



**Report Identification Number: BU-15-002**

**Prepared by: Buffalo Regional Office**

**Issue Date: 1/22/2016**

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
<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
CPR-Cardio-pulmonary Resuscitation		
<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	MN-Medical Neglect	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	
<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		

## Case Information



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 2 year(s)

**Jurisdiction:** Erie  
**Gender:** Male

**Date of Death:** 12/31/2014  
**Initial Date OCFS Notified:** 01/02/2015

## Presenting Information

On 12/31/2014, at approximately 9:30PM, 2-year-old subject child died at Women's and Children's Hospital of Buffalo. The subject child had been sick for at least two weeks prior to his death. On 12/17/2014, the subject child was having difficulties breathing, had a harsh cough, and was discharging green mucus from his nose. The grandmother failed to seek medical attention for the subject child despite this. It wasn't until 12/30/2015, after the child's body temperature had risen to 104 degrees, that the grandmother decided to seek medical attention. The official cause of death is unknown at this time. The roles of the mother and other children are unknown. The father has no role.

## Executive Summary

On 12/31/2014, at approximately 9:30PM, 2-year-old SC died at Women and Children's Hospital of Buffalo. Subject child had been sick for at least two weeks prior to his death. On 12/17/2014, the child was having difficulties breathing, had a harsh cough, and was discharging green mucus from his nose. Subject grandmother failed to seek medical attention for the subject child despite this. It wasn't until 12/30/14, after the child's body temperature had risen to 104 degrees, that the grandmother decided to seek medical attention. The official cause of death is unknown at this time.

On 01/02/2015 Erie County CPS initiated the investigation. CW made contact with the source, conducted a home visit with subject grandmother (SGM) and surviving children in the home, and made appropriate collateral contacts including Police, medical, school, day care, and family.

No concerns were observed in the home or with the two surviving children. The Pediatrician reported SC and other children as up-to-date with no care concerns. The school had no concerns. Police reported no suspicions regarding SC's death as reported and no criminal investigation was initiated. Day care staff reported no concerns with SC's care. Family members reported no concerns with SGM's care of SC.

SGM had guardianship of the SC and half-sibling due to their mother's substance abuse, history of criminal activity including prostitution and burglary, and incarcerations. SGM also has guardianship of surviving cousin child due to that mother's death and no paternity had been established. The two surviving children visited with SC's mother on Wednesdays and weekends and she reported no concerns regarding SGM's care. SC's father is incarcerated through 2017 and has no contact with SC. SC's surviving half-sibling's father resides out of state and has minimal contact with the child. CW covered global assessments with the surviving children. The surviving children reported no concerns regarding SGM's home or care. The home appeared clean with no safety factors observed.

SC's day care reported SC appeared healthy and acted normally at last contact on 12/19/14. SGM reported bringing SC to South Carolina on 12/22/14 and returning on 12/29/14 with SC experiencing flu symptoms. SGM contacted SC's Pediatrician on 12/31/2014 regarding his having an elevated heart rate after seeing a TV report regarding this in connection with a dangerous flu strain. She was advised to take SC to Children's hospital ER which she did and SC was treated and appeared to be doing better. SC was admitted for overnight observation and, while at the hospital, had an episode of difficulties in breathing, coded, and then passed away during an intubation procedure.



No autopsy was performed. The certificate of death, signed by the hospital Attending Physician, lists the cause of death as cardiac failure due to cardiac collapse from suspected abdominal perforation as a consequence of respiratory failure likely from bronchitis.

On March 03, 2015, allegations of DOA/Fatality, Inadequate Guardianship, and Lack of Medical Care against SGM were unsubstantiated. Basis of findings are that SC was taken to the hospital where he was suspected as passing away from a rare form of streptococcus pneumonia. SGM was appropriate with treatment for SC. It did not appear SC had a lack of appropriate medical attention. The surviving children appear safe and in good health in SGM's care. The case was closed with services offered and declined.

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

Explain:

Casework activity was commensurate with the fatality investigation.

