



**Report Identification Number: BU-15-005**

**Prepared by: Buffalo Regional Office**

**Issue Date: 3/3/2016**

**(Report was reissued on: 3/25/2016)**

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	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
<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



**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** Erie  
**Gender:** Female

**Date of Death:** 02/04/2015  
**Initial Date OCFS Notified:** 02/04/2015

## Presenting Information

On 2/4/15 at approximately 1:00 a.m., the SF woke to find the 5 month old SC was not breathing. The SF, BM and the SC were all sleeping together in a bed. The SF proceeded to perform CPR while the BM called 911. EMS transported the SC to WCHOB where she was pronounced dead on arrival. The SC was an otherwise healthy child who recently was examined for congestion but did not suffer from any known ailments. MGGM and the 2 year old, OC, were sleeping together in another room. The SC's BF does not reside with the family.

## Executive Summary

The SC died on 2/4/15 of acute bronchitis with unsafe sleep as a possible contributing factor. The SCR report was made on 2/4/15 with allegations of DOA/Fatality and IG against the BM and SF. On 4/2/15, after a thorough investigation, these allegations were substantiated. The BM was told several times during previous reports about unsafe sleep. There was a bassinet in the room that was filled with pillows and clothes. Instead of cleaning out the bassinet, the BM decided to have the SC sleep with her and the SF surrounded by pillows. The CW spoke to all necessary collaterals and interviewed all necessary subjects and other people involved in the case. The record contains LE information, medical documentation and the autopsy report. The notes were entered contemporaneously, the safety and risk assessment were completed on time and accurately.

The safety of the OC was recognized and a safety plan was put into effect. A neglect petition was filed against the mother. The court awarded 1017 custody of the OC to the MGM. The safety of the OC was constantly being assessed by the CPS CW and the Preventive CW. After the 1017 custody with MGM did not work out the OC was placed into foster care until another relative could be found. The OC is currently in the 1017 custody of a maternal cousin. The BM was offered appropriate services and is currently working on her court menu. Preventive services are continuing.

## 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.



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- Was the determination made by the district to unfound or indicate appropriate? Yes

**Explain:**

The CW made several visits to the MGM home and interviewed all parties involved.

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

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

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

**Explain:**

The report was indicated against the BM. A services case was already opened and providing services to the family.

### 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: 02/04/2015

Time of Death: 02:02 PM

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

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: 01:26 AM

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1



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## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	85 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	24 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Father	No Role	Male	23 Year(s)

## LDSS Response

On 2/4/15, upon receipt of the SCR report, the CW contacted the source and conferenced the case with her Supervisor and the Preventive CW. The CW also spoke with LE. LE stated that officers were on the scene about 1:30 am that morning for the SC not breathing. The SC was taken to the hospital and pronounced dead. The SC was taken to the ME and there was no explanation for the death. LE stated that the home was structurally rough, there were holes in the ceiling and some of the stairs were missing, but the home was warm. In the bedroom, where the SC was found there were three mattresses stacked on top of each other and the bassinet had pillows and clothes in it. The 2 year old sibling (OC) was sleeping in another room with the MGGM.

On 2/4/15, the CW visited the MGGM's home and interviewed her. The CW took photos of the scene. According to the MGGM the BM and children had their own apartment but had spent the last few nights with her. The MGGM had not met the BM's boyfriend (SF) before the night of 2/3/15. The MGGM stated that after they ate dinner, the BM, SF and the children went upstairs to bed. The MGGM stayed downstairs and watched TV and went to bed around 9 pm. The MGGM stated that the OC slept with her on cold nights and the SC slept in bed with the BM. The MGGM stated she woke up to the police coming into the home. The BM and the SC were in the ambulance. The CW spoke with the SF. He stated that the family ate dinner about 8:30 pm on 2/3/15. The BM fed the SC a bottle and changed her diaper and put her to bed about 9:30 pm. He stated he woke up when he almost fell out of bed. The SC was sleeping with two pillows on either side to stop her from rolling out of bed. The SC was on her back. He looked at the SC and felt there was something wrong. The SF lifted the SC arm and it dropped and the SC child was unresponsive to his voice. He woke the BM up and dialed 911 while the BM did CPR. The SF had been with the BM for a month before the SC's death. He stated that SC had a cold and the BM had taken her to the ER recently. The SC had been sick for a week.

