



Report Identification Number: SV-21-041

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

Issue Date: Mar 28, 2022

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Orange
Gender: Male

Date of Death: 10/01/2021
Initial Date OCFS Notified: 10/02/2021

Presenting Information

An SCR report alleged on 10/1/21, the mother fed the 5-month-old male child, placed him down on a Boppy pillow and left the child unattended for an unknown amount of time to go outside to smoke a cigarette. When the mother returned inside, the child was slumped over in the Boppy and was surrounded by vomit. The child received emergency services for further assistance. When the child arrived at the hospital, he did not have a pulse and was pronounced deceased at 11:31 PM. The father, grandmother, and siblings (aged 5 months, and 3 and 6 years) had unknown roles.

Executive Summary

This fatality report concerns the death of the 5-month-old child that occurred on 10/1/21. The following day, two reports were made to the SCR alleging the mother left the subject child and his twin unsupervised on a bed, laying on Boppy pillows. A short time after, the child was found unresponsive and not breathing and passed away. At the time of his death, the child resided with his parents, maternal uncle, maternal grandmother and siblings, aged 5 months and 3 and 6 years. The siblings were assessed to be safe in the care of the parents.

Orange County Department of Social Services (OCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR reports. The criminal investigation was closed without charges. An autopsy was performed, and the medical examiner listed the cause of death as unexplained sudden death (intrinsic and extrinsic factors identified), and the manner was undetermined.

The parents reported the mother left the twins on an adult sized bed, laying on their Boppy pillows, when she went outside to smoke and talk to the father. A few minutes later, the father discovered the subject child unresponsive and not breathing. The grandmother heard the screaming and began CPR on the child while 911 was called. First responders arrived, took over resuscitation efforts and transported the child to the hospital where he was pronounced deceased. The surviving siblings did not provide additional information.

OCDSS made collateral contacts, including medical personnel, first responders and the pediatrician. Collateral contacts did not have concerns for the surviving children.

OCDSS conducted home visits and interviewed the family. Although the Safety Assessments and required reports were completed timely, the Safety Assessment completed at the time of case closure did not accurately reflect case circumstances. The allegations of Inadequate Guardianship and Lack of Supervision were substantiated against the mother regarding the twins as the mother failed to meet a minimum degree of care by leaving them unsupervised on Boppy pillows. The allegation of DOA/Fatality was unsubstantiated.

The family members were provided with referrals to the Special Assistance Trauma Unit. The father was actively engaged in bereavement services at the time of case closure. The mother attended an appointment, but it remained unknown if she participated thereafter. It remained unknown if the grandmother or siblings engaged in services in response to the death. The case was closed on 12/1/21.

PIP Requirement



OCDSS will submit a PIP to the Westchester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS will review the plan and revise as needed to address ongoing concerns.

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? No

Explain:

The Safety Assessment at the time of case closure was completed inaccurately.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:

At the time of case closure, there was some credible evidence to substantiate the allegation of DOA/Fatality against the mother.

Required Actions Related to the Fatality

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

Issue:	Adequacy of Documentation of Safety Assessments
Summary:	The final Safety Assessment noted the SM was unwilling/unable to supervise the twin adequately; however, this did not reflect case circumstances at the time of completion. The Safety Assessment was completed regarding risk rather than safety.
Legal Reference:	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)



Action: The results of each Safety Assessment must be accurately documented in the case record to reflect case circumstances regarding safety.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/01/2021

Time of Death: 11:31 PM

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

10:15 PM

County where fatality incident occurred:

Orange

Was 911 or local emergency number called?

Yes

Time of Call:

10:19 PM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Sitting

Did child have supervision at time of incident leading to death? No - but needed

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: In another area

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	24 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Father	No Role	Male	26 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	63 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Other Household 1	Other Adult - Father of 3 and 6-year-old siblings	No Role	Male	31 Year(s)



LDSS Response

On 10/2/21, OCDSS received the fatality reports from the SCR. Within the first 24 hours of the investigation, sources of the reports were contacted, and the medical examiner and district attorney's offices were made aware of the death. Additionally, a home visit was made, the siblings were assessed to be safe, and a CPS history check was completed.

