



Report Identification Number: NY-17-012

Prepared by: New York City Regional Office

Issue Date: Aug 14, 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

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		
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-Cardiopulmonary 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	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



Case Information

Report Type: Child Deceased
Age: 12 day(s)

Jurisdiction: Richmond
Gender: Male

Date of Death: 01/29/2017
Initial Date OCFS Notified: 01/31/2017

Presenting Information

The OCFS-Form-7065 stated that the infant was born in January 2017 without a heartbeat and it took 25 minutes to get a heartbeat. The infant suffered from a lack of oxygen and received medical care to preserve brain function immediately after his birth. The infant remained in the hospital until his death on 1/29/17. He was born full term at 39.4 weeks. During childbirth, the BM and infant were doing well, until the infant's heart rate decreased prompting an emergency birth delivery.

Executive Summary

This medically fragile newborn infant died on 1/29/17. The infant was pronounced dead by the Staten Island University Hospital attending physician. The infant's death was not referred to the ME for an autopsy. ACS did not obtain official records to verify the cause and manner of death.

The family had an open Child Protective investigation that began on 1/19/17. ACS initiated the investigation and found that following the infant's birth in January 2017, he was diagnosed with a serious medical condition described as a lack of oxygen. He remained hospitalized until he was pronounced dead on 1/29/17. The infant was never released to the parents' care.

ACS submitted to NYCRO the completed OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive cases. ACS submitted the OCFS Form-7065 to NYCRO within the required 72 hours of notification of the infant's death. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006. ACS included the information in the open 1/19/17 investigation for further exploration.

During the 1/19/17 investigation, ACS verified that at the time of the infant's birth, the BM tested positive for marijuana. The BM admittedly used marijuana while she was breastfeeding the sibling. The BF had a history of marijuana misuse. ACS opened the Family Services Stage of the case on 2/6/17. The goal of the service plan was to prevent the surviving children, 1-year-old sibling and 6-year-old half-sibling, from future abuse/maltreatment. ACS filed an Article Ten Neglect petition in the Richmond County Family Court (RCFC) naming the BM as the respondent. The Family Court Legal Services determined there was not enough information to add the BF as a respondent. The judge released the sibling and half-sibling to the parents with COS. The conditions were: the parents must refrain from child abuse/maltreatment, remain drug/alcohol free, complete Credentialed Alcohol and Substance Abuse Counselor (CASAC) assessments and comply with recommendations, cooperate with ACS supervision, and allow unrestricted access to the home. ACS was required to make efforts to visit the half-sibling at home and not in school.

The parents were involved in service planning and implementation. The ACS findings showed the BF tested positive for marijuana on 2/7/17. ACS staff attempted to monitor the family through biweekly visits, offer referrals for drug treatment and bereavement services, and provide casework counseling. ACS efforts were unsuccessful because the parents did not comply with the home visits and the referral for services plan. The parents did make themselves available for PPRS and case management services. The parents said they did not want ACS involvement with the family; however, the parents completed a three-day CACAC assessment in March 2017, the BM was not recommended to complete a drug program, but the BF was advised to enroll in a program as he had disclosed his marijuana misuse. The BF refused to enroll in the



program as recommended.

Between March 2017 and July 2017, ACS maintained communication with the family through telephone contacts and home visits. During the home visits, the parents refused ACS referral for Early Intervention for the sibling. The parents did not follow up with ACS referrals for drug screening although they had expressed their agreement to complete drug tests. The Specialist observed and engaged the sibling and half-sibling and found they did not have marks or bruises. The family had adequate food items and other supplies, and the home conditions were satisfactory. During the 7/13/17 home visit, the BM expressed her willingness to an accept adjournment in contemplation of dismissal of the existing Family Court case.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

N/A

Was the decision to close the case appropriate? N/A

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

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

Explain:

N/A

Required Actions Related to the Fatality

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

Issue:	Required data and official documents
Summary:	ACS did not obtain official documents to verify the cause and manner and the official who pronounced the infant dead. The ACS case record did not include details pertaining to the half-siblings' custody.
Legal Reference:	428.3(b)(2)(i)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was



discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/29/2017

Time of Death: 12:37 AM

County where fatality incident occurred:

Richmond

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

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

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

Is the caretaker listed in the Household Composition? No

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	No Role	Male	12 Day(s)
Deceased Child's Household	Father	No Role	Male	31 Year(s)
Deceased Child's Household	Mother	No Role	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)

