



**Report Identification Number: NY-16-118**

**Prepared by: New York City Regional Office**

**Issue Date: May 30, 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:** 4 month(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 11/18/2016  
**Initial Date OCFS Notified:** 11/18/2016

### Presenting Information

The narrative of the report alleged at approximately 2:00 A.M. on 11/18/16, the BM fed the SC with no issues. At 2:15 A.M., the BM laid the SC down in the crib to sleep. At 2:30 A.M., the BM found the SC covered in vomit from the mouth and nose. The SC unresponsive and not breathing. The BM called 911 and the SC was transferred to hospital. The SC was pronounced deceased at the hospital. The SC did not have any known pre-existing medical issues.

### Executive Summary

On 11/18/16, the SC asphyxiated on his vomit and died while sleeping in bed with her BM. ACS' investigation revealed that at 2:15 A.M., the BM placed the SC in bed next to her to sleep. At 2:30 A.M., the BM awoke and found the SC covered in vomit from the mouth and nose. The SC was unresponsive and not breathing. The BM ran to her neighbor who contacted 911. The 911 operator instructed the neighbor on how to perform CPR on the SC until EMS arrived at the home. The SC was in cardiac arrest when EMS arrived and the EMS technicians unsuccessfully attempted to resuscitate the SC then transported him to Jamaica Hospital where medical staff pronounced him DOA. The ME reported the SC's cause and manner of death was undetermined. The SC was born prematurely via natural child birth at thirty weeks of gestation and was in receipt of visiting nurse services prior to his death. The family resided in a public shelter at the time of the fatality.

The SC had a five-year-old female surviving sibling (SS). Prior to the fatality, the family had secured a new home out-of-state. The SS and the BF were at the new home making arrangements for the move at the time of the fatality. ACS and the out-of-state LDSS where the BF and the SS had relocated assessed the SS as being safe at that location.

On 11/18/16, the ACS Specialist initiated the CPS investigation by contacting the family and relevant collaterals. The statements obtained from the family and the information provided by the collaterals did not suggest there was no indications of neglect or maltreatment of the SC prior to the SC's death.

During the course of the investigation, ACS filed an Article 10 Neglect Petition in Queens County Family Court to protect the SS. The SS remained in the care of the BPs with ACS supervision with an order that the SS was not to leave the State of New York. In addition, the BPs were not to have contact with the SS when under the influence of any intoxicants or use any intoxicants in the presence of the SS.

On 3/10/17, ACS substantiated the allegation IG of the SS and his sibling against the BPs. ACS based its decision on the BPs' admission of co-sleeping with the SC. The BPs received safe sleep instructions and the shelter provided the family with a crib for the SC which the BPs did not utilize. ACS unsubstantiated the allegation of DOA/FATL against the BM. The SC's cause and manner of death was undetermined.

The BP's declined services in New York; stating they wanted services in their new home out-of-state.

### Findings Related to the CPS Investigation of the Fatality

**Safety Assessment:**

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

**Determination:**

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

**Was the decision to close the case appropriate?** N/A

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

**Explain:**  
Although the BPs declined services, ACS kept the case open and continued to engage the family with services. The SS remained safe in the care of the PGM. He had enrolled in school very close to the PGM's home and there were no concerns for him.

### 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:** 11/18/2016

**Time of Death:** 03:25 AM

**County where fatality incident occurred:** QUEENS

**Was 911 or local emergency number called?** Yes

**Time of Call:** 02:46 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**  
**Is the caretaker listed in the Household Composition? Yes - Caregiver**

1

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18: 1**

**Adults: 0**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)

### LDSS Response

On 11/18/16, the ACS Specialist contacted the attending Dr., staff at the shelter where the family resided, LE. The Dr. and LE did not report any suspicion of foul play regarding the SC's death. The shelter staff reported concerns about the BPs' drug use and the unsanitary condition of their home. According to shelter staff, the family's room reeked of marijuana. In addition, shelter staff had observed the BPs to be under the influence of marijuana, alcohol, or both, while caring for their children. On more than one occasion, the BPs were seen co-sleeping with the SC. The family had a crib for the SC but did not use it. The SC's pack and play was usually filled with clothing and other items. ACS learned the BF and SS were out of state at the time of the fatality and requested a visit by LDSS in that state.

Following the contact with the collaterals, the Specialist interviewed the BM who provided an account of the events that led to the SC's death which was consistent with the information already obtained. The BM denied marijuana use. The Specialist observed the family's home to be unsanitary and smelled of marijuana. ACS documented there was no sleeping apparatus for the SC. The BM's neighbor did not report any concerns about the care the children received from the BP's.

On the same day, the out-of-state LDSS where the BF and SS were located reported the SS was safe.