A home visit was made, and the parents and grandmother were interviewed. The mother stated on the day of the child's death, he acted normally throughout the day. The grandmother watched the child for a few hours while the parents went out to dinner. The parents returned and the mother fed the twins and placed them on Boppy pillows on top of her bed. Between 10:00 PM- 10:30 PM, the mother went to smoke in the garage, where the father was, leaving the children unattended. The mother was outside smoking for approximately 10 minutes. The parents went inside, and the mother heard the father screaming. The child was lifeless, blue in color and not breathing. The grandmother performed CPR while the mother called 911.

The father recalled he was in the garage working and went inside and found the child sprawled out, face-down on the bed. The child had vomited and appeared lifeless. The father picked the child up and shouted for help.

The grandmother corroborated the parents' recollection of the fatal incident and did not have additional information. Additionally, the surviving siblings did not provide additional information regarding the death. The maternal uncle was in his room at the time of the fatal incident and saw the grandmother performing CPR. He did not have concerns for the care of the children.

Collateral contacts were made with law enforcement, the hospital, the pediatrician, medical examiner, the father of the 3 and 6-year-old siblings, and the family's mental health service provider. No concerns for the surviving children were revealed. Records obtained from the hospital noted the parents were provided safe sleep information at the time of the twins' birth.

After all required casework activity was completed and the children were assessed to be safe, the case was closed as the family did not require any further intervention from OCDSS.

Official Manner and Cause of Death

Official Manner: Undetermined

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

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

Comments: The death was referred to an OCFS-approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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059761 - Deceased Child, Male, 5 Mons	059763 - Mother, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated
059761 - Deceased Child, Male, 5 Mons	059763 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
059761 - Deceased Child, Male, 5 Mons	059763 - Mother, Female, 29 Year(s)	Lack of Supervision	Substantiated
059762 - Sibling, Male, 5 Month(s)	059763 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
059762 - Sibling, Male, 5 Month(s)	059763 - Mother, Female, 29 Year(s)	Lack of Supervision	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The father of the 3 and 6-year-old siblings was not interviewed face-to-face as he was unavailable.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

The surviving children did not need to be removed as a result of the fatality investigation.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The mother was offered a substance abuse referral as she and the twins tested positive for marijuana at the time of birth.

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? Unable to Determine

Explain:

OCDSS provided the family with referrals for bereavement services; however, it remained unknown if the children were engaged in services.

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

Explain:

The parents and grandmother were offered bereavement services. The father was actively involved in counseling at the time of case closure; however, the mother had only attended one appointment. The grandmother was not engaged in services. The family was offered funeral assistance; however, it remained unknown if the service was utilized.

History Prior to the Fatality

Child Information



Did the child have a history of alleged child abuse/maltreatment? Yes
 Was the child ever placed outside of the home prior to the death? No
 Were there any siblings ever placed outside of the home prior to this child's death? No
 Was the child acutely ill during the two weeks before death? No

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 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)	Status/Outcome	Compliance Issue(s)
04/20/2021	Deceased Child, Male, 1 Days	Mother, Female, 29 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child, Male, 1 Days	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Sibling, Male, 1 Days	Mother, Female, 29 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Male, 1 Days	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Far-Closed	

Report Summary:

An SCR report alleged the mother gave birth to twin boys on 4/19/21. At the time of delivery, the mother and both twins tested positive for marijuana. The mother admitted to using marijuana throughout her pregnancy. The roles of the father and siblings (aged 3 and 6 years) were unknown.

OCFS Review Results:

The case was initiated timely, a CPS history check was documented, and the source of the report was contacted. The allegations were addressed with the mother. A Plan of Safe Care was completed and a CASAC referral was made. Safe sleeping environments were observed, and safe sleeping literature was provided to the grandmother. The 7-day Safety Assessment was completed with accuracy.

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

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

04/10/17- 06/26/17 A FAR case had allegations of IG and LMC against the mother and father of the siblings regarding the 6-year-old sibling. Another adult had the allegation of IG regarding the 6-year-old sibling.



09/05/18- 12/05/18 A FAR case had allegations of IG and PD/AM against another adult and the mother regarding the siblings.

Known CPS History Outside of NYS

There was no known history outside of New York.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity.

Recommended Action(s)

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

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