



Report Identification Number: NY-19-007

Prepared by: New York City Regional Office

Issue Date: Jul 08, 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: 11 day(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 01/15/2019
Initial Date OCFS Notified: 01/17/2019

Presenting Information

According to the information provided to ACS, in January 2019, the infant was admitted to the hospital immediately following his birth. He remained in the hospital where he received treatment for extreme prematurity and other pre-existing conditions. The infant died in the hospital on 1/15/19. He was never released to the BM's care.

Executive Summary

This medically fragile male infant was approximately two weeks old when he died on 1/15/19. ACS documentation showed the infant was pronounced dead by an attending physician. The death was due to natural causes. There was no ME assigned to the case.

At the time of the infant's death, the BM had an open investigation that began on 1/5/19. ACS investigative findings showed between 1/11/19 and 1/14/19, the BM did not visit the hospital to discuss plans for the infant. The BM resided with the MGM, and MAs: ages 11 and 14, MU: age 13, and their father. ACS obtained LE assistance to locate the BM, while the hospital assigned the MGM as the legal proxy for the infant. The MGM informed ACS of the infant's death.

ACS obtained information from medical staff who said the infant was born prematurely at approximately 24 weeks gestation and had a very low birth weight. At birth he was admitted to the hospital for evaluation of extreme prematurity, respiratory distress syndrome and newborn sepsis. He remained hospitalized and was in an incubator in the neonatal intensive care unit. He received maximum support and treatment to maintain his breathing. He did not test positive for substances although the BM had a positive toxicology for marijuana and benzodiazepines. On 1/14/19, during a visit to the hospital, ACS interviewed the staff, and learned the infant was in a "decomposition stage" and not expected to survive. The infant had no surviving siblings and there were no other children in the BM's care.

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. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006. ACS incorporated the information into the open investigation for further exploration.

ACS engaged the family through home visits and telephone contacts. ACS interviewed the BM, MGM, and MAs, MU and their father. The results of the interviews revealed the family members were distraught about the infant's death. The family received counseling, housing, bereavement, burial assistance services. The BM did not comply with service implementation. She was truant from school, used illicit substances, and exhibited aggressive behavior. The BM was listed as a child on the MGM's open preventive services court ordered supervision (COS) case since September 2017. ACS addressed the BM's needs through the open case until COS ended on 6/12/19.

The MGM's case remained open for PPRS at the time of writing of this fatality.

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:

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:

There was no SCR report and no allegations regarding the infant's death.

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: 01/15/2019

Time of Death: 03:40 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:

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: Hospitalized | | |

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

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	Aunt/Uncle	No Role	Female	14 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	11 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	13 Year(s)
Deceased Child's Household	Deceased Child	No Role	Male	11 Day(s)
Deceased Child's Household	Grandparent	No Role	Female	41 Year(s)
Deceased Child's Household	Mother	No Role	Female	16 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	44 Year(s)

LDSS Response

ACS interviewed the BM in the home on 1/15/19 and on 1/16/19, respectively. The BM did not provide details regarding the infant's death. The BM said she went to a friend's home to use drugs, became ill and was transported to the hospital where she gave birth to the infant. According to the BM's account, following discharge from the hospital she was at a friend's home from 1/14/19 through the afternoon of 1/15/19. She did not inform the MGM of her whereabouts. She said she used marijuana in her friends' homes. She was unable to recall the location of the homes.

ACS counseled the BM about the dangers of using illicit drugs and leaving the home without the MGM's knowledge. The BM did not agree to in-patient services for substance abuse. She said she was depressed due to the infant's death. ACS provided referral for mental health consultation and bereavement. The MGM agreed to participate in individual and family counseling for bereavement.

The MGM had an active Family Court case under an Article Ten Neglect petition that began in September 2017. ACS addressed the BM's behavior as she was listed as a child in the MGM's case. ACS obtained Family Court Legal Services (FCLS) consultation and discussed the BM's behavioral concerns and mental health needs on 1/17/19. The participants discussed plans to enroll the BM in a specialized school setting. The documentation did not include details although an ACS Specialist requested additional FCLS assistance on 3/19/19.

Between January 2019 and June 2019, ACS and PPRS staff visited the family, observed and interviewed household members, monitored elevated risk concerns, and assessed safety of the BM, MAs and PU. ACS noted the BM, MAs and PU did not have observable marks/bruises, the home was well organized, and the family had adequate sleeping arrangements, food and household supplies. The family participated in bereavement and therapeutic services. The family received housing support, and financial assistance for the SC's cremation. ACS visited the schools, interviewed counselors, reviewed details of attendance and academic performance, and addressed education concerns. The documentation showed the BM was truant from school and continued to misuse drugs. The MGM was unable to manage the BM's behavior.

ACS did not enter progress notes contemporaneously, including activities that occurred in February and March 2019 but were not entered until June 2019.

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 NYC.

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

Additional information:

ACS did not enter progress notes contemporaneously.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input 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"/>



Child Fatality Report

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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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"/>

Explain:
The family received court ordered services with ACS supervision.

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 of the surviving children in the home.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 The family received preventive services and community based services.

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:
 ACS referred the family to bereavement services.

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

Explain:
 ACS referred the BM to drug treatment and case management services.

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? N/A
- 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)	Allegation Outcome	Compliance Issue(s)
01/15/2019	Deceased Child, Male, 11 Days	Mother, Female, 16 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 11 Days	Mother, Female, 16 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

The 1/15/19 SCR report alleged the BM tested positive for marijuana when she gave birth to the infant in January 2019. The infant's toxicity screen was negative. The MGM had an unknown role.

Report Determination: Unfounded **Date of Determination:** 03/01/2019

Basis for Determination:

ACS unsubstantiated the allegations of IG and PD/AM of the infant by the BM on the basis of no credible evidence. The infant was hospitalized at the time of birth and was not released to the BM's care. He was pronounced dead by an attending physician on 1/15/19.

OCFS Review Results:

ACS interviewed the BM and MGM in the hospital on 1/5/19. The BM said on 1/4/19, she was at a friend's home when she became ill and was transported to the hospital where she gave birth to the infant. She said she used marijuana during her pregnancy. She did not provide details about the infant's father. The MGM and ACS discussed plans for the infant's needs.

ACS verified the infant was born at approximately 24 weeks gestation and the BM tested positive for marijuana and benzodiazepines. The BM did not visit the infant between 1/9/19 and 1/14/19. ACS visited the home, interviewed the MGM, and MAS, PA and their father, made safety and risk assessments and addressed the BM's drug use

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

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

The BM was not listed as a subject of a SCR report more than three years prior to the fatality.

Known CPS History Outside of NYS

The family had no know 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

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	ACS did not enter progress notes contemporaneously. Some of the events that occurred in February and March 2019 were not entered until June 2019.
Legal Reference:	18 NYCRR 428.5
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.

Preventive Services History

According to Child Care Review Services, the MGM's family received court ordered services under an Article Ten Neglect petition that was filed in Queens County Family Court on 9/05/17. The family received case management to address inadequate supervision in the home, mental health, education and health needs. The family was non-compliant as the PGM and BM did not always attend scheduled appointments. The case was open for services when ACS received information regarding the infant's death on 1/15/19. The infant was not listed in the household composition.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
09/05/2017	There was not a fact finding	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	050398 Grandparent Female 41 Year(s)	
Comments:	COS expired on 6/12/19.	

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