LDSS Response

ACS made telephone contact with the BM on 1/31/17. ACS offered support and discussed burial plans and bereavement counseling. The BM agreed to participate in counseling services. ACS staff observed and engaged household members in the home on 2/1/17. During the home visit, the parents revealed that the infant's burial service was scheduled for 2/3/17, and the infant's body would be cremated. ACS staff repeated the offer for PPRS and explained the benefits of preventive services. The parents agreed to accept services and to participate in drug screening and the scheduled child safety conference. The BF informed ACS staff that he had the custody documents for the half-sibling. The ACS case record did



not reflect whether ACS staff observed the custody documents. ACS staff initiated an interview with the half-sibling. The staff was discussing previous family history when the BF interrupted the conversation. The BF expressed disagreement as ACS staff had engaged the half-sibling in a discussion about the BF's previous relationship with the half-sibling's mother.

Following the Article Ten Neglect petition hearing that was filed in the RCFC, ACS held an Initial Child Safety Conference (ICSC) on 2/8/17. The parents participated in the ICSC by telephone. The participants discussed the parents' history of marijuana use; history of DV that had occurred with the mother of the half sibling, recent DV incident in the BM and BF's relationship, and non-compliance with scheduled drug screening. ACS assessed the family strengths were: the ongoing support from the maternal and paternal grandparents, the parents' maintenance of the surviving children's immunization schedules, and the parents' employment status.

ACS obtained the results of the BF's drug test on 2/15/17. The results showed the BF tested positive for marijuana. ACS made several attempts to visit the home. The efforts were unsuccessful because the parents did not allow ACS staff to enter the home. The BM brought the sibling and half-sibling to the ACS office on 2/22/17. During the 2/22/17 visit, the staff advised the BM that ACS would seek an order to allow the agency to visit the home and children. The staff reminded the BM of the scheduled date and parent's need to attend the RCFC hearing.

The Child Protective Services team and Family Court Legal Services attorney discussed the attempts to make home visits to observe the surviving children, home conditions, and the BF's marijuana test results. On 2/23/17, ACS filed an order to show cause in the RCFC, and the judge granted the permission to see the children. The parents were not in attendance. During a 2/27/17 hearing, the judge directed the parents to make the children available to ACS as needed. The parents said they did not want PPRS. The judge consented to random drug tests to observe levels of drug use, but denied ACS request for PPRS.

ACS staff observed and engaged the BM, sibling and half sibling in the home on 3/8/17. The BM said the family had been receiving counseling through a religious organization. She provided documents verifying completion the parents' substance abuse assessments. On 3/13/17, ACS interviewed the drug treatment program staff who said the parents completed a three-day drug assessment program. The BF had negative toxicology but he reported he had used drugs within 30 days prior to the dates of assessment, and it was recommended that he receive drug treatment. The BF declined treatment and he stressed he did not need the program.

ACS staff contacted the Dr.'s office and interviewed staff who said the sibling and half-sibling had examinations for well-child visits on 8/23/16 and for illness on 2/6/17, their immunizations were up-to-date, and there were no medical concerns. The Specialist interviewed the PGM who described the BM and BF as great parents. The PGM denied having knowledge of DV, and alcohol/drug use in the home.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

Comments: There is no OCFS approved Child Fatality Review Team in the New York City region.

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"/>
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"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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: N/A				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
02/07/2017	There was not a fact finding	There was not a disposition
Respondent:	039550 Mother Female 34 Year(s)	
Comments:	<p>ACS filed an Article Ten Neglect petition in the RCFC on behalf of the surviving children on 2/7/17. The judge released the surviving children to the parents care with Court Ordered Supervision. The conditions included: family participation in PPRS, Early Intervention evaluation for the sibling, evaluation and bereavement counseling for the half-sibling; bereavement referral for the parents, drug testing and DV assessment and follow up with recommended services.</p> <p>The parents agreed to the service plan but did not comply with the directives. During a 2/27/17 court hearing, the parents said they did not want PPRS as they said they would seek counseling elsewhere. The judge accepted the parents' request to seek counseling on their own, and denied ACS request for PPRS. The court consented to random drug testing to assess levels of drug use. The family was offered an adjournment in contemplation of dismissal (ACD). During the 7/11/17 hearing the court was unable to explore the ACD as one of the attorneys was absent.</p>	

Services Provided to the Family in Response to the Fatality

Services	Provided After	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to
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	Death	Refused	if Used	Offered	Unavailable		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 half-sibling received counseling in school. The family refused PPRS and opted to seek counseling through a religious organization.