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:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities



# NYS Office of Children and Family Services - Child Fatality Report

## Incident Information

**Date of Death:** 12/31/2014

**Time of Death:** 09:30 PM

**Time of fatal incident, if different than time of death:** 09:54 PM

**County where fatality incident occurred:** ERIE

**Was 911 or local emergency number called?** No

**Did EMS to 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: In hospital for treatment

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

**Is the caretaker listed in the Household**

**Composition?** No

**At time of incident supervisor was:** Unknown if they were impaired.

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

**Children ages 0-18:** 1

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	49 Year(s)
Deceased Child's Household	Other Child	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Other Household 1	Mother	No Role	Female	23 Year(s)

## LDSS Response

On 01/02/2015 Erie County CPS initiated the investigation. CW made contact with the source, conducted a home visit with subject grandmother (SGM) and surviving children in the home, and made appropriate collateral contacts including Police, medical, school, daycare, and family.

No concerns were observed in the home or with the surviving children. There is one surviving half- sibling and one surviving cousin child in the home. The Pediatrician reported SC and other children as up-to-date with no care concerns.

The school had no concerns. Police reported no suspicions regarding SC's death as reported and no criminal investigation was initiated. Daycare staff reported no concerns with SC's care. Family members reported no concerns with SGM's care of SC.

SGM had guardianship of the children due to their mother's substance abuse, history of criminal activity including prostitution and burglary, and incarcerations. SGM has guardianship of other cousin child due to the mother's death and no paternity had been established. CW covered global assessments with the surviving children including substance abuse, domestic violence, and discipline. The surviving children reported no concerns regarding SGM's home or care. The home appeared clean with no safety factors observed.

The two surviving children visited with SC's mother on Wednesdays and weekends and she reported no concerns regarding SGM's care. SC's father is incarcerated through 2017 and has no contact with SC. SC's surviving half-sibling's father resides out of state and has minimal contact with the child.

SC's daycare reported SC appeared healthy and acted normally at last contact on 12/19/14. SGM reported bringing SC to South Carolina on 12/22/14 and returning on 12/29/14 with SC experiencing flu symptoms. SGM contacted SC's Pediatrician on 12/31/2014 regarding his having an elevated heart rate after seeing a TV report regarding this in connection with a dangerous flu strain. She was advised to take SC to Children's hospital ER which she did and SC was treated and appeared to be doing better. SC was admitted for overnight observation and, while at the hospital, had an episode of difficulties in breathing, coded, and then passed away during an intubation procedure.

No autopsy was performed. The certificate of death dated 01/01/2015, signed by the hospital Attending Physician, lists the cause of death as cardiac failure due to cardiac collapse from suspected abdominal perforation as a consequence of respiratory failure likely from bronchiolitis.

On March 03, 2015, allegations of DOA/Fatality, Inadequate Guardianship, and Lack of Medical Care against SGM were unsubstantiated. Basis of findings are that SC was taken to the hospital where he is suspected as passing away from a rare form of streptococcus pneumonia. SGM was appropriate with treatment for SC. It did not appear SC had a lack of appropriate medical attention. The surviving children appear safe and in good health in SGM's care. The case was closed with services offered and declined.

## 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 investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Comments:** Erie County has a multi-disciplinary team that conducted this investigation.

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

**Comments:** Erie County does not have an OCFS approved Child Fatality Review Team.



# NYS Office of Children and Family Services - Child Fatality Report

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
021221 - Deceased Child, Male, 2 Yrs	021222 - Grandparent, Female, 49 Year(s)	Lack of Medical Care	Unsubstantiated
021221 - Deceased Child, Male, 2 Yrs	021222 - Grandparent, Female, 49 Year(s)	Inadequate Guardianship	Unsubstantiated
021221 - Deceased Child, Male, 2 Yrs	021222 - Grandparent, Female, 49 Year(s)	DOA / Fatality	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Case notes were appropriately timely and detailed.

