



## Report Identification Number: SV-24-008

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

Issue Date: May 20, 2024

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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:** 2 month(s)

**Jurisdiction:** Orange  
**Gender:** Male

**Date of Death:** 01/19/2024  
**Initial Date OCFS Notified:** 01/19/2024

## Presenting Information

An SCR report was received on 1/19/24, that alleged the maternal grandmother placed the 2-month-old subject child on a bobby pillow, on the living room floor, where he fell asleep. The maternal grandmother checked on the subject child at 4:30AM and he was not breathing. The maternal grandmother called EMS and they performed CPR on the subject child from the time they arrived at the residence, until the subject child was transported to the hospital. The subject child was pronounced deceased at the hospital at 5:56AM. The subject child had no visible injuries. It was believed the unsafe sleep situation contributed to the subject child's death.

## Executive Summary

Orange County Department of Social Services (OCDSS) received an SCR report on 1/19/24, regarding the death of the 2-month-old male subject child. The SCR report contained allegations of Inadequate Guardianship against the maternal grandmother and maternal aunt, and allegations of DOA/Fatality against the maternal grandmother regarding the subject child. At the time of his death, the subject child resided with his mother, father, maternal aunt, and surviving siblings ages, 4 and 2 years old. The maternal grandparents resided at their respective residence. OCDSS immediately assessed the safety of the surviving siblings and determined they were safe in the family's care.

It was learned that on the evening before the death, the subject had been sleeping in the living room with his maternal aunt. The maternal aunt fed the subject child and placed him on the couch on his bobby pillow around 10:00PM. About a half hour later, the maternal aunt moved him to the floor and again placed him on his bobby pillow. The maternal aunt went to sleep on the couch and awoke to her phone ringing at 4:30AM. The maternal aunt checked on the subject child and noticed he felt cold, and she screamed. The maternal aunt's screams woke the maternal grandmother who attempted CPR while the maternal aunt called 911. Emergency medical services arrived, took over lifesaving efforts, and transported the subject child to the hospital where he was pronounced deceased on 1/19/24 at 5:56AM.

OCDSS received the final autopsy report from the medical examiner's office. The cause of death was listed as Unexplained sudden death (Extrinsic and Intrinsic factors identified) and the manner of death was listed as Undetermined. Initially, the hospital reported concerns for the appearance of the subject child; therefore, law enforcement spoke with the maternal grandmother and maternal aunt extensively. However, after speaking with the medical examiner's office, law enforcement determined they had no concerns regarding the subject child's death.

OCDSS provided the family with bereavement services. The mother initially declined but the father accepted the resources and asked OCDSS to submit a referral. Before the close of the investigation, the provider confirmed they were working with the family. OCDSS provided the family with the resources for burial assistance but noted that the family would not qualify for the service.

OCDSS appropriately unsubstantiated the allegation of Inadequate Guardianship and DOA/Fatality against the maternal grandmother and appropriately substantiated the allegations of Inadequate Guardianship against the maternal aunt for placing the subject child in an unsafe sleep environment.

## 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

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:**  
OCDSS made an appropriate decision to unsubstantiate the allegations of IG and DOA/Fatality against the MGM and substantiate the allegations of IG against the MA based on evidence obtained throughout their investigation. 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: 01/19/2024

Time of Death: 05:56 AM

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

County where fatality incident occurred: Orange

Was 911 or local emergency number called? Yes

Time of Call: 04:30 AM

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs? Unknown

**Child's activity at time of incident:**

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**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	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	No Role	Male	31 Year(s)
Deceased Child's Household	Mother	No Role	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	60 Year(s)
Other Household 1	Grandparent	No Role	Male	65 Year(s)

**LDSS Response**

Upon receipt of the SCR report, OCDSS initiated their investigation within 24 hours and coordinated their efforts with LE. OCDSS contacted the source of the report, reviewed prior CPS history, and notified the DA and ME. OCDSS immediately assessed the surviving siblings to be safe in the home and care of their parents.

