 08/12/2018

## Presenting Information

An SCR report was received on 8/12/18 with concerns the subject child was in the care of her father and grandfather when the father put the child down for a nap on his adult bed. The report further alleged at some point, the father was sitting on the edge of the bed while the child slept, and noticed she was pale and unresponsive. The father brought the child to the living room and the grandfather began CPR. The family contacted 911 and the child was taken to the hospital where she was pronounced deceased. The report stated the child had no preexisting medical conditions and was otherwise healthy. The child's mother, uncle and uncle's girlfriend had unknown roles.

## Executive Summary

This fatality report concerns the death of a 4-month-old subject child (SC) that occurred on 8/12/18. A report was made to the SCR on that same date with allegations of Inadequate Guardianship and DOA/Fatality against the subject child's father (SF) and paternal grandfather (PGF). Orleans County Department of Social Service (OCDSS) had been involved with the family since June 2018, investigating allegations unrelated to the fatality. OCDSS conducted a concurrent investigation into the subject child's death. At the time of this writing, the final autopsy results were not yet available.

The subject child was otherwise healthy with no preexisting medical conditions. The subject child was last seen by her pediatrician on 8/10/18, where she was deemed healthy and received her 4-month immunizations. At the time of her death, the subject child resided in a home with her mother (BM), father, paternal grandfather, paternal uncle (PU) and his girlfriend (OA). There were no other children in the household and no surviving siblings. At the time of the fatal incident, the mother was not at home and did not witness any of the events.

It was discovered on the morning of 8/12/18, the mother went to work and left the subject child in the care of the father. The grandfather, uncle and uncle's girlfriend were also at home on that date, but in different areas of the house. At the time of the incident, the subject child was in her parents' bedroom with her father. The father fed the subject child a bottle, and then laid her down to sleep in the adult sized bed. The father also slept in the bed with the subject child, for approximately 3 hours. When the father awoke, he saw the subject child was also awake and smiling. The father took a phone call and turned the television on, and when he looked back at the subject child she was pale and unresponsive. Emergency services were called to the home and transported the subject child to the hospital where she was pronounced deceased.

From the time the investigation began to the time of this writing, OCDSS met with the mother, father, and grandfather regarding the fatality report. OCDSS observed the home and found no safety concerns. Further, OCDSS spoke with many collateral sources and offered the family appropriate referrals for services in response to the subject child's death. There were no criminal charges pursued against either parent nor any of the other household members. At the time of this writing, the allegations had not yet been determined and the investigation remained ongoing.

## 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

The investigation had not yet been determined at the time of this writing. There were no surviving siblings or other children in the household.

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 investigation remained open at the time of this writing.

**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: 08/12/2018

Time of Death: 01:31 PM

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

County where fatality incident occurred: Orleans

Was 911 or local emergency number called? Yes

Time of Call: 12:49 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: Laying on adult bed.



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

**How long before incident was the child last seen by caretaker?** 10 Minutes

**At time of incident supervisor was:** Not impaired.

**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	Aunt/Uncle	No Role	Male	21 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	18 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	45 Year(s)
Deceased Child's Household	Mother	No Role	Female	19 Year(s)
Deceased Child's Household	Other Adult - Uncle's Girlfriend	No Role	Female	21 Year(s)

### LDSS Response

On 8/12/18, OCDSS received a report regarding the death of SC. OCDSS initiated their investigation within 24 hours and coordinated their efforts with LE. OCDSS learned SC resided with BM, SF, PGF, PU and PU's girlfriend. SC was the only child that lived in the household, and there were no surviving siblings. BM was at work at the time of the fatal incident.

On 8/13/18, OCDSS met with the family at their home and began to gather information surrounding the events that led up to SC's death. PGF reported SC woke up around 7:30AM on 8/12/18, and SF fed her a bottle while BM left for work. SF stated after SC ate, he "cuddled" with her, and when she fell asleep he laid her on her back in the parents' bed; it was determined on the mattress was a 3" foam topper, as well as a blanket and pillows. SF stated he also fell asleep in the bed beside SC, and awoke around 12:45PM when his phone rang. SF reported he spoke with BM on the phone "for a couple minutes;" he looked at SC and SC smiled at him. SF stated he then reached over to turn on the television, and when he turned back to look at SC, he noticed she was pale and unresponsive. The record did not indicate what position SC was in when SF found her not breathing. SF brought SC to PGF, who began CPR. SF called 911 and emergency services arrived shortly thereafter. SC was transported to the hospital where she was pronounced deceased at 1:31PM.

PGF was also interviewed on 8/13/18. PGF explained he woke up around 9AM on 8/12/18, and heard SF and SC in the bedroom. PGF stated he went outside for a while and then went back into the house because he was not feeling well. He reported he went in his bedroom until SF came in and told him SC was not breathing. PGF stated he took SC downstairs and began resuscitation measures. He reported SC threw up "brown stuff" and made a gurgling sound. PGF stated he had no concerns regarding SF and BM, or SC's care. OCDSS observed the home and noted no safety concerns.