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children 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"/>



# NYS Office of Children and Family Services - Child Fatality Report

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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
Removal of surviving children was not necessary as a result of this fatality report.



# NYS Office of Children and Family Services - Child Fatality Report

## 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	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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Additional information, if necessary: N/A							

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? No

Explain:

Counseling services were offered, but were declined by the surviving children.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No



# NYS Office of Children and Family Services - Child Fatality Report

**Explain:**

Counseling services were encouraged. Unknown if caretakers followed up on. Mother, no role, was already involved in counseling.

## 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? Yes

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

## 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)
02/06/2012	6422 - Sibling, Female, 4 Years	6421 - Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	No

**Report Summary:**

There is ongoing domestic violence between mother and various boyfriends in the presence of sibling child. Mother is financially unstable and is unable to adequately care for the child. Mother does not have stable housing and is constantly moving from place to place.

**Determination:** Unfounded

**Date of Determination:** 03/08/2012

**Basis for Determination:**

Allegation of IG against mother regarding sibling child. CW has confirmed mother left her previous relationship due to domestic violence. Mother moved from Erie Co. to Chautauqua Co. for this reason. There was a domestic violence incident in Buffalo in the presence of child with bio-father that was previously INDICATED for DV. Mother took action to protect child. Mother has secured housing and public assistance in Chautauqua County. CW provided mother was referrals in the community. Mother is living with a friend and her family. This home was last assessed safe. There is no credible evidence to support the allegations therefore, the report is UNFOUNDED.

**OCFS Review Results:**

No apparent concerns upon review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/09/2012	6425 - Deceased Child,	6426 - Father, Male, 22	Parents Drug /	Unfounded	No



# NYS Office of Children and Family Services - Child Fatality Report

Male, 2 Months	Years	Alcohol Misuse	
6425 - Deceased Child, Male, 2 Months	6424 - Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unfounded
6425 - Deceased Child, Male, 2 Months	6426 - Father, Male, 22 Years	Inadequate Guardianship	Indicated
6425 - Deceased Child, Male, 2 Months	6424 - Mother, Female, 21 Years	Inadequate Guardianship	Indicated

**Report Summary:**

Allegations of IG and parent D/A misuse against mother in regards to sibling child age 6. Tonight mother was at a party with her child. Child was exposed to mother and several adults engaging in the use of marijuana in the child's presence. Mother was found intoxicated with and unable to care for the child due to her intoxication.

A subsequent report was received on 11/09/12 with allegations of IG and parent drug/alcohol misuse against mother. This was consolidated into the open report.

**Determination:** Indicated

**Date of Determination:** 09/26/2012

**Basis for Determination:**

Mother and child reported they were at a party on 8/9/12, but denied mother was smoking marijuana. Mother and child both reported mother was drinking beer, but not to the point of intoxication. Source also reported mother was drinking beer, but not to the point of intoxication to the point that she was unable to care for the child. Mother was arrested, but the charges were dropped.

Subsequent report of 11/9/12 was INDICATED for IG against mother and bio-father. Mother acknowledged domestic dispute between she and bio-father while SC was in their care and Police were contacted. Sibling child was with SGM. Allegation of parent drug misuse UNFOUNDED.

**OCFS Review Results:**

No apparent concerns upon review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/28/2012	6428 - Deceased Child, Male, 1 Months	6427 - Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	6428 - Deceased Child, Male, 1 Months	6427 - Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	
	6429 - Sibling, Female, 5 Years	6427 - Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	
	6429 - Sibling, Female, 5 Years	6427 - Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded	

**Report Summary:**

Allegations of IFCS and IG and mother in regards to other sibling and SC. The family is living in a building that was condemned a few months ago. The home is infested with rats and cockroaches. There are holes in the roof and walls. Mother is placing children at risk of by continuing to reside in the building.

**Determination:** Unfounded

**Date of Determination:** 11/15/2012

**Basis for Determination:**



# NYS Office of Children and Family Services - Child Fatality Report

The home was not condemned. There were no rats or infestations observed. The home was observed as neat and tidy. Child has a pet gerbil, but no rats. Due to lack of credible evidence, the report is UNFOU NDED and closed.

