



Report Identification Number: AL-15-009

Prepared by: Albany Regional Office

Issue Date: 9/23/2015

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
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
CPR-Cardio-pulmonary Resuscitation		
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	MN-Medical Neglect	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-Others	
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Schenectady
Gender: Male

Date of Death: 04/28/2015
Initial Date OCFS Notified: 04/28/2015

Presenting Information

SCR report dated 4/28/15 alleged DOA/Fatality and IG against the father regarding the 3-month-old male subject child. It was reported the subject child was sleeping in bed with his father and he found the child unresponsive at 5:00am. According to the SCR report, the child was last seen alive at 11:00pm the previous evening. The child had no history of any pre-existing medical conditions and was noted to be a healthy child with no visible injuries. The report listed the mother and 3 other siblings in the home with an unknown role. The mother was at work at the time of the child's death.

Executive Summary

On 4/28/15 SCDSS received an SCR report regarding the death of a 3 month old infant while in the care of his father. At the time the mother was at work. The father was identified as the subject of the report and the allegations were DOA/Fatality and IG regarding the subject child. The mother was listed with an unknown role. There were three surviving siblings in the home; two half-siblings ages 6 and 3 and one biological sibling age 2. It was reported the subject child had been sleeping in the bed with the father and was found unresponsive by the father. Resuscitation efforts were unsuccessful and the child was later pronounced deceased at the hospital. The child had no pre-existing medical conditions. However, it was learned during the investigation the child would often spit up/vomit while being fed and would have to be burped frequently. It was also reported the child would fuss and not fall asleep when placed in his bassinet and the parents would allow him to fall asleep with them and then place him in his bassinet. On the night in question the father fed the baby around 11:00 pm, placed the child on the bed to fall asleep and he fell asleep prior to moving the child.

SCDSS immediately responded to the report and conducted several joint interviews of with the SPD. The parents were interviewed and the children were observed and interviewed when age appropriate. The home was initially secured by the police and the family spent the first night with the maternal grandmother. Both her home and the family home were observed and no safety concerns were identified.

Throughout the investigation SCDSSs maintained weekly contact with the family as well as making contact with numerous collateral contacts. SCDSS attempted to obtain the preliminary results of the autopsy from the medical examiner but he would not disclosed any information since the final report was not yet completed. SCDSS spoke with the Emergency Room Physician who treated the child. He reported there were no signs of trauma or bruising and indicated the cause of death would most likely be "SIDS". Other collateral contacts did not identify any concerns regarding the parents care of the children. The first responders and EMS did not observe the father to be under the influence of drugs and/or alcohol. Subsequent drug testing of both parents yielded negative results.

SCDSS determined the report to be unfounded. SCDSS used 13-OCFS-LCM-01 to evaluate the information learned during the investigation to reach their determination. The report was closed at the time of determination. At the time of determination 6/16/15 the final autopsy report had not yet been issued.



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:

SCDSS maintained weekly contact with the family while completing this investigation. SCDSS interviewed pertinent collateral contacts and obtained information from several sources. SCDSS requested the parents go for a drug/alcohol test with negative results for both.

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 notes a consultation took place, but no details noted.

Explain:

SCDSS did a thorough investigation and closed the case at determination. The determination was made prior to the receipt of the final autopsy report but information learned from numerous collateral contacts provided sufficient information to support their determination.

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: 04/28/2015

Time of Death: 06:04 AM

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



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County where fatality incident occurred: SCHENECTADY

Was 911 or local emergency number called? Yes

Time of Call: 05:00 AM

Did EMS to 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? 5 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver

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At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	No Role	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

LDSS Response

SCDSS interviewed the mother, father, interviewed the age appropriate surviving siblings as well as family members and numerous collateral contacts. The parents and family members reported the child would often spit up after being fed and would have to be burped after every ounce or two during a feeding. It was also reported the child would fuss and not fall asleep when placed in his bassinet. The parent's would let him fall asleep in their bed and then move him to his bassinet. The father provided the following details around the night of the child's death. The mother had gone to work, the child was asleep when she left and woke up around 10:45pm. The father reported feeding and burping him and placed him on his back with his head toward the headboard with a pillow on either side of him. The father stated he was texting the mother back and forth and the last text she received from the father was around 1:40am. She responded to him at 4:23AM and did not receive a response. The next contact she had with the father was when he found the child. The father reported he woke up sometime around 5:00am and found the child. He stated the child was in the same position as he had laid him down.



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Pictures of the bed (queen size) taken during the investigation showed blankets, pillows and a teddy bear on the bed. The pediatrician and hospital physician identified no concerns regarding the parents care of the child. Medical records of the child indicated he had been recently treated for a respiratory infection. The records of the child and the parents both indicated they had received information around safe sleep. The surviving siblings were slightly behind on their immunizations and SCDSS assisted in arranging the necessary medical appointments that the mother kept. SCDSS contacted the medical examiner's office regarding the autopsy results. SCDSS was informed the cause of death had not yet been determined pending tests results. The hospital physician told SCDSS it was probably a "SIDS" death. SCDSS spoke with EMS, 1st responders and several other collateral contacts. The information from these interviews did not identify any concern of the parents care of the subject child or other siblings in the home. SCDSS learned the father of the 6 yr. old was incarcerated and met with him in jail. He had no concerns about the care of his on. SCDSS attempted to locate the father of the 3 yr. old sibling based on information obtained during the investigation but was unable to find him. Throughout the investigation SCDSS maintained regular contact with the family and checked on their well-being. SCDSS repeatedly offered to arrange grief counseling for the family throughout the case and at the time of the case closing. The family refused.

On June 18, 2015 SCDSS determined the report to be unfounded. The determination included an investigative summary of the actions taken by SCDSS. SCDSS took the information learned during the investigation and evaluated it in relation to 13-OCFS-LCM-01. SCDSS analyzed all 7 factors to be considered in situations of bed sharing and found none to justify an indication. The determination also noted the 3 elements referenced in the ADM that are necessary for an indication were reviewed and not found to be present in this case. SCDSS found the father did not fail to exercise a minimum degree of care in providing supervision and guardianship resulting in the death of his child.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

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: SCDSS and law enforcement worked collaboratively during the investigation. The case was reviewed at a MDT meeting where pertinent information was shared and next steps discussed.

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

Comments: The Schenectady County MDT reviewed this case on 5/13/15.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
018601 - Deceased Child, , 3 Mons	018602 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
018601 - Deceased Child, , 3 Mons	018602 - Father, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities



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	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input 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



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	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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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	Needed but 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? N/A

Explain:
The father had the support of other family members and no immediate needs were identified which required the provision of services. v

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

Explain:
No immediate services needs were identified.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? 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 neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

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

There is no prior CPS history on the father of the subject child. There is a prior report involving the mother of the subject child. The report was dated 8/19/10 and alleged L/B/W and I.G. against the mother regarding her then 2yr.old son. The report was unfounded on 11/15/10.

Known CPS History Outside of NYS

There is no known out of state CPS history.

Services Open at the Time of the Fatality**Required Action(s)**

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

- Yes
- No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

- Yes
- No

Foster Care Placement History



There is no record of foster care placement history provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

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

Action:	<p>SCDSS took steps to locate the fathers of the two half-siblings residing in the home. SCDSS was able to located the father in jail and interviewed him. The father's name was not added to the report or notification sent to him. Attempts to locate the other father were unsuccessful.</p> <p>It should be noted that SCDSS did a through and complete investigation of this report. Interviews with numerous collateral contacts were completed and the documentation reflects excellent caseworker practice in the quality of the interviews.</p>
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Are there any recommended prevention activities resulting from the review? Yes No