



Report Identification Number: NY-17-102

Prepared by: New York City Regional Office

Issue Date: Feb 16, 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: 12 day(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 10/02/2017
Initial Date OCFS Notified: 10/05/2017

Presenting Information

The OCFS Form-7065 reflected that the infant was born in Bronx Lebanon Hospital in September 2017. The infant was in the hospital from the time of his birth until he was pronounced dead. He received medical treatment for prematurity and on 10/2/17, his medical condition deteriorated. The infant was intubated due to respiratory distress and he received treatment including surgical procedures. His condition worsened and he was pronounced dead at 10:55 PM on 10/2/17.

Executive Summary

This newborn male infant died on 10/2/17. ACS received notification of the infant’s death on 10/5/17, obtained and reviewed the infant’s medical records and verified the death was due to natural causes.

According to the ACS case record, the BM gave birth to the infant in September 2017 and following birth, he remained in the hospital. He was born prematurely at 31-week gestation and diagnosed with pre-existing medical conditions. On 9/21/17, ACS staff had observed the infant in the neonatal intensive care unit (NICU) and learned that his hospital discharge was planned for November 2017. The infant’s medical condition was stable until 10/2/17 when he experienced respiratory distress and other symptoms. The medical staff determined he had an infection. The infant was placed on a respirator and received surgical procedures; however, he was in critical condition and his condition did not improve. He had no blood pressure, heart rate or breath sounds and was pronounced dead by the attending physician.

At the time of the infant’s death, ACS was in the process of investigating an SCR report pertaining to the family. The SCR report was dated 9/21/17, and during the investigation ACS found that the BM had tested positive for marijuana at the time she gave birth to the infant. The infant was born with a negative toxicology. The BM and BF admitted they used marijuana and ACS had concerns about the impact of substance misuse on the care the BM and BF provided the 3-year-old SS and 17-year-old female half-sibling (the half-sibling was reportedly in the PGM’s care). The BM, BF, SS and half-sibling resided with the PGM. The BF relocated out of New York on 9/27/17 for employment related purposes.

ACS submitted the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive Cases. ACS submitted the OCFS Form-7065 within the required 72 hours of notification of the infant’s death. The information regarding the infant’s death was reported to OCFS under Chapter 485 of the Laws of 2006. ACS included the information in the open 9/21/17 investigation.

Between October and December 2017, ACS maintained contact with the BM and SS. ACS provided support services and addressed the BM’s drug misuse and the three-year-old SS's developmental needs. The half-sibling attended school and appeared to have received a minimum degree of care in the PGM’s home. ACS opened the services case on 10/10/17 as the BM had accepted preventive services. The BM enrolled in a drug treatment program; however, she did not comply with the program requirements.

ACS visited the PGM's home and observed the family had a sufficient supply of provisions for the SS. The PGM did not make herself available for face-to-face contact and ACS did not make diligent efforts to engage the PGM. The BF continued to reside out of New York state, and the BM and three-year-old SS were expected to relocate to the BF’s new residence. As of 2/1/18, the case remained open for preventive services.



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 was no SCR report or allegations regarding 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:

N/A

Required Actions Related to the Fatality

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

Issue:	Required data and official documents
Summary:	The ACS case record did not reflect whether the agency attempted to obtain the death certificate for the infant.
Legal Reference:	428.3(b)(2)(i)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/02/2017

Time of Death: 10:55 PM



County where fatality incident occurred: Bronx

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:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: The child 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	No Role	Male	12 Day(s)
Deceased Child's Household	Father	No Role	Male	38 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	59 Year(s)
Deceased Child's Household	Mother	No Role	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)

LDSS Response

On 10/5/17, ACS obtained and reviewed the hospital discharge summary for the infant. The documentation included details about the BM's hospital admission, infant's physical examination and health status at birth, his prematurity diagnosis, medication and treatment, and time of death. The records showed the BM tested positive for marijuana and reportedly used marijuana to address physical symptoms and depression that were self-diagnosed. The BM had a pre-existing medical condition that contributed to premature birth of the infant and the SS. ACS held a fatality conference that resulted in the following recommendations: bereavement services for the family, and monitoring of educational and health needs of the BM and SS.

The ACS Specialist visited the BM and SS in the PGM's home. The Specialist discussed bereavement service and burial arrangement, plans for an Initial Child Safety Conference (ICSC), the SS developmental needs and family resources. The BM said she attended an intake appointment for drug treatment services during which she discussed bereavement services. The BM said she did not have definite plans for bereavement services or burial arrangement. She agreed to participate in the ICSC scheduled for 10/10/17. She discussed plans for relocating to reside with the BF. The female half-sibling was not in the home and the BM said she did not have contact information for the half-sibling's mother. The PGM and adult PU were out of the home as they were reportedly at work. The Specialist visited the half-sibling's school but was unable to complete a safety assessment as the half-sibling was not in the school.



During the 10/10/17 ICSC, ACS assessed there were risk issues that were being addressed. The PGM had continued to provide a stable home and financial resources for the BM, BF and SS. The SS was enrolled in school where he received therapeutic services to address his developmental needs. The BM expressed willingness to comply with drug treatment, health and bereavement services and family supports arrangement. ACS had reviewed the BF records and found he had criminal history involving marijuana. ACS planned to engage the BF and make referrals for random drug screening.

ACS obtained medical consultation to review the BM's health status. The consultant recommended that the BM needed a primary care medical evaluation. During the 10/25/17 home visit, the Specialist discussed the consultant's recommendation about seeking medical evaluation, and provided the BM with a fact sheet about marijuana and pregnancy and a health plan. The Specialist engaged the SS and observed he was playful and healthy. The BM said the BF did not have plans to return to New York.

