



**Report Identification Number: NY-21-055**

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

**Issue Date: Nov 04, 2021**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 11 day(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** 05/05/2021  
**Initial Date OCFS Notified:** 05/05/2021

## Presenting Information

The SCR received a report on 4/24/21 alleging the mother gave birth to the female child at 37 weeks gestation. The mother tested positive for cocaine at the time of delivery; the child's results were negative. The child had seizures after being born and was immediately put on life support. The child was diagnosed with hypoxic ischemic encephalopathy. On 5/17/21, ACS was informed the child died on 5/5/21. The child died due to her medical condition. Medical staff determined that nothing the mother did contributed to this disorder. The mother had no other children in her care at the time of the child's death.

## Executive Summary

This fatality report concerns the death of an 11-day-old female subject child that occurred on 5/5/21. There were no suspicions regarding the death of the child. The New York City Administration for Children's Services (ACS) gathered information regarding the cause and circumstances regarding the child's death. The cause of death was listed as anoxic brain injury due to complicating placental abruption, and the manner of death was listed as natural. Following the death of the child, medical personnel reported cocaine in the mother's system was considered a contributing and material factor in the child's condition which led to the death of the child.

At the time of the fatality, the subject child was the only child in the mother's care. Years before the birth and subsequent death of the subject child, the mother's six other children were released to their father with Court Ordered Supervision. The mother had no contact with the children.

ACS's documentation reflected that on 4/24/21 the mother went to the hospital for an unrelated complaint and was told she was 37 weeks pregnant. The subject child was born on that same day via C-section in one hospital and was transferred to another hospital on 4/25/21 for a higher level of care. The child remained on life supporting equipment from the time of her birth until her death on 5/5/21. The mother said she did not know she was pregnant.

Medical personnel reported that the child never had brain activity; she had a severe brain injury. Additionally, the child did not have any movement or sucking motion and was intubated when she was transferred from one hospital to the next.

ACS made contact with the father and the six children. The children were assessed to be safe with the father. Attempts to reach the mother were unsuccessful, therefore she was not engaged in 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?** 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?** Yes

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

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

**Explain:**

There are no other children in the BM's care.

### 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:** 05/05/2021

**Time of Death:** Unknown

**Date of fatal incident, if different than date of death:**

04/24/2021

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

Unknown

**County where fatality incident occurred:**

New York

**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?**

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

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

**At time of incident supervisor was:**

Distracted

Absent

Asleep

Other: N/A

**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	11 Day(s)
Deceased Child's Household	Mother	No Role	Female	40 Year(s)
Other Household 1	Other - Father of siblings	No Role	Male	32 Year(s)
Other Household 1	Sibling	No Role	Female	5 Year(s)
Other Household 1	Sibling	No Role	Male	8 Year(s)
Other Household 1	Sibling	No Role	Male	6 Year(s)
Other Household 1	Sibling	No Role	Male	9 Year(s)
Other Household 1	Sibling	No Role	Male	10 Year(s)
Other Household 1	Sibling	No Role	Male	12 Year(s)

### LDSS Response

ACS followed their internal protocol and conducted an assessment of the information received regarding the death of the child. ACS learned there were no surviving siblings or other children that resided in the household with the mother.

The case documentation reflected unsuccessful attempts to locate the mother. The mother did not follow through with any prior service requests.

ACS made contact with the father of the six surviving half siblings and completed assessments of the children. ACS documented these children were not in immediate or impending danger of serious harm. The father and the children were offered preventive services which they accepted for a short while. The preventive services case which was opened on 6/8/21 was closed on 10/5/21.

Throughout the investigation, ACS spoke with the ME, and the SC's medical providers, including the medical specialist who was treating SC's condition for the 11 days she was on life support. ACS was informed by the specialist that the child did not have sufficient oxygen in utero, and as a result the child suffered from anoxic brain injury due to complicating placental abruption, and the manner of death was listed as natural.

### 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:** Medical Examiner

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

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

**Explain:**  
 There were no surviving siblings or other children in the household.

### 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



# Child Fatality Report

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Preventive Services

**Additional information, if necessary:**

The mother did not make herself available for any services after the initial offering; however, the father and surviving siblings who resided elsewhere engaged in preventive services for a short while.

