



Report Identification Number: NY-19-068

Prepared by: New York City Regional Office

Issue Date: Dec 13, 2019

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: 5 year(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 06/15/2019
Initial Date OCFS Notified: 06/15/2019

Presenting Information

The narratives of the initial and subsequent reports alleged that at approximately 9:30PM, on 6/14/19, the SC was left alone in the living room while under the care of the BF. While the SC was left unsupervised, she ingested an unknown amount of a liquid substance. The parents were aware that the SC had consumed an unknown liquid and they did not obtain medical treatment for the SC. Later that night, the BM induced vomit by sticking her finger in the SC's mouth. The BF gave the SC some juice and then put her to bed. At an unknown time, the SC woke up and vomited. Throughout the night, the SC's breathing was labored, and she was grunting. At approximately 10:00AM on 6/15/19, the BM checked the SC and found her not breathing. She called 911 and shortly after, EMS responded to the home and attempted CPR on the SC. The SC was transported via ambulance to the hospital where medical staff pronounced her dead at 11:05A.M.

Executive Summary

A review of ACS documentation revealed that on the night of 6/14/19, while left unsupervised in the family's home by her parents, the five-year-old female SC ingested an unknown substance. The SC alerted her parents saying she had consumed an unknown liquid; however, they did not obtain immediate medical treatment for the SC. Throughout the night, the SC vomited, her breathing was labored, and she was groaning. The parents did not seek medical attention for the SC. At approximately 10:00AM on 6/15/19, the BM checked the SC and found her not breathing. She called 911 and shortly after, EMS responded to the home and attempted CPR on the SC. The SC was transported via ambulance to the hospital where medical staff pronounced her dead at 11:05A.M. The ME determined the SC's cause of death was acute methadone fixation. The manner of death was undetermined. At the time of the fatality, the BM was eight months pregnant and received prenatal care.

On 6/15/18, ACS received the report and initiated the CPS fatality investigation within the required timeframe. ACS obtained information from collaterals such as the ME, the pediatrician, the ER Dr., LE, and school staff. Based on the statements provided by the collaterals and the ME's preliminary findings, there were no obvious signs of what caused the SC's death. ACS and LE assessed the two SS to be safe in the home with their parents. ACS referred the family for services.

On 7/30/19, the BM gave birth to a baby boy who was born without complications. On 8/12/19, the family started brief-strategic family therapy. The service provider reported the family was cooperative and complaint with services.

On 10/16/19, the ME reported methadone was found in the SC's system. Consequently, ACS filed a Neglect Petition in Kings County Family Court. The court granted a remand for the children. The two-month-old child was placed into kinship foster care with the MGM under the auspices of Graham Windham. The two SS were released to the MGM due to the BM's positive toxicology for substances. However, the BF requested a 1028 Hearing and the outcome was that the two SS would be released to the BF with an OP against the BM for the children.

ACS has not yet determined the CPS investigation and the two-month-old newborn remains in kinship foster care with the MGM. ACS documented the two SS were well cared for by the BF. The BM had moved out of the home and was having visits with the SS. She completed intake at a detox program and was waiting for services in a residential treatment program. The SS and the BF were receiving therapy in the home. The two SS attended school regularly and there were no concerns reported by school staff.



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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

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

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

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

Explain:

The case is open for services.

Required Actions Related to the Fatality

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

Issue:	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	ACS did not complete a 30-Day Safety Assessment.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	ACS must submit a PIP within 45 days that identifies the action the agency will take or took 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: 06/15/2019

Time of Death: 11:02 AM

Time of fatal incident, if different than time of death:

10:00 AM

County where fatality incident occurred:

Kings

Was 911 or local emergency number called?

Yes

Time of Call:

09:45 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

Yes

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Left unsupervised

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was:

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	Female	5 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	45 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	40 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)

LDSS Response

On 6/15/18, ACS contacted the ME, LE, and visited the family. LE stated no criminality was suspected pending the autopsy report. The ME stated the preliminary findings did not reveal any obvious signs of what caused the SC's death.

ACS assessed the two SS to be safe in the family's home. The family members, neighbors and the building staff at the case address did not report any concerns regarding the quality of care the parents provided the children. They described the incident as an isolated one and also denied the SC had developmental delays or special needs. ACS stressed to the parents the need to seek medical attention expeditiously when required.

On 6/17/19, ACS visited the family. The parents provided the timeline of events leading up to the incident which was consistent with the information that was already known. They denied they used illicit substances. ACS assessed the two SS not to be in immediate danger of serious harm at the time of the visit. The family was receptive to ACS' offer of services.



On 6/24/19, school staff denied any behavioral or academic concerns for the two SS.

Also on 6/24/19, ACS held a child safety conference (CSC). The outcome of the CSC was COS against the parents. ACS then attempted to file an Article 10 Neglect Petition in Family Court, but the petition was delayed pending the autopsy report. The family agreed to engage in services.

On 7/1/19, the pediatrician denied any developmental delays or medical conditions for the two SS. The children's immunizations were current. There were no concerns for the general health or parental care.

On 7/10/19, ACS visited the family. ACS did not observe any safety or health hazards in the home at the time of the visit. ACS observed the two SS to be free of marks and bruises.

On 7/30/19, the BM gave birth to a baby boy who was born without complications.

On 8/12/19, the family started brief-strategic family therapy. The service provider reported the family was cooperative.

