



Report Identification Number: NY-17-022

Prepared by: New York City Regional Office

Issue Date: Aug 22, 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: 11 day(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 02/25/2017
Initial Date OCFS Notified: 02/27/2017

Presenting Information

The 2/27/17 report alleged in February 2017 the SC was born at 25 weeks gestation. The SC was extremely premature and was on life support. The SC died on 2/25/17. The SM had a history of abusing drugs and she had a positive toxicology for marijuana and opiates upon delivery of the SC. The official cause of death was unknown. The aunt and other two children had unknown roles.

Executive Summary

The 11-day-old male subject child(SC) died on 2/25/17. According to the ACS case record, the SM declined an autopsy. ACS documented that the Death Certificate of the SC was observed on 4/6/17 and the manner of death was listed as natural.

ACS received a report regarding the family on 2/15/17. The report alleged the SC was born at 25 weeks gestation and was placed on an oxylator. On 2/25/17, ACS was in the process of investigating the 2/15/17 report when the agency learned of the SC's death. The allegations of the 2/25/17 report were DOA/Fatality and IG of the SC, EdN of the 9-year-old half-sibling, and PD/AM of the SC and two surviving half-siblings by the SM.

During the investigation, the ACS Specialist contacted LE, school officials, Dr., ACS Family Court Legal Services (FCLS), SM and BF. ACS convened an Initial Child Safety Conference (ICSC) in February 2017. ACS attempted to file an Article Ten Neglect petition on behalf of the half-siblings through the Kings County Family Court (KCFC). ACS requested COS for the SM. During the ICSC it was determined that the SM would submit to a random drug screen, participate in a substance abuse assessment and comply with drug treatment services, if recommended. ACS determined that the SM would ensure that the 9-year-old half-sibling attended school consistently and receive individual and family therapy. ACS determined that a crib was needed for the 10-month-old half-sibling.

ACS contacted LE on 2/27/17 and learned there was no evidence of criminality. The ACS Specialist contacted the Investigative Consultant and learned that there were no domestic incident reports involving the family.

On 2/27/17, ACS made face-to-face contact with the SM and BF. ACS documented that the SM blamed herself for the medical condition of the SC. The SM had tested positive for opiates. During the ACS interview, the SM denied use of opiates for recreational use. ACS learned that the SC tested negative for all illicit drugs. The BF reported he had no knowledge of SM's marijuana use while she was pregnant.

ACS contacted the 9-year-old half-sibling school and learned that his school attendance reflected excessive absenteeism and lateness. ACS consulted FCLS on 2/17/17; the filing of the Article Ten Neglect case against SM was deferred until 3/16/17, pending reports of the SM's compliance with the service plan and 9-year-old half-sibling school attendance. ACS returned to KCFC on 3/16/17, and met with the FCLS supervisor. FCLS learned that the half-sibling's school attendance had improved and the SM was enrolled in individual bereavement counseling, random drug testing and drug treatment services. FCLS concluded that there was insufficient evidence to file a neglect petition against the SM. The SM accepted a referral for PPRS.

On 3/22/17, ACS conducted a joint home visit to the family's home and discussed preventive services with the SM. The



SM accepted services for the 9-year-old half-sibling to address his behavioral problems at school.

On 5/4/17, ACS unsubstantiated the allegations of DOA/Fatality, IG and PD/AM of the SC by the SM on the basis that the SC had medical problems due to his premature weight and breathing issues. The SC never left the hospital and was later pronounced dead at the Kings County Hospital. Moreover, the SC was not born with a positive toxicology. ACS substantiated the allegations of PD/AM of the two surviving half-siblings and EdN of the 9-year-old half-sibling by the SM on the basis that the SM tested positive for marijuana, which had an impact on the half-sibling (age 9) educational needs. The SM's random drug test administered by the outpatient clinic was positive for marijuana on 2/22/17 and 3/8/17.

As of 8/8/17, the Family Services Stage remains open for PPRS.

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? 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:

As of 8/8/17, the case remained opened for PPRS.

