



Report Identification Number: NY-16-071

Prepared by: New York City Regional Office

Issue Date: 1/25/2017

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	

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-Cardio-pulmonary 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-Others	

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	



Case Information

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 07/05/2016
Initial Date OCFS Notified: 07/05/2016

Presenting Information

On the night of 7/4/16, the BM placed the three-month-old infant to sleep in her bed. On 7/5/16, at approximately 3:30 A.M., the BM was under the influence of alcohol and rolled over on the three-month-old. A call for assistance was made at 4:29 A.M. for a three-month-old in cardiac pulmonary distress. EMS responded to the home and transported to the infant to the hospital where she was pronounced dead at 5:08 A.M. on 7/5/16.

Executive Summary

Following the receipt of the report, ACS contacted the Bronx Lebanon Hospital's Pediatric ER and received information from the attending physician, NYPD, parents and MGGP, regarding the incident.

ACS' case investigation revealed that on the night of 7/4/16, the BM went to a barbeque and left the SC and the seven-year-old SS asleep together in the BM's bed. The BM reported she had received safe sleep instructions prior to giving birth. The family resides with the MGGP who provide supervision to the children in the absence of the BM. The BM discovered the SS's arm (from elbow to wrist) across the face of the SC so she awakened the SS so she could move the SC. The BM moved the SS's arm; she observed the SC was unresponsive with vomit in her nostrils. The BM panicked and yelled at the SS "what did you do to the baby" as she ran with the SC to the MGGF who then summoned 911 for emergency medical assistance. EMS responded to the case address and transported the SC to Bronx Lebanon Hospital where she was pronounced dead at 5:08 A.M. on 7/5/16.

The attending physician reported that EMS brought in the SC for cardiac pulmonary distress and she was pronounced dead at 5:08 A.M. The Dr reported that there appeared to be no bruising on or neglect of the SC. However, the BM smelled like alcohol and the BF did not.

The NYPD interviewed family members and was provided with a re-enactment in the home. The NYPD found no criminality and closed their investigation.

EMS reported they received the call at 4:29 A.M. The ME reported a concern around the family's sleeping arrangements; however stated that there would be no statement made until the autopsy report has been finalized. It has not been finalized to date.

The BF reported the children were fine while they were at the barbeque. He escorted the BM and children to their home after 10:00 P.M and left the home just before midnight. He stated the BM did not appear to be intoxicated and that her drinking was not an issue, she was a very good mother to the children.

The BM submitted to drug screening on 7/7/16 and the results were negative. On 7/8/16, ACS filed an Article Ten Petition in Family Court on behalf of the SS against the BM. The judge ordered the SS to remain in the home and the BM to complete services.



The information received from family members and collaterals has indicated that BM has not gotten over the loss of her mother who recently died and she began using marijuana to deal with the issue. The family denied mental health or domestic violence issues.

The children’s pediatrician reported the SC did not exhibit any effects of the toxicity. The children were up to date with their immunizations and there were no concerns regarding the care the BM provided.

ACS referred the family to PPRS services and emphasized the need for the SS to be engaged due to the remark made when the BM made the discovery, which were traumatic and potentially damaging to the SS. The family accepted services.

On 9/2/16, ACS unsubstantiated the allegations of DOA/ Fatality and Parent’s Drug/ Alcohol Misuse. ACS substantiated the allegation of Inadequate Guardianship.

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

Explain:

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



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Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	During the course of this investigation four Safety Assessments were completed. All of the S/A's contained the same safety decision and comments which focused primarily on the deceased child. In addition the comment dated 5/27/16 was inaccurate.
Legal Reference:	18 NYCRR 432.2 (b)(3)(iii)(b)
Action:	The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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:	Pre-Determination/Supervisor Review
Summary:	The four safety assessments completed during this investigation did not accurately reflect the case changing case circumstances and were essentially identical during the entire case. The supervisory review(s) did not capture this issue.
Legal Reference:	18 NYCRR 432.2(b)(3)(v)
Action:	The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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: 07/05/2016

Time of Death: 05:08 AM

Time of fatal incident, if different than time of death: 04:00 AM

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

Yes

Time of Call:

04:29 AM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

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

How long before incident was the child last seen by caretaker? 30 Minutes

Is the caretaker listed in the Household Composition? No



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At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		
Deceased Child's Household	Grandparent	No Role	Male	66 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	71 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)

LDSS Response

ACS initiated the investigation into the report within the required timeframe. ACS contacted the Bronx Lebanon Hospital's (BLH) Pediatric ER and confirmed the report. ACS interviewed the attending physician, NYPD, parents and great grandparents, regarding the death of the three-month-old female infant (SC).

