

Report Identification Number: BU-16-022

Prepared by: Buffalo Regional Office

Issue Date: Mar 01, 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: 7 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 06/19/2016
Initial Date OCFS Notified: 06/24/2016

Presenting Information

On June 19, 2016 at approximately 9:40 PM SM was walking down Moselle St with her cousin and SC in a stroller. SM was leaving her aunt's home on Moselle St. They were struck by a car, SC's stroller was struck and moved approximately 40 feet. SC, her cousin and SC were transported to ECMC by a relative. SC was subsequently pronounced DOA at the hospital as a result of her injuries. SM and her cousin sustained non-life threatening injuries. The driver is cooperating with police. Police investigation is ongoing at this time to determine if there are any outside factors that contributed to the accident. SM was responsible for SC's care at the time of the accident.

Executive Summary

This report concerns the death of a three-month old child who resided with her SM and PS (SM's girlfriend). At the time of SC's death, the family had an open Preventive Services case with ECDSS. Preventive Services was opened after ECDSS filed a neglect petition in Family Court, because of SM's drug and alcohol use. The SM and SC tested positive for marijuana at SC's birth. The SM was arrested several months later for getting into a physical altercation with MGM and breaking her window while intoxicated. The CW was assisting the family with drug and alcohol assessment, DV referrals and parenting training. The family was meeting with the CW on a regular basis. On June 19, 2016 the SM, SC and a relative were walking home from another relative's home when a car lost control and hit all of them. The SC was in her stroller. The family was walking in the street due to the sidewalks needing repair. The SM and SC got into a friend's car and drove SC to the hospital. Witnesses to the accident stated SM was in distress and screaming she needed to get help for SC. SC was brought to the hospital and pronounced dead. The ME stated The Cause of Death was Multiple Blunt Force Injuries and the Manner of Death was Accident. The driver of the vehicle was arrested and plead guilty to criminally negligent homicide. The driver admitted to being high on marijuana. The hospital called the police. ECDSS closed the preventive Services case on July 19, 2016 after the case manager and case planner attempted several home visits and phone calls with no response from the family.

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:

ECDSS attempted to contact the family several different times by HV's, phone calls, and mailed letters and the family did not respond.

Was the decision to close the case appropriate? Yes



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:
ECDSS attempted to contact the family several different times by HV's, phone calls, and mailed letters and the family did not respond.

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: 06/19/2016

Time of Death: 09:44 PM

Time of fatal incident, if different than time of death: 09:30 PM

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: 09:44 PM

Did EMS to respond to the scene? No

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: In Stroller

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
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Deceased Child's Household	Deceased Child	No Role		7 Month(s)
Deceased Child's Household	Mother	No Role	Female	22 Year(s)
Deceased Child's Household	Mother's Partner	No Role	Female	28 Year(s)

LDSS Response

At the time of the fatality ECDSS had an open Preventive Services case. ECDSS was informed of the fatality from SM's counselor. The case manager and case planner attempted several home visits and phone calls, with no response from the family. ECDSS requested a copy of the Autopsy. The ME stated the Cause of Death was Multiple Blunt Force Injuries and the Manner of Death was Accident ECDSS also obtained a copy of the 911 call sheet. ECDSS was informed that the SM, SC and a relative were walking home from another relative's home when a car lost control and hit all of them. The SC was in her stroller. The family was walking in the street due to the sidewalks needing repair. The SM and SC got into a friend's car and drove SC to the hospital. Witnesses to the accident stated SM was in distress and screaming she needed to get help for SC. SC was brought to the hospital and pronounced dead. The hospital called the police. On July 19, 2016 ECDSS closed the preventive services case for the SM and SC.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: ECDSS does not have an OCFS approved CFRT.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<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 checked="" type="checkbox"/>	<input 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:

The CW requested and obtained a copy of the autopsy. ECDSS did not obtain any information from the emergency room, pediatrician records, SM's prenatal care provider and never spoke to the police regarding the accident, but did obtain the 911 call.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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?

- Family Court Criminal Court Order of Protection

Criminal Charge: Criminally negligent homicide Degree: 3			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	Driver of vehicle	12/12/2016	Gulity
Comments:	The driver of the vehicle plead guilty to Criminally Negligent Homicide, Third Degree Assault and Driving While Ability Impaired. The driver was sentenced to one and half to three years in prison.		

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



Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

CW attempted several times to contact family, who did not respond to CW.

