



**Report Identification Number: BU-17-007**

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

**Issue Date: Sep 15, 2017**

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		
<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
CPR-Cardiopulmonary Resuscitation		
<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



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** Erie  
**Gender:** Female

**Date of Death:** 03/01/2017  
**Initial Date OCFS Notified:** 03/16/2017

## Presenting Information

On 3/1/17, BM and BF were co-sleeping with SC and woke to find her blue in color and not breathing. EMS was contacted and SC was pronounced dead on arrival. The cause of death was determined as asphyxiation due to sleeping face down in an adult bed. SC had no visible injuries.

## Executive Summary

Erie County Department of Social Services (ECDSS) first became involved with the family due to a report made on 2/10/17 that alleged IG against BM and BF of their 4-month-old daughter (SC), because of a DV incident that took place while the child was home. As a result of this incident, a stay away OP was issued against the BF in protection of BM.

During this investigation, on 3/16/17, CW learned from BM that SC died on 3/1/17. CW made an appointment to meet with BM on 3/17/17 to discuss the circumstances surrounding SC's death, which BM failed to show for. The SCR received a report on 3/22/17 alleging IG and DOA/Fatality against BM and BF of the 4-month-old SC. CW met with BM on 3/23/17.

On 2/28/17, BM and BF were sober and put SC to sleep around 11PM. SC was placed on her back in a co-sleeper that was in BM and BF's bed. BM was aware that SC had scooped out of the co-sleeper in the past. On 3/1/17, BM awoke around 4AM and discovered the SC had rolled out of the co-sleeper and was under the parents' blankets. SC was cold and blue. The ME reported the cause of death was asphyxiation due to facedown position of SC on an adult bed. There were no surviving siblings or other children involved in this case. BM and BF denied use of drugs or alcohol.

CWs worked with LE on this investigation and took pictures of the bed and the positioning of the co-sleeper. No criminal charges were filed against the parents. ECDSS interviewed several collateral contacts such as LE, EMS, FD, medical staff and relatives. Bereavement counseling was offered to both parents, which they declined. ECDSS substantiated the allegation of IG against both parents for violating the OP issued after the DV incident. ECDSS documentation was not clear how the violation of the order impaired or caused imminent risk of impairment to the child. Further, since the order was on behalf of the BM, she could not be in violation. On further review, ECDSS, acknowledged that the incorrect determination was made against BM and agreed to support amendment of this finding. ECDSS developed an immediate plan to disseminate the portion of the CPS program manual that addresses determinations of domestic violence reports to all staff to review and address the topic in a staff meeting. The DOA/Fatality allegation was unsubstantiated. Parents provided a minimum degree of care for the infant and believed the product claim that the child would be safe if it was used to bedshare. Case was indicated and closed on 5/19/17.

## 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? 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? No

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**  
Casework activity was commensurate with case circumstances.

### 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: 03/01/2017

Time of Death: 05:37 AM

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

County where fatality incident occurred: Erie

Was 911 or local emergency number called? Yes

Time of Call: 04:56 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? 6 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

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	Deceased Child	Alleged Victim	Female	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	19 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)

**LDSS Response**

ECDSS first became involved with this family after an incident of domestic violence reported on 2/10/17. At that time, the mother had locked herself in the bathroom, the father broke down the door and struck her several times in the face. The SC was present in the home at the time, and an OOP was issued excluding the father from the home. BM subsequently allowed the father to return to reside in the home, in violation of the court order.

On the first home visit on 2/10/17, safe sleep was discussed with BM and she was advised of the dangers of co-sleeping. On 2/15/17, CW made another home visit and reviewed safe sleep procedures and advised BM against co-sleeping. BM denied that she co-slept with SC. Several packets were given to BM which included information on safe sleep. CW observed appropriate sleeping arrangements in the home.

On 3/16/17, CW called BM to schedule a home visit and see the child. BM informed CW that SC died on 3/1/17. BM informed CW that she didn't know how SC died and that she was awaiting the autopsy report. CW had a supervisory case conference and was advised to schedule an appointment with BM to review the circumstances around the passing of her child and to offer grief counseling. Several appointments were made to see mother but she broke them for various reasons. CW left a contact card and grief counseling information for BM in an envelope at the home.

On 3/20/17, ME stated SC's preliminary autopsy results show a cause of death was asphyxiation due to facedown position of SC on an adult bed. CW called the detective who had interviewed both parents at the hospital the night of SC's death. Both parents were appropriately upset. The detective's partner was at the family's home and observed the home to be clean and well maintained.

On 3/21/17 a case conference was held with the CW and supervisor. No SCR report had been made at that time as CW had no suspicion of abuse or neglect.

On 3/22/17 an SCR report was made regarding the death of SC.