The attending physician reported that EMS received the call at 4:29 A.M. for cardiac pulmonary distress and transported the SC who was pronounced dead at 5:08 A.M., on 7/5/16. The Dr reported that there appeared to be no bruising or neglect on the SC; however, the BM smelled of alcohol and the BF did not smell of alcohol. The NYPD reported they found no criminality and closed their investigation. The ME reported a concern around the family's sleeping arrangements; however stated that there would be no statement made until the autopsy report has been finalized. It has not been finalized to date.

The BM reported that after putting the children to bed, she returned to the barbeque at about 12:30 A.M. and consumed two 8oz cups of liquor (not specified) while dancing and listening to music; however, she denied intoxication. The case documentation reflected that the Specialist observed an open but full 12 ounce bottle of Corona on the floor in the BM's bedroom, during the initial interview. The BM reported the SC was born with a positive toxicity to marijuana because she had made a bad choice during her pregnancy; however the SC was a well-baby with no medical conditions. The BM told the Specialist that she had received safe sleep training and that it was not customary that she leave the SC on the bed. The family resides with the maternal grandparents who provide supervision to the children in the absence of the BM.

The BF reported the children were fine while they were at the barbeque. He escorted the BM and children to their home after 10:00 P.M and left the home just before midnight. He stated the BM did not appear to be intoxicated and that her drinking was not an issue, she was a very good mother to the children.

On 7/7/16, the BM submitted to drug screening and the results were negative. On 7/8/16, ACS filed an Article Ten Petition in the Bronx Family Court on behalf of the SS against the BM. The judge ordered the SS to remain in the home with the support of the MGGP and the BM to complete services.

The MGGM reported that at approximately 1:30 A.M. and after 3:30 A.M., she checked on the children and observed what



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appeared to be the SC asleep in the BM's arms. The information received from family members and collaterals has indicated that BM began using marijuana to deal with the loss of her mother. The family denied mental health or domestic violence issues.

The children's pediatrician reported the SC did not exhibit any effects of the toxicity. The children were up to date with their immunizations and there were no concerns regarding the care the BM provided.

ACS referred the family to PPRS services and emphasized the need for the SS to be engaged due to the remark made when the BM made the discovery, which were traumatic and potentially damaging to the SS. The family accepted services.

On 9/2/16, ACS unsubstantiated the allegations of DOA/ Fatality and Parent's Drug/ Alcohol Misuse. ACS substantiated the allegation of Inadequate Guardianship.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: The ACS 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 the NYC region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
029701 - Deceased Child, ,	029702 - Mother, Female, 25 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
029701 - Deceased Child, ,	029702 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
029701 - Deceased Child, ,	029702 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated

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"/>



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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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

There was no additional information captured in the investigation documentation.

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



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	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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

On 7/8/16, ACS filed an Article 10 Petition of Abuse and Neglect on the behalf of the surviving sibling (SS), in Bronx Family Court against the BM. Family Court ordered the SS to remain in the custody of the BM with court ordered supervision and the maternal grandparents to act as a support system to the family.

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:
07/08/2016	There was not a fact finding	There was not a disposition
Respondent:	029702 Mother Female 25 Year(s)	
Comments:	ACS filed an Article Ten Petition of Abuse and Neglect in the Bronx Family Court, on behalf of the surviving sibling against the birth mother. The judge allowed the surviving sibling to remain in the care of the birth mother with court ordered supervision, in addition to the maternal grandparents as support to the birth mother and surviving sibling.	



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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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 BM was referred to Alcohol/Substance abuse and Mental Health services; however, it is unknown if used. Based on the BM's history, she should have been offered a Parenting Skills class to help her with making better choices.

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? No

Explain:
The family was referred to PPRS services and has accepted; however, some services were not available during the summer, they were expected to resume in September. It is unknown whether services resumed.

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

Explain:



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The SS was referred to Trauma Base Therapy through Safe Horizon. The SS and the maternal grandparents were referred to Family Treatment Rehabilitation, Bereavement counseling. The BM was referred to mental health evaluation to assess for post-partum depression and to CASAC for random drug screening.

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? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/30/2016	13141 - Deceased Child, Female, 1 Days	13142 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Indicated	No

Report Summary:

The mother gave birth to a baby girl on 3/29/16. The baby tested positive for marijuana. The BM was not tested. The BM admitted to smoking before she found out she was pregnant.

Determination: Indicated **Date of Determination:** 05/27/2016

Basis for Determination:

The allegation of Parent Drug/ Alcohol Misuse was substantiated against the BM for the newborn baby. ACS documented that the BM used poor judgment by smoking marijuana while pregnant; causing the SC to test positive for marijuana. ACS also stated that by smoking marijuana during pregnancy, the BM allowed an illegal substance to enter



the SC's system placing the child in danger of harm.

OCFS Review Results:

ACS completed a thorough investigation and the determination was appropriate.

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

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

There was no CPS history more than three years prior to the fatality.

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

There is no record of Preventive Services 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

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