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: 02/25/2017

Time of Death: Unknown

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

10:25 PM

County where fatality incident occurred:

Kings

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: The SC was in the hospital.

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	Alleged Victim	Male	11 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Other Child - Half Sibling	Alleged Victim	Male	9 Year(s)
Deceased Child's Household	Other Child - Half Sibling	Alleged Victim	Male	10 Month(s)

LDSS Response

ACS contacted the Kings County Hospital's Social Worker on 2/27/17 and learned the SC died on 02/25/17. The SM disclosed she had previously lived in Louisiana (dates were unknown); therefore, On 2/27/17 ACS requested a child welfare history check from the Louisiana Department of Social Services (LDSS). On 3/1/17, the ACS Specialist learned that the SM did not have any child welfare history in the state of Louisiana.

On 2/27/17 CPS contacted the ACS Medical and Mental Health Consultant regarding the SC's medical concerns and SM's mental health. The consultant recommended that the ACS Specialist offer the family services.

On 2/27/17, ACS visited the case address and interviewed the SM, BF, MGM, and 9-year-old half sibling.

On 2/28/17, ACS contacted the SM's prenatal clinic to inquire about the SM's prenatal care with the SC.

On 3/6/17, ACS contacted the Substance Abuse consultant and learned that the SM attended her intake appointment with



the New Directions substance abuse agency.

On 3/7/17, ACS spoke to the SM about burial services, and learned that NYC Human Resources Administration was covering the burial expenses. On 3/11/17, ACS learned that the SC's funeral was held.

On 3/9/17 ACS contacted the Boys Town New York, Inc. preventive agency to inquire about preventive services for the family.

On 3/15/17, ACS submitted a request for a crib for the 10-month-old half-sibling. ACS followed up with the family and observed the crib in the family's home.

On 3/16/17, ACS met with the FCLS attorney to discuss the filing of the Article Ten Neglect petition on behalf of the half-siblings against the SM. FCLS notified ACS that based on the evidence ACS provided there was no basis to file an Article Ten Neglect petition. FCLS added that the 9-year-old half-sibling's attendance improved and he had not missed school in the last 30 days. The SM was enrolled in substance abuse treatment with random drug screens that revealed declining levels.

ACS conducted a joint home visit with the Boys Town New York, Inc. preventive agency. The SM accepted services which included, case management, parenting and mental health services on 3/22/17. ACS visited the home and observed the SC's Death Certificate on 4/6/17. The Specialist observed the two half-siblings and found they did not have marks or bruises. The Specialist observed there were no safety hazards in the home.

On 4/20/17, the Specialist documented face-to-face contact with Kings County Hospital staff to obtain the SC's medical assessment.

On 4/25/17, the Specialist documented that the SM was scheduled to attend a bereavement support group at the Hope Christian Center. ACS received information from the New Directions agency, confirming the SM's attendance and negative toxicology reports.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

Comments: The investigation adhered to previously approved protocols for joint investigation.

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

Comments: There is no OCFS approved Child Fatality Review Team in NYC.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
039825 - Deceased Child, Male, 11 Days	039826 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated



039825 - Deceased Child, Male, 11 Days	039826 - Mother, Female, 31 Year(s)	DOA / Fatality	Unsubstantiated
039825 - Deceased Child, Male, 11 Days	039826 - Mother, Female, 31 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
039831 - Other Child - Half Sibling, Male, 9 Year(s)	039826 - Mother, Female, 31 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
039831 - Other Child - Half Sibling, Male, 9 Year(s)	039826 - Mother, Female, 31 Year(s)	Educational Neglect	Substantiated
039832 - Other Child - Half Sibling, Male, 10 Month(s)	039826 - Mother, Female, 31 Year(s)	Parents Drug / Alcohol Misuse	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACS did not comply with timeliness and content requirements for progress notes. A progress note with an event date of 3/16/17 was entered on 4/20/17 (completed after 30 days and was not timely).

Fatality Safety Assessment Activities

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



At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input 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:
ACS did not remove the half-siblings from the home.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality



Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" 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 checked="" 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"/>				
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"/>				
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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input checked="" 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:

ACS referred the family for PPRS.