On 9/16/19, ACS visited the family. The family did not provide any new information about the fatality. The BF reported therapy was going great with the family. ACS assessed the two SS and the newborn to be safe in the home.

On 10/16/19, the ME reported methadone was detected in the SC's system. The ME stated methadone was the SC's preliminary cause of death. The manner of death was pending.

Later that same day, ACS discussed the ME's findings with the parents. The parents denied knowledge of how the SC had access to methadone. They stated they had provided LE with a list of everyone who visited the home and had access to the children prior to the incident.

On 10/17/19, the two SS denied observing their parents using any kind of drugs in the home. They also denied DV in the home by the parents.

On 11/1/19, ACS assessed the newborn at the MGM's home and deemed him safe in the MGM's care.

On 11/6/19, ACS held a follow up CSC and the outcome of the CSC was to file an Article 10 Petition in Family Court. Consequently, ACS filed a Neglect Petition in Kings County Family Court. The court granted a remand for the two-month-old newborn to the MGM. The two SS were also released to the MGM due to the BM's positive toxicology for illicit substances. However, the BF requested a 1028 Hearing and the disposition was COS. The two SS were released to the BF with an OP against the BM for the children. The BM was to leave the home and the BF would submit to random drug testing. The family to continue with PPRS services.

On 11/12/19, ACS assessed and deemed the newborn safe at the MGM's home. ACS discussed the safety plan for the children with the MGM. The MGM did not report any concerns for the children.

On 11/25/19, the ME reported that the SC's final cause of death was acute methadone fixation. The manner of death was undetermined.

ACS had not determined the CPS investigation.

Official Manner and Cause of Death

Official Manner: Undetermined

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 investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

Comments: There is no OCFS approved Child Fatality Review Team in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050411 - Deceased Child, Female, 5 Year(s)	050414 - Mother, Female, 40 Year(s)	DOA / Fatality	Pending
050411 - Deceased Child, Female, 5 Year(s)	050415 - Father, Male, 45 Year(s)	Lack of Supervision	Pending
050411 - Deceased Child, Female, 5 Year(s)	050414 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Pending
050411 - Deceased Child, Female, 5 Year(s)	050414 - Mother, Female, 40 Year(s)	Lack of Medical Care	Pending
050411 - Deceased Child, Female, 5 Year(s)	050415 - Father, Male, 45 Year(s)	DOA / Fatality	Pending
050411 - Deceased Child, Female, 5 Year(s)	050414 - Mother, Female, 40 Year(s)	Poisoning / Noxious Substances	Pending
050411 - Deceased Child, Female, 5 Year(s)	050415 - Father, Male, 45 Year(s)	Lack of Medical Care	Pending
050411 - Deceased Child, Female, 5 Year(s)	050415 - Father, Male, 45 Year(s)	Inadequate Guardianship	Pending
050411 - Deceased Child, Female, 5 Year(s)	050414 - Mother, Female, 40 Year(s)	Lack of Supervision	Pending
050411 - Deceased Child, Female, 5 Year(s)	050415 - Father, Male, 45 Year(s)	Poisoning / Noxious Substances	Pending

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"/>
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"/>



Child Fatality Report

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"/>
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 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 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 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"/>
Explain: ACS did not complete a 30-Day Safety Assessment.				

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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: On 11/6/19, the Kings County Family Court granted a remand for the children. The two-month-old child was placed into kinship foster care with the MGM under the auspices of Graham Windham. The two SS were released to the MGM due to the BM's positive toxicology for substances.				

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:
11/06/2019	There was not a fact finding	There was not a disposition
Respondent:	050414 Mother Female 40 Year(s)	
Comments:	Following the ME's report which indicated methadone was found in the SC's system, ACS filed a Neglect Petition in Kings County Family Court. The court granted a remand for the two-month-old child with the MGM. The two SS were also released to the MGM due to the BM's positive toxicology for methadone, opiates and marijuana.	

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)

Date Filed:	Fact Finding Description:	Disposition Description:
11/06/2019	There was not a fact finding	Order of Supervision
Respondent:	None	
Comments:	The BF requested a 1028 Hearing and the disposition was court ordered supervision. The two SS would be released to the BF with an OP against the BM for the children. The BM was to leave the home and the BF would submit to random drug testing. The family would continue with preventive services.	

Have any Orders of Protection been issued? Yes

From: 11/06/2019

To: Unknown

**Explain:**

The Brooklyn Family Court issued an OP against the BM for the children.

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

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 family received brief-strategic family therapy through Jewish Child Care Association.

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

Explain:

The family received brief-strategic family therapy through Jewish Child Care Association.

History Prior to the Fatality



Child Information

Did the child have a history of alleged child abuse/maltreatment?	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

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

The BM was known to the SCR in a report dated 5/25/14. The report alleged on 5/25/14, the BM gave birth and delivered the now deceased SC. The SC had positive toxicology for marijuana and opiates. The BM used marijuana while pregnant with the SC.

ACS substantiated the allegations PD/AM, and IG against the BM. The BM tested positive for marijuana and admitted to using marijuana during pregnancy. Both the BM and the SC tested positive for opiates, benzodiazepines, marijuana and methadone after the BM gave birth to the SC. The BM's use of a combination of non-prescribed psychotropic drugs, and smoking marijuana while caring for her young vulnerable children who required close care and supervision placed the children in imminent danger of becoming harmed. The family was referred to preventive services with Seamen's society. The BM enrolled at New Directions for drug treatment and completed services on 2/12/15.

Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.

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