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?** No
- 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)
01/10/2016	13955 - Deceased Child, Female, 3 Months	13956 - Mother, Female, 22 Years	Inadequate Guardianship	Indicated	No
	13955 - Deceased Child, Female, 3 Months	13956 - Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

On a regular basis, SM drinks alcohol to the point of intoxication while caring for three-month-old SC. While the SM was drunk, she was unable to care for the newborn. The SM had become physically violent with others in the presence of the SC. The SM was impaired and broke a family member's window in the presence of SC.

Determination: Indicated**Date of Determination:** 02/11/2016**Basis for Determination:**

Allegations of IG and PDAM against SM with respect to SC were substantiated. SM went to MGM's home, intoxicated, trying to pick up SC from an overnight visit. SM caused a domestic disturbance (arguing and physical altercation with MGM) as well as criminal activity (breaking MGM's window). SM was arrested for the incident and charged with Criminal Mischief. SC appeared safe at the time. A neglect petition was filed in Erie County Family Court.

OCFS Review Results:

ECDSS conducted announced and unannounced home visits. CW spoke with collateral contacts, completed appropriate safety assessments and filed a petition in Family Court.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/31/2015	13924 - Deceased Child, Female, 2 Months	13916 - Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	No

Report Summary:

SM tested positive for marijuana at SC's birth. The SC was born at 37 weeks gestation, but child only weighed 3 pounds. As a result the SC was in the NICU. The parent substitute (PS) has a unknown role.

Determination: Unfounded**Date of Determination:** 12/15/2015**Basis for Determination:**

The allegations of PDAM against SM with respect to SC was unsubstantiated. Both SM and SC tested positive for marijuana at SC's birth. SM disclosed that she used marijuana due to nausea during pregnancy, and that she has not smoked since the birth of SC Physical discipline, as well as drug use was discussed with PS.

OCFS Review Results:

ECDSS completed announced and unannounced home visits. The CW spoke with collateral contacts. The family declined the need for services.

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/02/2014	13879 - Other Child - friend of family, Female, 13 Years	13877 - Mother's Partner, Female, 27 Years	Excessive Corporal Punishment	Indicated	No
	13879 - Other Child - friend of family, Female, 13 Years	13877 - Mother's Partner, Female, 27 Years	Inadequate Guardianship	Indicated	
	13879 - Other Child - friend of family, Female, 13 Years	13877 - Mother's Partner, Female, 27 Years	Lacerations / Bruises / Welts	Indicated	
	13879 - Other Child - friend of family, Female, 13 Years	13881 - Other Adult - OC's mother, Female, 27 Years	Inadequate Guardianship	Indicated	

Report Summary:
 Parent substitute (PS) (SM's girlfriend) punched OC (girlfriend's friend's child) 13-years-old as punishment for deleting Facebook information. PS punched child in the head and beat her about the body. OC sustained visible bruising to her right arm. Child is fearful to be in the home.

Determination: Indicated **Date of Determination:** 04/30/2015

Basis for Determination:
 The BM of the child was indicated for IG for leaving the child with an inappropriate caregiver. The PS was indicated for IG, LBW's and XCP with respect to OC. PS punched OC in the head and shoulder over Facebook information. OC had visible bruising as a result. PS had a history of XCP and BM chose to leave her children in PS's care for an unknown amount of time. PS had no remorse over the bruise and admitted to CW that she had a right to discipline any child that she raised regardless if they are her own.

OCFS Review Results:
 ECDSS completed all home visits and contacted collateral contacts.

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

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

Three years prior to the fatality, SM was the maltreated child in an unsubstantiated SCR report with allegations of C/T/S and IG in 2008 and a substantiated SCR report of IG in 1996. PS was named in two unsubstantiated SCR reports in 2012 and 2013 with allegations of IG, PDAM, XCP. The SP was indicated for IG, ECP and LBW in 2011.

Known CPS History Outside of NYS

No known history outside 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: 02/02/2016

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: 02/02/2016



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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:
ECDSS had a voluntary agency as case planner.

Required Action(s)

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

Yes No

Preventive Services History



The family was court ordered to work with Preventive Services Febuary 8, 2016 after ECDSS filed a neglect petition in family court. Services were assisting the family with drug and alcohol assessment, domestic violence counseling and parenting training. The family was meeting with the case worker on a regular basis. The SM was engaged and compliant with drug and alcohol treatment. The SC had all necessary supplies and appropriate sleeping arrangements.

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?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
02/05/2016	There was not a fact finding	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	035042 Mother Female 22 Year(s)	
Comments:	The SM and PS were ordered to work with Preventive services, drug and alcohol treatment and domestic violence counseling.	

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