**OCFS Review Results:**

No apparent concerns upon review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/21/2013	6382 - Deceased Child, Male, 4 Months	6381 - Grandparent, Female, 46 Years	Inadequate Guardianship	Unfounded	No
	6382 - Deceased Child, Male, 4 Months	6381 - Grandparent, Female, 46 Years	Lack of Supervision	Unfounded	
	6383 - Sibling, Female, 5 Years	6381 - Grandparent, Female, 46 Years	Lack of Supervision	Unfounded	
	6382 - Deceased Child, Male, 4 Months	6381 - Grandparent, Female, 46 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	6383 - Sibling, Female, 5 Years	6381 - Grandparent, Female, 46 Years	Inadequate Guardianship	Unfounded	
	6384 - Other Child - Cousin, Female, 10 Years	6381 - Grandparent, Female, 46 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	6382 - Deceased Child, Male, 4 Months	6381 - Grandparent, Female, 46 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	6384 - Other Child - Cousin, Female, 10 Years	6381 - Grandparent, Female, 46 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	6383 - Sibling, Female, 5 Years	6381 - Grandparent, Female, 46 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	6384 - Other Child - Cousin, Female, 10 Years	6381 - Grandparent, Female, 46 Years	Inadequate Guardianship	Unfounded	
	6383 - Sibling, Female, 5 Years	6381 - Grandparent, Female, 46 Years	Inadequate Food / Clothing / Shelter	Unfounded	
6384 - Other Child - Cousin, Female, 10 Years	6381 - Grandparent, Female, 46 Years	Lack of Supervision	Unfounded		

**Report Summary:**

Allegations of IFCS and lack of supervision against SGM. The home is unsanitary and presents a health hazard for Other child 9 and sibling 5. The home is infested with bed bugs and garbage. There is a strong foul odor throughout the home. SGM is aware however, she fails to take responsibility to adequately address the unsanitary conditions. As a result, the children sustain bug bites on their bodies. There is also an inadequate amount of food in the home and as a result the children experience hunger.

**Determination:** Unfounded

**Date of Determination:** 03/12/2013

**Basis for Determination:**

Upon start of investigation, the apartment was found to be neat and clean with no visible safety concerns. Some children did have red bumps. SGM reported they had bed bugs and cockroaches a couple months ago after purchasing used furniture from a store. The store fumigated the apartment. SGM has custody. Mother has weekend visitations. CPS intervention is no longer required. Children appear safe.



# NYS Office of Children and Family Services - Child Fatality Report

**OCFS Review Results:**

No apparent concerns upon review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/31/2013	6431 - Sibling, Female, 6 Years	6430 - Grandparent, Female, 46 Years	Lack of Supervision	Unfounded	No
	6432 - Deceased Child, Male, 6 Months	6430 - Grandparent, Female, 46 Years	Lack of Supervision	Unfounded	
	6431 - Sibling, Female, 6 Years	6430 - Grandparent, Female, 46 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	6432 - Deceased Child, Male, 6 Months	6430 - Grandparent, Female, 46 Years	Inadequate Food / Clothing / Shelter	Unfounded	

**Report Summary:**

Allegations of IFCS and lack of supervision against SGM. Other child 9, sibling 7, and SC 7 months, are currently home alone and have been for over two hours. The home is a health and safety hazard to the children with garbage strewn about and an infestation of bed bugs and cockroaches. The children have bite marks all over their bodies due to this. SGM is failing to address these ongoing issues.

**Determination:** Unfounded

**Date of Determination:** 06/07/2013

**Basis for Determination:**

There is no credible evidence with which to substantiate the allegations. At this time there is no indication that caretaker has left the children unsupervised. SGM and children deny this. Caretaker appears to be providing minimum degree of care. It does appear there was a bed bug issue stemming from her obtaining a used mattress from a store. SGM and preventive services is working diligently to address this issue. SGM is compliant with preventive services and no concerns were reported by collaterals. NO further CPS intervention appears necessary. Children appear safe.