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? Yes

Explain:

The half-sibling received counseling in school.

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

Explain:

The parents completed substance abuse assessments, drug treatment was recommended for the BF; however, he refused the offer for 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? No
 Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- | | |
|--|---|
| <input type="checkbox"/> Had medical complications / infections
<input type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input checked="" type="checkbox"/> Used illicit drugs |
|--|---|

Infant was born:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Drug exposed
<input type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> With fetal alcohol effects or syndrome |
|---|---|

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)
01/19/2017	Sibling, Female, 1 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	Deceased Child, Male, 2 Days	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 6 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 1 Years	Father, Male, 34 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 1 Years	Father, Male, 34 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 6 Years	Father, Male, 34 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 6 Years	Father, Male, 34 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 6 Years	Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 2 Days	Mother, Female, 31 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 1 Years	Mother, Female, 31 Years	Inadequate Guardianship	Indicated	

Report Summary:

The 1/19/17 SCR report alleged the BM gave birth to the infant in January 2017, and at the time of birth tested positive for marijuana. The report also alleged the BF and additional children had unknown roles.

Determination: Indicated

Date of Determination: 03/19/2017

Basis for Determination:

ACS substantiated the allegations of IG and PD/AM of the three children by the BM, and IG and PD/AM of the sibling and half-sibling by the BF. ACS noted that the BM tested positive for marijuana upon giving birth to the infant in



January 2017 and she smoked marijuana while breast feeding the sibling. The infant had a positive toxicology for marijuana. The parents completed a substance abuse assessment in March 2017 and it was recommended that the BF attend a substance abuse program but the BF declined. The BM did not provide the children with proper supervision or guardianship by misusing a drug and not participating in a rehabilitative program. The BF was aware of the BM's drug use.

OCFS Review Results:

ACS staff visited the hospital, observed the infant, and interviewed medical staff on 1/19/17. ACS verified the infant was sedated and on a ventilator, the BM tested positive for marijuana at the time she gave birth to the infant. The infant tested positive for marijuana and he was diagnosed with health conditions that were not related to the BM's marijuana use. He was not expected to survive. ACS staff engaged the BM, BF and surviving children, assessed the home, and noted that the children received adequate care. The BM and BF denied there was DV in their relationship. ACS did not appropriately assess the impact of the parent's drug use on the care they provided the children.

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

Issue:

Appropriate Application of Legal Standards (Abuse/Maltreatment)

Summary:

ACS did not appropriately apply the standards of abuse/maltreatment to the case circumstances. ACS substantiated all the allegations pertaining to the infant and surviving children; however, in the Investigation Progress Notes, ACS noted that the infant was never in the parents' care, ACS staff had observed the home conditions were satisfactory and the surviving children received adequate care.

Legal Reference:

SSL 412(1) and 412(2)

Action:

ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

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

The BM was not know to the SCR or ACS more than three years prior to the fatality. The BF was known in two reports dated 7/28/11 and 3/21/13.

The allegations of the 7/28/11 report were IG and PD/AM of the deceased infant's half-sibling and the half-sibling's brother by the BF. On 9/27/11, ACS substantiated the allegations of the report on the basis that the BF admitted he smoked marijuana often and the half-sibling's brother was aware of DV incidents that had occurred in the home. The children, accompanied by their mother, relocated to a DV shelter: the BF was arrested, and an order of protection was issued from criminal court. ACS referred the family to Community Based Services.

The allegation of the 3/21/13 report was IG of the half-sibling and her brother by the BF. On 3/25/13, ACS opened the Family Services Stage and provided the family with preventive services. On 5/3/13, ACS substantiated the allegation of the report on the basis that the half-sibling's brother observed the BF hit the mother.

Known CPS History Outside of NYS

There was no known 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

As a result of the 3/21/13 investigation, ACS found that despite the existence of an order of protection, the BF had continued to hit the half-sibling's mother. ACS opened the FSS on 3/25/13 to provided the family with preventive services. ACS transported the subject children and their mother from the home to a secure residence. On 3/28/13, ACS noted that this mother took her children out of New York State to escape from DV. ACS conducted a telephone interview with this mother on 4/5/13. ACS verified this mother and children had continued to reside out of New York State.

According to the ACS case record, the BF denied he hit the subject children's mother. ACS referred him for drug screening on 4/6/13. He did not complete the drug screening although he had accepted the referral. ACS closed the FSS on 5/1/13, citing that the family moved out of jurisdiction.

Casework Contacts

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