The parents reported they would regularly co-sleep with SC, despite having been educated surrounding safe sleep practices. The family had appropriate sleeping provisions for SC in their home. BM and SF stated they would sleep sideways in the bed and SC would sleep next to them in the opposite direction. They explained SC would be placed to sleep on her back. The parents reported SC went to the pediatrician on 8/10/18 and received her 4-month vaccinations. They explained SC had tenderness on her leg where the shot was administered and was otherwise acting normally, but felt SC died due to an adverse reaction to the immunizations. The pediatrician was contacted and had no concerns regarding SC.



OCDSS spoke with LE regarding SC's autopsy. OCDSS was informed the ME would not provide a preliminary report until all results were received. The ME did inform LE that if SC had a reaction to the immunizations, it would have happened sooner than the date of her death.

OCDSS completed interviews with BM, SF, and PGF, and offered the family appropriate services in response to the fatality. The parents reported they began using marijuana after SC's death. OCDSS offered substance abuse services on several occasions, but the parents declined. OCDSS contacted several collateral sources, including LE, EMS, a clinical provider, SC's pediatrician, and hospital staff. There were no criminal charges filed regarding the death of SC. OCDSS had not yet determined the allegations at the time of this writing, and the investigation remained ongoing.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or 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

**Comments:** This fatality was conducted by the Orleans County MDT.

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

**Comments:** Orleans County Department of Social Services does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
048002 - Deceased Child, Female, 4 Mons	048004 - Grandparent, Male, 45 Year(s)	Inadequate Guardianship	Pending
048002 - Deceased Child, Female, 4 Mons	048003 - Father, Male, 18 Year(s)	Inadequate Guardianship	Pending
048002 - Deceased Child, Female, 4 Mons	048003 - Father, Male, 18 Year(s)	DOA / Fatality	Pending
048002 - Deceased Child, Female, 4 Mons	048004 - Grandparent, Male, 45 Year(s)	DOA / Fatality	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<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:**

Although some attempts were made, OCDSS was unable to interview PU or his girlfriend. Progress notes were entered timely throughout the investigation. All appropriate collateral sources were contacted.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>



<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**  
 OCDSS provided the family with an application for funeral expenses as well as referrals for grief counseling. At the time of this writing, the family had not yet engaged in grief counseling, but BM was seeing a clinical provider in the community.

**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?** No

**Explain:**  
 The SC was the only child that resided in the household; there were no surviving siblings.

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

**Explain:**  
 OCDSS offered the family service referrals for funeral cost assistance and grief counseling. It was unknown if the family utilized these referrals. Substance Abuse services were also offered but declined.

## 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? N/A
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

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

- 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)
06/22/2018	Deceased Child, Female, 2 Months	Mother, Female, 18 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Female, 2 Months	Father, Male, 18 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

This report was received with concerns BM and SF fought with one another frequently while SC was in the home. The report alleged items would be thrown, BM would punch SF, and SF would physically restrain BM. PGF would intervene when he was present, and remove SC from the room in which the parents were fighting.

**Report Determination:** Indicated

**Date of Determination:** 10/04/2018

**Basis for Determination:**

OCDSS noted they found evidence SF and BM fought with one another in the presence of SC on a regular basis. BM admitted to CW that she was often the aggressor of physical and verbal fighting with SF while they were caring for SC. SC passed away while this investigation was still ongoing.

**OCFS Review Results:**

OCDSS interviewed all individuals named on the report and assessed the safety of the SC on more than one occasion. OCDSS reviewed safe sleep practices with the family and observed safe sleep provisions in the home. Appropriate collateral contacts were spoken with. The CPS history check was one day late and the RAP was inaccurate regarding BM's MH. OCDSS did not attempt to interview BM and SF separately to discuss the DV concerns, nor did they offer any DV services.

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

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The RAP was inaccurately completed. The question surrounding BM's mental health should have been answered "Yes," as she had reported a clinical diagnosis and was receiving treatment.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

OCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

**Issue:**

Review of CPS History

**Summary:**

OCDSS documented review of CPS history, but not until the second business day.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within 1 business day of a report, OCDSS must review all SCR records of prior reports, including legally sealed reports, involving the subject of the report, the allegedly abused or maltreated child, or the child's sibling, and, for indicated



reports, must also review prior reports pertaining to other children in the household or other persons named in the report, and document such.

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

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

### 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

<b>Action:</b>	In both the fatality investigation and the investigation that was open at the time of the subject child's death, there were concerns domestic violence was occurring between the parents in the presence of the subject child while she was alive. OCDSS found the fighting worsened after her passing. Despite this knowledge, OCDSS did not attempt to interview the parents separately; all interviews with them about the allegations and domestic violence occurred simultaneously. OCFS recommends when domestic violence is alleged or discovered, efforts should be made at conducting separate interviews to facilitate an environment where each party can speak openly without other family members present.
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Are there any recommended prevention activities resulting from the review?  Yes  No