The CW also went to the MGM where the OC child was. The MGM did state that the SC and the OC had recently had colds. The CW checked the OC for suspicious marks and child did not appear to have any obvious health issues. The OC appeared safe in the care of the MGM.

On 2/5/15, the CW interviewed the BM who stated that she had taken the SC to the ER on 1/24 or 1/25/15 and was told that the SC had a cold. No medication was prescribed. There was a follow-up appt. on 1/30/15, that they missed because the BM was sick. The SC was coughing up phlegm. On the day before the SC died, they stayed in the MGGM house, played and cleaned. Around 8 pm, the BM gave the SC a bottle, changed and put her to bed. At 8:45 pm, the SC was coughing so the BM used a bulb syringe to clean her nose, ears and throat. She changed the SC diaper again and gave her about an ounce of milk. The BM stated that the SC took a 6 oz. bottle every 3-4 hours. The BM stated she laid down about



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9:30pm and was woken by the SF saying the SC was unresponsive. The BM stated she was laying in the middle of the bed in a fetal position with the SC near her chest. The SC was laying on her side and was partially on a pillow with a blanket over her. The BM performed CPR while the SF called 911. The BM admitted to using marijuana and drinking on special occasions but not around the children. The OC was checked out by medical and found to be in good health.

The CW notified the DA and spoke with the ME who stated that the SC had no visible trauma. The ER Dr. said that the SC did have RSV but could not comment if that was the cause of death. A CPS history search was done. All necessary collaterals were contacted and the investigation was determined in a timely manner. The autopsy and medical records are in the file. The allegations were indicated against the BM and SF and remained open for services.

### 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 investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** Police, EMS, ME and CPS were all involved in the investigation of the fatality.

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
024248 - Deceased Child, Female, 5 Month(s)	024251 - Mother's Partner, Male, 24 Year(s)	DOA / Fatality	Substantiated
024248 - Deceased Child, Female, 5 Month(s)	024251 - Mother's Partner, Male, 24 Year(s)	Inadequate Guardianship	Substantiated
024248 - Deceased Child, Female, 5 Month(s)	024250 - Mother, Female, 18 Year(s)	DOA / Fatality	Substantiated
024248 - Deceased Child, Female, 5 Month(s)	024250 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated

### 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"/>



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When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to
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				Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> The surviving sibling was placed in the 1017 custody of the MGM by Family Court on 2/5/15 due to BM's refusal to cooperate with services.				

## Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)		
Date Filed:	Fact Finding Description:	Disposition Description:
02/05/2014	Other, Specify	Direct Custody Transferred to Continued with Relative (Article 10)
<b>Respondent:</b>	None	
<b>Comments:</b>	1017 Custody of the sibling was transferred to the MGM.	

Have any Orders of Protection been issued? No



## 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**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:**

A safety plan was developed for the OC to remain with his MGM until the neglect petition could be heard.

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

**Explain:**

Preventive services were provided to the mother and the relatives

## 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?** Yes  
**Was the child ever placed outside of the home prior to the death?** No  
**Were there any siblings ever placed outside of the home prior to this child's death?** No  
**Was the child acutely ill during the two weeks before death?** 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 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)	Status/Outcome	Compliance Issue(s)
07/10/2013	7312 - Sibling, Male, 1 Years	7311 - Mother, Female, 17 Years	Lack of Supervision	Unfounded	No
	7312 - Sibling, Male, 1 Years	7311 - Mother, Female, 17 Years	Parents Drug / Alcohol Misuse	Unfounded	

### Report Summary:

An SCR was received with allegations of LS, PD/AM and IG against the BM regarding the 9 month old surviving sibling. The report claimed BM, age 17, was smoking marijuana to the point of impairment rendering her unable to care for the sibling. The BM left the sibling in care of his elderly MGGM who was unable to care for the child due to health issues. The MGGM was aware of the BM's drug use and failed to address it. CW contacted all collaterals, including the pediatrician. No issues of the care of the sibling was documented. The sibling had a crib and a pack n play for sleeping. Safe sleep was not discussed but a referral form was given to the family for services if needed.