## 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? Yes
- 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
- Had heavy alcohol use
- Smoked tobacco



- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

Used illicit drugs

**Infant was born:**

- Drug exposed
- With fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/26/2021	Deceased Child, Female, 1 Days	Mother, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 1 Days	Mother, Female, 40 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

On 4/24/2021, the mother gave birth to a baby girl at 37 weeks gestation. The mother tested positive for cocaine at the time of delivery. The newborn had seizures after being born and her toxicology results were pending.

**Report Determination:** Unfounded

**Date of Determination:** 05/06/2021

**Basis for Determination:**

According to ACS, the evidence gathered during the investigation did not support findings of abuse or maltreatment. Although the mother tested positive for cocaine, the SC's toxicology results were negative. The SC's health concerns were not confirmed to be a result of the mother's drug use. During pregnancy, the mother continued to use cocaine; however, she denied knowledge of being pregnant. The mother reported being homeless with no stable housing. She reported being an undocumented citizen with no financial means of support or insurance for medical treatment. The SC was born with brain damage and remained in the hospital in critical condition.

**OCFS Review Results:**

ACS conducted the CPS investigation appropriately.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/03/2020	Sibling, Female, 5 Years	Other - Babysitter, Female, 44 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 5 Years	Other - Babysitter, Female, 44 Years	Lacerations / Bruises / Welts	Substantiated	
	Sibling, Male, 10 Years	Other - Babysitter, Female, 44 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 11 Years	Other - Babysitter, Female, 44 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Other - Babysitter, Female, 44 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 7 Years	Other - Babysitter, Female, 44 Years	Inadequate Guardianship	Substantiated	



Sibling, Female, 8 Years	Other - Babysitter, Female, 44 Years	Inadequate Guardianship	Substantiated
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**Report Summary:**

The children's guardian went to a nursing conference and left the children with the babysitter. On an unknown date, the babysitter hit the 4yo child with a belt on her back inflicting a bruise.

**Report Determination:** Indicated**Date of Determination:** 04/02/2020**Basis for Determination:**

The video evidence revealed the babysitter used a belt to discipline the children physically. While in the home with the children, the babysitter used verbal and physical punishment to discipline the children on numerous occasions. The babysitter struck the 4yo child with a belt as a form of punishment. As a result, the 4yo child sustained a bruise to her lower back; pictures were taken of the bruise.

**OCFS Review Results:**

NYCRO agrees with the ACS' decision to SUB the allegations IG, and L/B/W against the babysitter.

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

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

Between 3/6/13 and 5/28/17, the family had nine indicated reports. The pattern of the allegations were IG, and EdN. There were also concerns of cocaine and marijuana use by the BM, DV by the parents, and violations of an OP. The case records reflected the BF would leave the children alone with the BM in violation of the court order. The BM was not enrolled in substance abuse treatment and continued to test positive for cocaine and marijuana. The BM and the now 5-yo child tested positive for cocaine at the time of delivery.

In November 2013, ACS filed a neglect petition against the BM due to the now 8-yo child being born with positive toxicology for cocaine. The BM was also positive for cocaine and marijuana at time of delivery. The parents had another child who was freed for adoption in 2016. The child had a diagnosis of a clinical health condition. In 2014, ACS amended the neglect petition and a remand was granted as the BF stated he was unable to care for the child's needs. The parents' rights were terminated for the child.

On 6/5/2017, ACS filed a neglect petition against the parents due to DV. The BF was arrested for going to the home and threatening and assaulting the BM. The BM was admitted to the hospital with scratches and bruises on her arms. A petition was also filed against the BM for her failure to comply with a prior dispositional order as the BM did not enter and complete drug treatment. The children were removed and released to a resource with COS.

### Known CPS History Outside of NYS

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

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality?** Yes

**Date the Child Protective Services case was opened:** 06/08/2021

### Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
<b>Did the service provider(s) comply with the timeliness and content requirements for progress notes?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Preventive Services History



In 2017 FSU services began for the family as a result of mother's drug use and issues related to domestic violence. Services continued with ACS's FSU unit until after the death of the subject child.

### 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