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 two half-siblings received bereavement counseling and PPRS through the Boys Town New York, Inc. agency to support their well-being in response to the fatality.

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

Explain:
The SM was referred to parenting, PPRS through the Boys Town New York, Inc. preventive agency and New Directions substance abuse program to address her immediate needs related to the fatality.

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 type="checkbox"/> Drug exposed
<input checked="" 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)
02/15/2017	Deceased Child, Male, 11 Days	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	Yes
	Other Child - Half Sibling, Male, 9 Years	Mother, Female, 31 Years	Educational Neglect	Indicated	
	Other Child - Half Sibling, Male, 10 Months	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	Other Child - Half Sibling, Male, 9 Years	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

The SM gave birth to a new born infant in February 2017. The SM tested positive for unknown opiates and marijuana at the time of the new born infant's birth. The new born infant was born at 25 weeks gestation, his birth weight was premature. The roles of the BF, and 10-month-old and 9-year-old half siblings were unknown.

Determination: Indicated	Date of Determination: 04/08/2017
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Basis for Determination:

ACS substantiated the allegation of PD/AM of the SC and two half-siblings on the basis that the SM tested positive for marijuana when she gave birth to the SC. ACS added that the SM's marijuana use had a negative impact on the educational needs of the 9-year-old half-sibling. The SM submitted to random drug screening on 2/22/17 and 3/8/17 and the results were positive for marijuana.

ACS substantiated the allegation of EdN of the 9-year-old half-sibling as the half-sibling had 47 instances of lateness and 17 absences. There were concerns about the SM's marijuana use affected her ability to meet the educational needs of this half-sibling.

OCFS Review Results:

The 2/15/17 report reflected supervisor directives and consultation. There were several directives within the investigation



that was not completed. The ACS supervisor directed the CPS Specialist to obtain the medical information for all CHN in the household. There was no indication in the ACS progress notes that the Specialist contacted the Dr. to obtain medical history. The Specialist obtained the immunization history of the CHN and found that the CHN's immunizations were not up to date. The Specialist did not document any follow up with the CHN immunizations. The SC was never in the SM's care. ACS did not discuss the impact of the SM's drug use on the care she provided the SC.

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

Issue:
Adequacy of Progress Notes

Summary:
ACS did not comply with timeliness and content requirements for progress notes. Progress notes were completed after 30 days. An event occurred on 2/17/17 but the progress note was not entered until 4/7/17.

Legal Reference:
18 NYCRR 428.5

Action:
ACS must submit a PIP within 45 days that identifies the action the agency will take or took 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.

Issue:
Appropriateness of allegation determination

Summary:
ACS substantiated the allegation of PD/AM of the SC and half-siblings by the SM in the 2/15/17 investigation; however, in the 2/27/17 investigation, ACS unsubstantiated the allegation of PD/AM of the SC by the SM. ACS did not provide information to justify whether the SM's drug use had a negative impact on the care she provided the SC and 10-month-old child.

Legal Reference:
18 NYCRR 432.2(b)(3)(iii)(c)

Action:
ACS must submit a PIP within 45 days that identifies the action the agency will take or took 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 SM had a prior Court Ordered Investigation (COI) by ACS dated 3/27/07. The SM had petitioned the court for custody of her brother. The SM reported that her mother was not active in her brother's life since her father passed away in 1999. The SM was awarded a temporary order of custody. ACS closed the case on 6/29/07.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 02/15/2017

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes



Date the Child Protective Services case was opened: 02/15/2017

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

Preventive services was provided by the Boys Town, Inc. agency.

Required Action(s)

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

Yes No

Preventive Services History

The SM was referred and participated in a substance abuse treatment program at the New Direction agency. The SM started the substance abuse program on 3/1/17. The family was referred for PPRS services with the Boys Town New York, Inc. agency A joint home visit was arranged on 3/22/17 to discuss services to address concerns with substance use, coping with SC's death and 9-year-old half sibling's behavior.

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 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? There was no legal activity



Additional Local District Comments

There are no additional local district comments.

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