OCDSS spoke with the MGM and MA and learned they were watching the CHN while the parents were away. The MGM was with the CHN during the day while the MA was working. She played with the CHN, fed them, and noted nothing was out of the ordinary. When the MA arrived home from work, she assisted the MGM with caring for the CHN. Together, they gave the SC a bath and noted he was laughing and playing. The MGM slept in the parents' bedroom with the 2yo SS in his crib and the 4yo SS in his bedroom. The MA slept in the living room with the SC. After being fed, the SC slept on his boppy pillow on the floor, and the MA slept on the couch. When the MA woke around 4:30AM and felt the SC was cold she contacted 911 while the MGM performed CPR. The MGM and MA went to the hospital with the SC while the SSs went with the MGF to the grandparents' home. The SC was pronounced deceased at the hospital at 5:56AM.

OCDSS attempted to reach the MGF by phone to speak with him about the SCR report and he did not return their phone call. He was not interviewed. OCDSS attempted to interview the 2yo SS and were unable to get any information due to his age and development. OCDSS spoke with the 4yo SS and he was able to identify he was safe at home. He did not provide any information related to the fatality.

Initially, hospital staff reported the SC had a skull fracture on the left side of his head. OCDSS informed LE and they immediately went to the home to speak with the MGM and MA. The MGM and MA were brought into the police station for interviews. The ME determined the SC did not have a skull fracture, that he was positive for several viruses including respiratory and he had inflammation in the lungs. After it was reported to LE the SC did not have a skull fracture, they no



longer planned to proceed with a criminal investigation.

OCDSS spoke with one of the paramedics who reported, when they arrived at the home the SC was unresponsive. Life-saving measures were attempted as the SC was brought to the hospital. The paramedic observed no apparent signs of trauma and observed no marks or bruises.

When the parents returned home from their trip, they were interviewed by OCDSS. They reported as soon as they heard about the SC's death, they made arrangements to return home. They had no concerns for the MGM or MA's care of the CHN. They reported not knowing anything that happened prior to the SC passing away. OCDSS observed a bassinet for the SC in the parents' bedroom.

OCDSS interviewed the family members and assessed the SSs and the home to be safe. OCDSS provided the family with appropriate resources, the safety and risk assessments were completed timely and accurately. In addition, the progress notes were within 30 days after their corresponding event date. OCDSS gathered pertinent information from collaterals such as, LE, the hospital, medical providers, the school, the ME, and first responders.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

**Comments:** OCDSS has an OCFS approved CFRT.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066868 - Deceased Child, Male, 2 Month(s)	066873 - Aunt/Uncle, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
066868 - Deceased Child, Male, 2 Month(s)	066874 - Grandparent, Female, 60 Year(s)	DOA / Fatality	Unsubstantiated
066868 - Deceased Child, Male, 2 Month(s)	066874 - Grandparent, Female, 60 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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"/>

### 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"/>
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### 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 as a result of information uncovered during the fatality 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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"/>





## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment? 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
- Had a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

#### Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none 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)	Status/Outcome	Compliance Issue(s)
07/21/2021	Sibling, Male, 1 Days	Mother, Female, 27 Years	Inadequate Guardianship	Far-Closed	No
	Sibling, Male, 1 Days	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Far-Closed	

#### Report Summary:

An SCR report was received on 7/21/21, that alleged the BM gave birth to the 2yo SS on 7/20/21. The BM tested positive for marijuana at the time of delivery. The 2yo SSs toxicology results were unknown.

#### OCFS Review Results:

OCDSS began their investigation within 24 hours, contacted the source and completed a CPS history review. OCDSS spoke with the hospital to confirm the 2yo SS was safe and gathered information. OCDSS met with the family, assessed the children and the home to be safe, interviewed the parents regarding the allegations and completed FLAG questions, and a plan of safe care. OCDSS discussed safe sleep protocol with the parents. OCDSS brought a professional to the home visit to have the parents assessed for any substance misuse concerns. The progress notes were entered contemporaneously, and the case was closed on timely.

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.



## 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