



Report Identification Number: NY-18-057

Prepared by: New York City Regional Office

Issue Date: Oct 17, 2018

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		



Case Information

Report Type: Child Deceased
Age: 24 day(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 05/06/2018
Initial Date OCFS Notified: 06/04/2018

Presenting Information

The OCFS Form-7065 stated that in April 2018, the infant was born prematurely at 27 weeks gestation and was diagnosed with a medical condition. The infant died of natural causes on 5/6/18.

Executive Summary

The newborn infant died on 5/6/18. The infant was in the hospital at the time of death and he was pronounced dead by an attending physician. NYCRO received a copy of the Certificate of Death that stated the infant's death was due entirely to natural causes. The death was not referred to the ME; however, the BM requested an autopsy. The ACS case record did not specify whether the autopsy was completed.

At the time of the infant's death, ACS was in the process of investigating a SCR report that was dated 4/13/18. The 4/13/18 report alleged the BM tested positive for marijuana at the time of the infant's birth. ACS initiated an investigation of the 4/13/18 report and found that following birth, the infant had remained hospitalized for treatment of multiple medical conditions. On 5/3/18, ACS opened a preventive services case to monitor the infant's medical conditions, address the BM's marijuana misuse and provide support to the family. The preventive services case was open when ACS learned of the infant's death.

ACS findings revealed the infant was born prematurely at 27 weeks gestation. At birth the infant tested negative for substances although the BM tested positive for marijuana use. The infant was intubated and received medical treatment in the hospital neo-natal intensive care unit. Initially, he was expected to remain hospitalized for approximately two months until ready for discharge. On 5/2/18, ACS staff visited the infant in the hospital. ACS verified that the medical staff diagnosed the infant was born with the absence of a major part of his brain. The infant was not expected to survive. He was on a ventilator, received feeding through a device, and his vital signs were stable. On 5/7/18, ACS staff interviewed an attending physician about the infant's well-being. ACS learned that on 5/6/18, the infant's lungs deteriorated; the infant developed an infection, and as a result he died of natural causes. The BM had visited the infant regularly and participated in discussions about the prognosis.

The ACS case record showed the BM did not receive prenatal care. The BM said she used marijuana for about a 6-year period of time but had stopped using marijuana a few weeks prior to the time she gave birth to the infant. The BM and SS resided in a shelter apartment under the supervision of the New York City Department of Homeless Services (DHS). ACS engaged and interviewed the BM and SS, assessed the home conditions were satisfactory, and there were no safety issues that placed the SS in immediate danger. Regarding the BF, the hospital staff observed he visited the infant and BM in the hospital. The BM said the BF provided support to the family; however, ACS did not include his identifying information in the household composition. The father of the SS provided financial support to the family.

ACS offered the BM case management, drug treatment counseling and referral for bereavement services. The BM refused PPRS but she registered for community based services through the DHS shelter staff. The BF and father of the SS resided in separate respective locations, and ACS did not offer referrals for services to these fathers. There was a history of DV in the BM's relationship with the father of the SS. The BM had allegedly moved into the shelter apartment due to the DV. The BM said she had not been involved with any recent DV incident.

The case remained open for preventive services at the time of issuance of this report.



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:

There were no allegations of abuse/maltreatment concerning the infant's death.

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:

The case remained open for preventive services at the time of issuance of this fatality report.

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: 05/06/2018

Time of Death: 12:05 AM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? No

Did EMS 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:

- | | | |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |



Other: Hospitalized

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

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	24 Day(s)
Deceased Child's Household	Mother	No Role	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)

LDSS Response

ACS Specialist contacted the BM and expressed empathy concerning the loss of the infant on 5/7/18. The BM said she delayed burial arrangements as she had requested an autopsy for the infant. ACS discussed the BF and SS' responses to the loss, and the BM said the BF was upset while the SS was not yet aware of the death. The BM said she would contact ACS if she needed assistance.

The Specialist visited the school staff on 5/8/18 and discussed the SS' attendance and academic performance. The Specialist learned there were no current concerns as the BM had been addressing the previous attendance issues and the SS had improved his attendance. The SS got along well with his peers and teachers, and his behavior was appropriate.