**OCFS Review Results:**

No apparent concerns upon review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/17/2013	6387 - Sibling, Female, 6 Years	6385 - Grandparent, Female, 47 Years	Inadequate Guardianship	Unfounded	No
	6387 - Sibling, Female, 6 Years	6385 - Grandparent, Female, 47 Years	Lack of Supervision	Unfounded	
	6386 - Deceased Child, Male, 10 Months	6385 - Grandparent, Female, 47 Years	Inadequate Guardianship	Unfounded	
	6388 - Other Child - Cousin, Female, 10 Years	6385 - Grandparent, Female, 47 Years	Lack of Supervision	Unfounded	
	6386 - Deceased Child, Male, 10 Months	6385 - Grandparent, Female, 47 Years	Lack of Supervision	Unfounded	
	6388 - Other Child - Cousin, Female, 10 Years	6385 - Grandparent, Female, 47 Years	Inadequate Guardianship	Unfounded	



# NYS Office of Children and Family Services - Child Fatality Report

**Report Summary:**

SGM allows other child age 9 and sibling age 6 to go alone and unsupervised to a park in a dangerous neighborhood on a daily basis. The park is about 4 blocks from the home. There is open drug dealing and violence in the neighborhood including shootings in the park. SGM waked other sibling up in the middle of the night to change SC and feed him. As a result sibling is always exhausted and falling asleep during the day. Sibling and SC have bug bites on their faces and bodies. SC is constantly itching the bites. This had been on-going for months. SC has severe heat rash on stomach, back, things, and chest and has blisters from sun burn on his face.

**Determination:** Unfounded**Date of Determination:** 07/30/2013**Basis for Determination:**

Report 25562582 07/15/2013 was suspended and consolidated into this report.

Based on interviews with the children and service providers, there is no credible evidence to support the allegations in the report. Services are in place through Baker Victory services and Erie County children services. The children appear safe. Case is closed with no further CPS involvement.

**OCFS Review Results:**

No apparent concerns upon review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/11/2013	6389 - Other Child - Cousin, Female, 10 Years	6390 - Grandparent - Cousin, Female, 47 Years	Inadequate Guardianship	Unfounded	No

**Report Summary:**

On more than one occasion, SGM, has hit Other child age 10 in the face for unknown reasons causing the child pain. The 6 year old child has an unknown role.

An additional info report was received on 10/14/13: Other child was brought to ECMC for suicidal ideation. She told Crisis Services staff that SGM slapped her across the face because she didn't come inside. There were no injuries and source would not say if the SGM was excessive. It is unknown if the child is still at ECMC.

**Determination:** Unfounded**Date of Determination:** 01/31/2014**Basis for Determination:**

SGM slapped other child when she became out of control and began to yell and throw things around the home. Other child did not sustain any injuries. SGM enrolled other child in counseling. SGM is compliant with preventive services. No concerns regarding other children. Case remains open with services. No further CPS intervention necessary at this time.

**OCFS Review Results:**

No apparent concerns upon review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/08/2014	6406 - Deceased Child, Male, 2 Years	6404 - Mother, Female, 21 Years	Inadequate Guardianship	Indicated	No
	6406 - Deceased Child, Male, 2 Years	6404 - Mother, Female, 21 Years	Lacerations / Bruises / Welts	Indicated	



# NYS Office of Children and Family Services - Child Fatality Report

6406 - Deceased Child, Male, 2 Years	6405 - Mother's Partner, Male, 24 Years	Inadequate Guardianship	Indicated
6406 - Deceased Child, Male, 2 Years	6405 - Mother's Partner, Male, 24 Years	Lacerations / Bruises / Welts	Indicated

**Report Summary:**

Allegations of IG and L/B/W against mother and parent-sub regarding SC. SC was visiting mother and parent-sub at mother's home. When SC returned to SGM's care, SC had unexplained broken blood vessels and bruises on his penis.