On 3/23/17 CW interviewed BM. BM put SC to sleep around 11PM, on her back in his co-sleeper which was positioned closest to the wall. BM reported she slept between SC and BF. BM awoke around 4AM and checked on SC and discovered SC was cold and blue. BM reported she called 911. LE, FD, and EMS arrived shortly after and SC was taken to Mercy Hospital. BM admitted that SC had made her way out of the co-sleeper before this incident. The night of SC's death, the following items were found in the bed at the time: one thin quilt/comforter, two pillows, and there was a blanket between the wall and SC's co-sleeper. SC was found out of the co-sleeper and under the parents' blanket.

ECDSS provided both parents with grief counseling information and offered services. BM and BF declined all services.



CW interviewed BM, BF, relatives, several members of the Fire Department, EMS, LE, and contacted a worker from SC's pediatrician's office and reviewed medical records. SC's doctor's office said there was nothing in SC's chart that would've caused SC's death or contributed to it. BM and BF deny using drugs or alcohol the night of SC's death. CW interviewed the PGM who was at the home the night of SC's death, and PGM confirmed the parents were sober. PGM did not have any concerns with BM or BF's care for SC, and reported they were good parents and appropriate from what she saw. CW spoke to a DV advocate to confirm they'd spoken to BM to offer services which they did and BM declined.

ECDSS indicated and closed the report on 5/19/17. The allegation of IG was substantiated against BM and BF. The record did not support the indication and show how the SC was harmed by the violation of the OP. Allegation of DOA/Fatality was unsubstantiated. Parents placed SC to sleep in what they believed was a safe co-sleeping device.

**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:** 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:** ECDSS does not have an OCFS approved Child Fatality Review Team.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
040041 - Deceased Child, Female, 4 Month(s)	039782 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
040041 - Deceased Child, Female, 4 Month(s)	039783 - Father, Male, 19 Year(s)	DOA / Fatality	Unsubstantiated
040041 - Deceased Child, Female, 4 Month(s)	039783 - Father, Male, 19 Year(s)	Inadequate Guardianship	Substantiated
040041 - Deceased Child, Female, 4 Month(s)	039782 - Mother, Female, 18 Year(s)	DOA / Fatality	Unsubstantiated

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input 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.

Have any Orders of Protection been issued? No

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

**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:**

There were no surviving siblings or other children in the home.

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

**Explain:**

Services were offered and family denied any need for services. Family was provided information on grief counseling. Mother was provided information for domestic violence services.

## 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
- 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

Date of	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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SCR Report	Victim(s)	Perpetrator(s)			Issue(s)
02/10/2017	Deceased Child, Female, 4 Months	Mother, Female, 18 Years	Inadequate Guardianship	Indicated	No
	Deceased Child, Female, 4 Months	Father, Male, 19 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

On 2/9/17, BM and BF had a verbal argument and BF punched BM in the face several times, injuring her. This occurred in the home while the SC was home. SC was not harmed.

**Determination:** Indicated**Date of Determination:** 04/25/2017**Basis for Determination:**

BM and BF both admitted to the allegations of the report. BM acted appropriately by seeking a stay away OP from BF, and later, BF failed to adhere to the OP. BM and BF admitted that BF had continued to stay over night at the home while the SC was there. SC died on the night of 3/1/17 while co-sleeping with both parents.

**OCFS Review Results:**

ECDSS contacted collateral contacts such as LE and the District Attorney's office to verify the arrest of BF for the 2/9/17 incident. ECDSS obtained a copy of the stay away OP for their records. LE confirmed that BF was home the night of SC's death.

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

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

**Known CPS History Outside of NYS**

There is no known CPS history outside of NYS.

**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.

**Casework Contacts**

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



### 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?**

Family Court  Criminal Court  Order of Protection

**Have any Orders of Protection been issued? Yes**

**From:** 02/10/2017

**To:** 08/10/2017

**Explain:**  
This was a full stay away order of protection for the mother against the father due to a physical domestic dispute. It was later changed so that the parents could contact each other to deal with the death of their child.

### Additional Local District Comments

We at the Erie County Department of Social Services (ECDSS) find that the facts as written describe the unfortunate events and the actions taken in response. We are pleased with the collaboration between OCFS and ECDSS and the decision to amend the determination with regard to two of the cases. We have plans to relay to staff the policies and procedures for case circumstances such as these to avoid any future confusion. The reviewer notes concerns regarding a delay in meeting with the father/subject of the report during the February 2017 case. With this regard, we would concur and have reminded staff of the importance of this. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.

### Recommended Action(s)

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

**Action:** The initial report taken on 2/10/17 alleged that father punched mother in the face several times while the child was home. ECDSS did not attempt to make contact with the father until 3/28/17. Father was not interviewed until 4/10/17. Mother did have a stay away order of protection issued for herself from the father, however, it is recommended that ECDSS contact the offending parent earlier on in the investigation. This may help assess whether or not the offender has an alternate place to stay so they may be less likely to immediately return to the home.

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