**Determination:** Unfounded

**Date of Determination:** 08/07/2013

### Basis for Determination:

The report was unfounded. The BM appear sober and alert during all home visits. According to collaterals, the BM smoked marijuana but not in the presence of the child. There were no signs of drugs or drug paraphernalia. The MGGM stated that she enjoyed taking care of the infant sibling and was able to do so. The home had ample food and supplies.

### OCFS Review Results:



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CW interviewed all the subjects and persons listed on the report. Collateral contacts were made. The sibling was found to be safe with the BM. No safety factors were identified and the Risk Rating was low.

**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)
12/12/2013	7302 - Sibling, Male, 1 Years	7301 - Mother, Female, 17 Years	Inadequate Guardianship	Unfounded	Yes
	7302 - Sibling, Male, 1 Years	7301 - Mother, Female, 17 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

An SCR report was received with allegations of PD/AM against the BM concerning , 14 month old sibling. The report stated that the home was infested with cockroaches and there was peeling paint through out the home. The BM failed to address the conditions of the home. The BM abused marijuana to the point of impairment while caring for the sibling. The BM took the sibling with her to purchase drugs.

**Determination:** Unfounded

**Date of Determination:** 12/26/2014

**Basis for Determination:**

The BM and MGGM denied the allegations stating that the BM no longer used marijuana and the MGGM was always available to watch the sibling. The BM state she sold the baby formula once the sibling started on whole milk. The sibling had no marks on him. The CW observed a pack n play for the sibling and reviewed safe sleep with the BM. The home was clean and appropriate and no safety hazards were observed. There were roaches in the home but they had sprayed to get rid of them. The home was being repaired. The CW discussed safe sleep several times with the mother.

**OCFS Review Results:**

There were gaps in contact up to three months during the case. Progress notes were entered in some cases over 9 months past the event date. CW did a good job of discussing safe sleep with the mother but there were no other collaterals contacted regarding the sibling.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Progress notes were entered three months after the event date

**Legal Reference:**

18 NYCRR 428.5(a) and (c)

**Action:**

The district must ensure that progress notes are entered in a contemporaneous manner.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/20/2013	7300 - Sibling, Male, 1 Years	7298 - Mother, Female, 17 Years	Poisoning / Noxious Substances	Unfounded	Yes
	7300 - Sibling, Male, 1 Years	7298 - Mother, Female, 17 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

An SCR report was received with allegations of P/Nx and IG, against the BM, concerning the 14 month old sibling. The



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report stated that the BM took illegal non-prescribed sleeping pills while caring for the sibling. On 12/20/13, the sibling ingested a pill and required emergency medical attention. The report alleged that the BM was unable to provide a minimum care for the sibling and had a history of abusing drugs. The sibling was held in the hospital overnight for observation.

**Determination:** Unfounded

**Date of Determination:** 12/29/2014

**Basis for Determination:**

The CW saw the sibling and the mother within 24 hrs. The CW spoke to the source. The sibling did not suffer any ill effects from ingesting the pills. The BM stated that the pill must have been the MGGM's. The BM took the sibling to the hospital as soon as he ingested the pill.

**OCFS Review Results:**

There is a lapse in contact with the family over 5 months. Progress notes were entered 9 months after the event date.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Progress notes were entered 9 months after the event date

**Legal Reference:**

18 NYCRR 428.5(a) and (c)

**Action:**

The district must ensure that progress notes are entered in a contemporaneous manner.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/10/2014	7297 - Sibling, Male, 2 Years	7294 - Grandparent, Female, 85 Years	Inadequate Guardianship	Unfounded	Yes
	7297 - Sibling, Male, 2 Years	7294 - Grandparent, Female, 85 Years	Lack of Supervision	Unfounded	
	7297 - Sibling, Male, 2 Years	7295 - Mother, Female, 18 Years	Inadequate Guardianship	Unfounded	
	7297 - Sibling, Male, 2 Years	7294 - Grandparent, Female, 85 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	7297 - Sibling, Male, 2 Years	7295 - Mother, Female, 18 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	7297 - Sibling, Male, 2 Years	7295 - Mother, Female, 18 Years	Lack of Supervision	Unfounded	

**Report Summary:**

A subsequent SCR report was received with allegations of IF/C/S, LS and IG against the BM and MGGM. The report stated that the BM, the sibling, and the BM's brother had moved in with the MGGM. There was no running water and the home was in deplorable condition. The roof was falling into the living room. The sibling was in the care of his MGGM and she kept him in a playpen on top of her mattress.