On 11/21/16, the BF and the SS returned to NYC. The Specialist visited the case address and interviewed the BF. He admitted the SC took his "little nap" in bed with him. He also admitted to being taught safe sleep instructions. The BF denied he or the BM used marijuana. The Specialist then visited the PGM's home and assessed the SS to be safe in the home.

Also on 11/21/16, ACS held a child safety conference (CSC) for the family. The CSC recommended family court intervention.

On 11/22/16, ACS filed an Article 10 Petition in Queens Family Court (QFC). The BPs were named the respondents in the



petition. ACS requested a release of the SS to the BPs with COS. The case was adjourned because the BPs were not in attendance and the case was heard the following day on 11/23/16. The QFC granted ACS' request with an order that the SS was not to leave State of New York and the BPs were not to have contact with the SS if under the influence of any intoxicants or were the BPs to use any intoxicants in the presence of the SS. The BPs stated they had planed to relocate and would arrange with the PGM to care for the SS until the order was lifted.

Later that same day, ACS completed an SCR clearance on the paternal grandparents. They did not have any criminal history.

On 11/25/16, the SC's primary Dr. reported the SC was developing well and thriving. The BPs kept all the SC's specialist appointments.

On 12/13/16, ACS received the DIR/Criminal clearance for PGPs. They did not have any record.

Between 11/28/16 and 12/16/16, ACS documented the BPs refusal to submit to a drug screening or engage in services for themselves or the SS. They stated they did not want services in New York but in their new home out-of-state.

On 12/16/16, the EMS staff reported that the SC was in cardiac arrest upon EMS' arrival to the home. The SC did not have any visible injuries.

On 2/1/17, ACS received the results of the BF's drug test he took on 1/28/2017. The BF tested negative for all substances.

On 2/2/17, the ME reported the SC's cause of death was undetermined (infant bed-sharing with adults). The manner of death was also undetermined. There were no bruises or trauma observed on the SC.

Between 11/29/16 and 3/17/17, the Specialist made several casework contacts with the SS at the PGM's home and his school. There were no concerns for the SS.

On 3/10/17, ACS substantiated the allegation IG of the SS and his sibling against the BPs.

ACS unsubstantiated the allegation DOA/FATL against the BM. The SC's cause and manner of death was undetermined.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

**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 investigation adhered to approved protocols for joint investigation.

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

### SCR Fatality Report Summary



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032326 - Deceased Child, Male, 4 Mons	032327 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
032326 - Deceased Child, Male, 4 Mons	032327 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
032326 - Deceased Child, Male, 4 Mons	036706 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
036705 - Sibling, Male, 5 Year(s)	036706 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
036705 - Sibling, Male, 5 Year(s)	032327 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

### 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				



<b>in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Fatality Risk Assessment / Risk Assessment Profile**

	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to Determine</b>
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Placement Activities in Response to the Fatality Investigation**

	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to Determine</b>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?</b>	<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

**Family Court Petition Type: FCA Article 10 - CPS**

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
11/22/2016	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	032327 Mother Female 27 Year(s)	
<b>Comments:</b>	ACS filed an Article 10 Petition in Queens Family Court. The QFC ordered that the BPs and the SS were not to leave the State of New York pending further court proceedings. Also, the BPs were not to be under the influence of any intoxicants or use any intoxicants in the presence of the child.	

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



## 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 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)
06/26/2016	15263 - Sibling, Male, 4 Years	15261 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Indicated	No
	15262 - Deceased Child, Male, 1 Days	15261 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	
	15263 - Sibling, Male, 4 Years	15261 - Mother, Female, 27 Years	Inadequate Guardianship	Indicated	
	15262 - Deceased Child, Male, 1 Days	15261 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Indicated	

#### Report Summary:

On 6/26/16, the SCR registered a report alleging PD/AM and IG of the SC and his four-year-old brother. The BM was the subject of the report. According to the report, at the time of the SC's delivery on 6/25/16, the BM had a positive toxicology for marijuana.

**Determination:** Indicated **Date of Determination:** 08/10/2016

#### Basis for Determination:

The Specialist saw and interviewed the hospital staff, the BM, the BF, the SC and the older sibling. The BM admitted to smoking marijuana while pregnant. Also, the hospital staff reported that the BM's drug use could have contributed to the



placental abruption that led to the SC's premature delivery. In addition, the BM was the primary caretaker of the older sibling.

**OCFS Review Results:**

ACS conducted the investigation appropriately.

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

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

The family was known to the SCR and ACS in three unfounded reports dated; 2/11/10, 5/23/12 and 2/12/13. The allegation of the three reports was IG. ACS appropriately investigated the reports and did not find credible evidence to substantiate the allegation of IG. According to the case records, ACS closed the investigations with No services required.

**Known CPS History Outside of NYS**

The family did not have any known CPS 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**

The family was in receipt of housing services from Department of Homeless Services.

**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