ACS visited the BM and SS at home on 5/16/18 and 6/4/18. The ACS Specialist discussed a referral for bereavement counseling and the BM expressed willingness to participate in the counseling. The Specialist asked the BM about the status of the infant's autopsy which the BM had requested from the hospital. The BM said she did not receive the autopsy report. Regarding her history of marijuana misuse, the BM said she was not ready for drug screening. The Specialist observed the SS and found he did not have marks/bruises. The SS said he was sad about the infant's death. The Specialist learned that the SS received services that addressed his feelings in school. The home was clean, the family had a sufficient supply of food and supplies and there were no visible hazardous conditions.

On 6/19/18, the ACS Specialist and a PPRS agency case planner made a joint visit to the home. During the visit, the BM refused PPRS services. The BM elected to participate in community based services through the homeless shelter staff. ACS contacted the homeless shelter staff who said the BM was referred for services. The BM was not compliant as she missed her scheduled appointments. Between June and August, 2018, ACS completed the number of casework contacts to meet preventive services program requirement. On 8/3/18, ACS obtained a copy of the Certificate of Death and verified that on 5/6/18, the infant died of natural causes. ACS did not obtain additional information to determine whether the infant had an autopsy.

The services case remained open at the time of writing of this fatality report.

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"/>

Additional information:

N/A

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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harm, were the safety interventions, including parent/caretaker actions adequate?

Explain:
ACS did not observe the SS within 7 days of notification of the infant's death. ACS observed the SS on 5/16/18 although the agency received notification of the infant's death on 5/7/18.

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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 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 BM refused PPRS. ACS offered the BM drug treatment and case management services.

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:
 ACS provided monitoring of the SS's educational, and case management services to support the SS's 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 family received case management services to help the BM cope with loss of the infant, and to address the BM's drug misuse, mental health and housing needs.

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:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/13/2018	Deceased Child, Male, 24 Days	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

The 4/13/18 SCR report alleged the BM tested positive for marijuana at the time she gave birth to the infant in April 2018.

Report Determination: Unfounded

Date of Determination: 06/12/2018

Basis for Determination:

ACS unsubstantiated the allegation of IG of the infant by the BM on the basis of no credible evidence. ACS added that the infant tested negative for marijuana at birth, and the BM's marijuana use did not have an impact on the care the infant received. ACS explained that the infant was born with a medical condition and died of natural causes on 5/6/18. Per the attending physician, the BM's drug use was not related to the infant's death.

OCFS Review Results:

On 4/13/18, ACS interviewed the hospital staff and verified the BM tested positive for marijuana at the time of the infant's birth. ACS visited the hospital and interviewed the BM who said she was unaware of her pregnancy when she used marijuana. The BM agreed to receive drug treatment.

ACS staff observed the infant was in an incubator, and verified the infant received medical care in the hospital. The SS was in the care of the MGM and MA. ACS did not observe the SS or his home condition to assess his safety until 4/16/18. ACS completed the 7-day and Investigation Determination safety assessments. ACS found there was no safety factor that placed the infant and SS in immediate danger

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

Issue:

Timely/Adequate 24 Hour Assessment

Summary:

ACS did not make diligent efforts to assess the safety of the SS within 24 hours of receipt of the 4/13/18 report.

Legal Reference:

SSL 424(6);18 NYCRR 432.2(b)(3)(i)

Action:



ACS must submit a PIP within 45 days that identifies the action the agency will take or has taken 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 family was known to the SCR and ACS in two reports dated 3/14/14 and 12/3/14, respectively.

The allegations of 3/14/14 report were IG and PD/AM of the SS by the BM and parent substitute. On 5/20/14, ACS substantiated the allegation of PD/AM of the SS by the parent substitute. ACS unsubstantiated the allegation of IG of the SS by the BM. ACS indicated the report and closed the case citing that the agency was unable to take legal action.

The allegation of the 12/3/14 report was IG of the SS by the parent substitute. On 1/30/15, ACS substantiated the allegation of the 12/3/14 report. The agency indicated the report and referred the family to Community Based Services to address DV.

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: 05/03/2018

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: 05/03/2018

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

	Yes	No	N/A	Unable to Determine
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"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The FASP was three days over due.				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The BM refused PPRS to address drug misuse and housing needs. The BM refused PPRS and elected to participate in community based services.

Preventive Services History

On 5/3/18, ACS opened the preventive services case after the agency found the BM tested positive for marijuana use. The BM had acknowledged she used marijuana during her pregnancy with the infant, and she expressed willingness to participate in substance misuse treatment. The infant had remained hospitalized since his birth. The ACS medical consultant noted plans to assist the family with medical care of the infant in the home as needed. The documentation showed that the medical care services were not needed because the infant died on 5/7/18.

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