**Determination:** Unfounded

**Date of Determination:** 03/25/2015

**Basis for Determination:**

At the time of the report, the BM and the sibling were staying with the MGM. The MGGM's roof was not falling in and the water was fixed during the investigation. The CW went over safe sleep several times with the family. The sibling and



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the BM did move back into the MGGM home after the water was fixed.

**OCFS Review Results:**

The CW did contact the source and see the all the parties names in the report. The CW addressed Safe Sleep. There were gaps in contacts and progress notes were entered sometimes 9 months after the event date. The report was unfounded after being opened for over a year, a month after the SC's death.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Progress notes were entered 9 months after the event date

**Legal Reference:**

18 NYCRR 428.5(a) and (c)

**Action:**

The district must ensure that progress notes are entered in a contemporaneous manner.

**Issue:**

Timeliness of Determination

**Summary:**

The report was not determined with the 60 days allotted time frame. The report was opened for over a year

**Legal Reference:**

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

**Action:**

The district must ensure that reports are determined within 60 days or as soon as possible after that date.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/07/2014	7289 - Deceased Child, Female, 1 Days	7284 - Mother, Female, 18 Years	Inadequate Guardianship	Unfounded	Yes
	7289 - Deceased Child, Female, 1 Days	7284 - Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

A subsequent SCR report was received with allegations of PD/AM and IG against the BM concerning the subject child. The BM gave birth to the SC on 9/6/14 and tested positive for marijuana. The SC's toxicology was negative for the drug. BM admitted to using marijuana, but not recently. The SC was born full-term and healthy. MGGM and 1-year-old sibling had unknown roles.

**Determination:** Unfounded

**Date of Determination:** 03/26/2015

**Basis for Determination:**

The report dated 9/7/14 with allegations IG and PDAM against BM with respect to SC was unfounded. The BM tested positive for marijuana at birth of the SC. BM admitted to smoking marijuana. The SC did not test positive for marijuana and there was no negative impact on the SC as a result. Services were put in place under a separate open case and the BM and sibling were being serviced through a preventive agency. Preventive Daycare Services were also put in place.

**OCFS Review Results:**

CW made a home visit and saw the SC, BM, and BF the same day as the report. The BM admitted to using marijuana several months before the birth of the SC. CW observed the home and found it safe for the SC and the sibling. CW gave information on safe sleep. The SC had a bassinet and supplies for the SC. There was a gap in contact for two months



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when another CPS report was received.

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

**Issue:**

Timeliness of Determination

**Summary:**

The report was determined over 4 months after the 60 day allowance

**Legal Reference:**

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

**Action:**

The district must ensure the all CPS reports are determined within the 60 day period.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/17/2014	7308 - Deceased Child, Female, 2 Months	7307 - Father, Male, 22 Years	Lack of Supervision	Indicated	No
	7308 - Deceased Child, Female, 2 Months	7307 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Indicated	
	7308 - Deceased Child, Female, 2 Months	7279 - Mother, Female, 18 Years	Burns / Scalding	Indicated	
	7308 - Deceased Child, Female, 2 Months	7279 - Mother, Female, 18 Years	Lack of Supervision	Indicated	
	7308 - Deceased Child, Female, 2 Months	7307 - Father, Male, 22 Years	Lack of Medical Care	Indicated	
	7308 - Deceased Child, Female, 2 Months	7279 - Mother, Female, 18 Years	Lack of Medical Care	Indicated	
	7308 - Deceased Child, Female, 2 Months	7307 - Father, Male, 22 Years	Burns / Scalding	Indicated	

**Report Summary:**

A subsequent SCR was received with allegations of B/S and LMED against the BM and BF concerning the 2 month old SC. The SC resided with her BM. From 11/13/14 until 11/15/14 the SC was with her BF. The SC sustained a linear burn to her left leg near her ankle. The BM could not provide an explanation and stated he had no knowledge of a burn. Once the BM learned of the burn, she failed to have burn treated promptly.