ACS staff observed the female half-sibling in school on 11/9/17. The half-sibling seemed healthy and she expressed positive feelings about residing with the PGM. She said she did not have knowledge of anyone using drugs/alcohol in the home. She provided her mother's telephone contact information. ACS staff interviewed the staff at the SS's school on 11/20/17. The staff said the SS continued to make satisfactory improvement. The staff did not have concerns about the care the BM provided the SS.

During the 11/30/17 home visit, the Specialist observed the SS and half-sibling and found they did not have marks/bruises. The Specialist discussed the service plan with the BM. The BM agreed to participate in PPRS until her relocation and she acknowledged she had not been compliant with her drug treatment program. She said she scheduled a medical appointment with a primary physician for 12/29/17.

The case remains open for PPRS.

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 New York City.

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"/>



Child Fatality Report

Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 ACS staff engaged the 3-year-old SS at home within 24 hours of notification of the infant's death. ACS did not make diligent efforts to assess safety of the 17-year-old half-sibling.

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 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: There was no removal regarding the surviving children.				

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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Therapeutic services							

**Additional information, if necessary:**

The 3-year-old SS received therapeutic services to address developmental needs.

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 SS received services to address developmental needs.

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

Explain:

The BM received drug treatment services; however, she missed a session that was scheduled for 11/20/17, and did not follow up with bereavement services. The BF did not make himself available for services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- 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)	Status/Outcome	Compliance Issue(s)
09/21/2017	Deceased Child, Male, 12 Days	Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	Yes
	Deceased Child, Male, 12 Days	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

The 9/21/17 SCR report alleged that in September 2017 the BM gave birth to a male infant. The report also alleged that upon delivery of the infant the BM tested positive toxicology for marijuana. The infant's result was negative. The infant was born premature. The role of the 3-year-old SS was unknown.

Determination: Unfounded

Date of Determination: 12/02/2017

Basis for Determination:

ACS unsubstantiated the allegations of IG and PD/AM of the infant by the BM. ACS noted that the BM was in the hospital for a 3-week period prior to the time she gave birth to the infant. The BM had pre-existing medical conditions that contributed to spontaneous preterm birth. The infant was born preterm at 31 weeks gestation. ACS explained that the BM's marijuana use had no impact on the infant's death as the infant died from complications of illness while in the hospital. ACS added that the staff had observed the SS during the CPS investigation and found the SS was healthy. The BM was able to meet the SS's needs.

OCFS Review Results:

ACS staff visited the hospital, observed the infant in NICU and assessed the BM and infant on 9/21/17. ACS and BM discussed the infant's medical needs, BM and BF's relationship and drug use, family resource, child supervision and safe sleep practice. The BM had been using marijuana for an approximate 10-year period of time and she agreed to engage in drug treatment services. ACS observed the BF, SS and half-sibling in the PGM's home. ACS obtained relevant information from Dr., school staff, the BM's drug treatment program, and medical and investigative consultants. ACS found that the SS and received a minimum degree of care. There was insufficient information about the half-sibling.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

During the 9/21/17 investigation, the BF relocated out of New York state and left the 17-year-old half-sibling in the PGM's care. ACS did not interview the PGM who reportedly had custody of the 17-year-old half sibling.

Legal Reference:

432.1 (o)

Action:

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

Issue:

Timely/Adequate 24 Hour Assessment

Summary:

ACS received notification of the infant's death on 10/5/17; however, the agency did not make diligent efforts to assess safety of the 17-year-old half-sibling within 24 hours of notification of the infant's death.

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 has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)



06/30/2016	Sibling, Male, 1 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Male, 1 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

The 6/20/16 SCR report alleged that the BM did not feed the SS sufficiently. The report also alleged the BM did not provide the SS with solid foods, feeding him only "bottles with cereal added." The SS was extremely thin and always hungry.

Determination: Unfounded**Date of Determination:** 08/29/2016**Basis for Determination:**

ACS unsubstantiated the allegation of IG on the basis that the agency made unannounced home visits and observed the SS seemed well nourished and the family had an adequate supply of food and provisions for the SS. ACS added that the Dr. said the SS received adequate medical care, was up to date with immunizations and there were no concerns about the care the BM provided the SS.

ACS unsubstantiated the allegation of PD/AM on the basis of lack of credible evidence to support the allegation that the BM's drug use had a negative impact on her ability and willingness to care for the SS. The BM was coherent during the ACS contacts, including unannounced home visits.

OCFS Review Results:

ACS visited the home and observed the SS did not have marks/bruises. The family had adequate food supplies and sleeping arrangements and the BM and BF responded to the SS's needs. The BM, BF SS and half-sibling resided with the PGM. There were no observable signs of substance use in the home. ACS staff engaged the PGM and two PUs who said they did not observe the BM under the influence of illicit substances or intoxicated. The half-sibling refused to speak with ACS staff.

The BM tested positive for marijuana and enrolled in a substance abuse program. ACS obtain medical consultation, and interviewed the Dr. and therapist who said they did not have concerns about the SS or BM.

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

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

During the 6/30/16 investigation, ACS did not obtain information about the female half-sibling, who resided with the BF. The BF said he had custody of the half-sibling; however, ACS did not update CONNECTIONS to include the half-sibling in the household composition.

Legal Reference:

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

Action:

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

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

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

Known CPS History Outside of NYS



There was no known CPS history outside of NYS.

Casework Contacts

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

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