**Determination:** Unfounded**Date of Determination:** 06/27/2014**Basis for Determination:**

Subject Child was in the care of mother and parent-sub when he sustained an injury to his penis. CW and Police interviewed mother and parent-sub with no disclosures made. Mother and parent-sub have no explanation for SC injury. SC could not be interviewed due to his age. Sibling reported no concerns or knowledge of injury. CAC determined injury was the result of trauma/ inflicted. Because mother and parent-sub have no explanation and SC was in their care, the allegations of IG and LBW are INDICATED against mother and parent-sub.

**OCFS Review Results:**

No apparent concerns from case review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/09/2014	6434 - Deceased Child, Male, 1 Years	6433 - Grandparent, Female, 47 Years	Inadequate Guardianship	Unfounded	No
	6434 - Deceased Child, Male, 1 Years	6433 - Grandparent, Female, 47 Years	Lack of Supervision	Unfounded	

**Report Summary:**

A subsequent report was received 04/09/2014 with allegations of IG, L/B/W, and lack of supervision against SGM stating mother and SGM share custody of sibling child age 7 and SC age 18 months. SGM does not provide adequate supervision of SC when he is in her care. As a result, in late March 2014, SC had a dime sized cut to his head from falling off a bed. In early March, SC spilled nail polish in his eye. SC also had a broken vessel in his eye. There was no explanation for the injury. Last summer 2013, SGM left SC alone and un-supervised in her vehicle on a hot day for an hour. His injuries are unknown. The roles of mother, sibling, other parent is unknown.

**Determination:** Unfounded**Date of Determination:** 04/11/2014**Basis for Determination:**

No credible evidence to support the allegations. SC did sustain a cut to the back of his head when he reportedly fell out of bed onto a toy. SGM took appropriate action. SC also got into his sisters nail polish remover while the girls were using it and spilled it on himself. SGM took him to the ER as a precaution and he did not ingest it. SGM denies leaving SC in hot car. SGM has custody of SC and is not allowing mother access due to unexplained marks/bruises to his penis during visitation. SC appears to be well cared for by SGM. No concerns for medical. SC appears safe at this time.

**OCFS Review Results:**

No apparent concerns upon review.

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

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



SGM has two UNFOUNDED CPS cases and no INDICATED cases more than three years prior to the fatality report. These consist of:

11/02/2007 SCR report with allegations of IG and IFCS against SGM pertaining to daughter and granddaughter. SGM did not kick her daughter and grandchild out of the home and wants them to return. Adequate food, clothing, shelter in home.

04/11/2011 SCR report with allegations of IG and IFCS against SGM pertaining to stepson. Child acknowledged he was not kicked out of the home and left on his own. SGM allowed child to return to the home and adults were aware of his whereabouts while gone from the home.

Mother with no role, but having regular visitations every Wednesday and weekends, has CPS history more than three years old consisting of:

11/02/2007 SCR report with allegations of IG and IFCS against mother. Indicated against mother for IG as she let the baby sleep in her car seat in a truck from 9PM to 1-2AM when there were other appropriate options available. Indicated for IG and unfounded for IFCS.

**Known CPS History Outside of NYS**

There is no known CPS history outside New York State.

**Services Open at the Time of the Fatality**

**Required Action(s)**

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes No

**Preventive Services History**

Preventive services were opened for SGM household on 03/28/2013. There were no safety concerns. Services were put into place to assist SGM who had obtained custody of her grandchildren due to children's mother's on-going substance abuse and criminal activities. SGM utilized preventive services to ensure that she can meet the children's needs as she often became overwhelmed and needed assistance in finding appropriate services for the children. The preventive services case was closed 02/11/2014 with SGM observed as providing consistent adequate care and feeling more comfortable with child care needs.

**Required Action(s)**

**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes No



**Foster Care Placement History**

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

**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

**Additional Local District Comments**

N/A

**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