**Determination:** Indicated

**Date of Determination:** 03/04/2015

**Basis for Determination:**

The report dated 11/17/14 with allegations of Burns, Lack of Medical Care, and Lack of Supervision against BM and BF with respect to SC was indicated. Allegation of PDAM against BF with respect to SC was indicated. The SC sustained an unexplainable linear burn to her left leg while in the of the BM and BF. There was no plausible explanation for the burn. the BF admitted to being high on marijuana while caring for the SC during the time period when SC was burned. Both parents denied that the SC was burned while in the their care. They reported that they knew about the burn but failed to get timely treatment for the SC.

**OCFS Review Results:**

The BM and SC were seen the day of the SCR at the hospital.. the home was observed The sibling was observed to be free of marks. The CW also contacted the ER personnel, BF counselor and PD. The SC received 2nd degree burns on her left leg that were 2-3 days old when brought in to the ER. The CW interviewed the BF, PA, babysitters, PGM's



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boyfriend, MGGM and BF's friend who watched the SC during the time the BF had her. The CW went over Safe sleep with BF and BM. The BM failed to follow up medically of the SC's burn. An neglect petition was filed against the BF and BM. The BF was given a Stay away OOP and the BM an Order of Supervision in Erie County Family Court.

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

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

There is no CPS investigative history more than three years prior to the fatality.

## Known CPS History Outside of NYS

none known

## Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 12/12/2014

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input 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"/>
Were face-to-face contacts with the child in the child's placement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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location made with the required frequency?				
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## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input checked="" 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"/>

## Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The preventive case was opened due a court petition being filed against the BM and BF of SC for not getting treatment for the burn to SC's leg. Both parents denied any knowledge of how the SC received the burn. ON 12/01/14, the neglect petition was filed and the Judge allowed the SC and her sibling to stay in the care of the BM with services.

## 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 started on 12/10/14 due to the BM and the BF using marijuana to the point of impairment while



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caring for the children. BF had MH issues and was in treatment. The BM reported hx of anger issues. The SC received burns while in the parent's care. The BM and BF failed to seek timely treatment of the burn. A neglect petition was filed in Erie County Family Court. An Order of Supervision against the Mother was issued and a stay away Order of Protection was issued against the BF. BM was order to engaged in Preventive Services. A neglect petition was filed after the death of the SC. The surviving sibling was placement in the 1017 custody of his MGM on 2/18/15 by Family Court. On 11/18/15, the surviving sibling was place into foster care due to the MGM's refusal to bring the sibling to visits with the BM.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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?

Family Court  Criminal Court  Order of Protection

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

Date Filed:	Fact Finding Description:	Disposition Description:
12/01/2014	Not Adjudicated	Adjourned in Contemplation of Dismissal (ACD)
<b>Respondent:</b>	024250 Mother Female 18 Year(s)	
<b>Comments:</b>	Mother admitted to untimely medical care for the subject child concerning the burn on her leg. The mother was given an ACD with the conditions that she attend MH and Substance Abuse counseling (SA), take a parenting class, find stable housing and no unsupervised contact with the OC and cooperate with service providers. The SF was issued a no contact order with the OC.	

Have any Orders of Protection been issued? Yes



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**From:** 12/01/2014 | **To:** 12/01/2015

**Explain:**  
There was an Order of Protection issued against the SC's BF due to the fact that the severe burn occurred while the SC while in his care. He was to have no unsupervised contact with the SC.

### Additional Local District Comments

The Erie County Department of Social Services appreciates the opportunity given us to review the draft report in advance. We acknowledge that the progress notes were not entered contemporaneously with respect to the historical SCR reports dated December 12, 2013, December 20, 2013 and March 10, 2014. We further acknowledge that in the reports dated December 12, 2013 and December 20, 2013, we did not fulfill the need to make regular contacts with families for whom we have an open investigation. Lastly, we are aware that the report dated March 10, 2014 was not determined within the 60 day allotted time frame. We are acutely aware of the importance of contemporaneous documentation of progress notes, regular contacts with families for whom we have open investigations, and timely investigative determinations. Successful caseload management is paramount in our minds, superseded in importance only by safety and risk management and family strengthening. As OCFS is undoubtedly aware, Erie County has taken multiple steps to reduce caseload sizes to manageable levels and to meet required practice standards. In the time since the date of the investigations listed above, we have made significant strides in reducing caseloads and meeting the practice improvements listed in the required actions of this draft report, and these efforts will continue.

### 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