



Report Identification Number: BU-15-011

Prepared by: Buffalo Regional Office

Issue Date: 4/1/2016

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This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



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Report Type: Child Deceased
Age: 8 month(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 03/07/2015
Initial Date OCFS Notified: 03/09/2015

Presenting Information

SM was overwhelmed with caring for SS's and seven-months-old SC who is a medically fragile infant who had Down's Syndrome and several medical conditions. SM frequently drank beer and smoked marijuana to the point of impairment while acting as sole caretaker for the children. She was not providing adequate care for the children. SC was sleeping in a car seat every night which affected his colostomy bag because she did not have a crib for him. The children were left for long periods of time in their diapers. When she got tired of dealing with the children, she took them to her mother who was an alcoholic.

Executive Summary

This report concerns the death of a seven-month-old child whose family was working with voluntary preventive services and had an open CPS investigation with ECDSS at the time of death. The SC had several medical issues. The subject parents (SP) had a history of domestic violence and at the time of SC's death there was a stay away OOP in place against the SF in favor of SM. At the time of SC's birth the family was living in a shelter; due to their home having lead paint. SM agreed to work with services to find appropriate housing, furniture and assisting with appointments.

ECDSS received an SCR report on January 7, 2015 against SM with respect to all the children. The report alleged that SM did not have adequate supplies to care for medically fragile SC. The report also stated SM drank frequently and smoked marijuana to the point of intoxication and is unable to provide adequate supervision of the children. The SF had been arrested and was currently in jail for violating the OOP. The family had a visiting nurse (VNA) who came to the home twice a week to assist SM with caring for SC. On March 6, 2015 the nurse had concerns that the SM was not caring adequately for the SC but the SC was seen by the doctor who had no concerns. The SM did miss several doctors' appointments, but the doctor stated that SC was not at imminent risk.

On March 7, 2015 SM found the SC in his bouncy chair, where he had slept the night before, and he was not breathing. The ME spoke with the cardiologist and the police, the death was not suspicious and ruled natural causes; therefore no autopsy was done. The cause of death was listed as tetralogy of fallot, which is a congenital heart defect. On June 12, 2015 ECDSS unsubstantiated the allegations of IG and PDAM with respect to the children. The SM always appeared sober to workers in the home and was adequately taking care of SC's medical needs. The family continued to work with preventive services until July 21, 2015.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

- **Safety assessment due at the time of determination?** 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:

ECDSS did not find any credible evidence to substantiate the allegations. SC died of natural causes related to his heart condition.

- 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:

ECDSS unsubstantiated the allegations of IG on June 12, 2015 and the case remained open with preventive services.

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: 03/07/2015

Time of Death: 06:40 AM

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: 06:01 AM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

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

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

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

1

At time of incident supervisor was: Not



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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	No Role	Male	8 Month(s)
Deceased Child's Household	Mother	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)

LDSS Response

On March 8, 2015 ECDSS received an additional info from the SCR stating on March 7, 2015 SC died because of medical complications related to having Down syndrome. The SC had been sick. The ME and the source were not concerned that the SC died of any abuse or maltreatment.

ECDSS spoke to the VNA regarding home visits. The VNA did state SM took SC to the doctors on March 6, 2015 and the SC was released home with no issues. ECDSS also spoke with the cardiologist who stated SC's heart issue was not urgent. SC had a small hole in his heart that often repairs its self. The SM stated she put SC in his bouncy seat about 8:00 PM and she fell asleep around 10 PM. She stated she awoke at 5 AM to feed SC, but he was not breathing and she called 911. The SM stated that she regularly placed SC in the bouncy seat to sleep.

ECDSS completed several home visits with the family and observed all SS. ECDSS spoke to several family members, who did not have concerns for the SS safety. The SF was currently in jail for violating an OOP between him and SM which expired on May 23, 2015. ECDSS attempted to interview SF on several occasions, but SF would not respond. ECDSS was in contact with all appropriate collaterals and first responders. The ME stated an autopsy was not performed because after speaking with the cardiologist and the police, the death was not suspicious and ruled natural causes.

On June 12, 2015 ECDSS unsubstantiated the allegations of IG and PDAM in regards to SM with respect to the children. The SM was sober and coherent during announced and unannounced HV's the children were clean and appeared well taken care of. There were no concerns regarding SC's medical issues. The SM was compliant with preventive services. The SC's death was not suspicious and ruled natural causes. The cause of death is tetralogy of fallot, which is a congenital heart defect.

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



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Multidisciplinary Investigation/Review

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

Comments: ECDSS does not have an OCFS approved CFRT

CPS Fatality Casework/Investigative Activities

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

Fatality Safety Assessment Activities

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



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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 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"/>

Legal Activity Related to the Fatality

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

Family Court

Criminal Court

Order of Protection

Have any Orders of Protection been issued? Yes

From: Unknown

To: 05/23/2015

Explain:

SF punched SM and broke window's in her home. SF violated the OOP on several occasions and was arrested.



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

Additional information, if necessary:

The family was working with preventive services at the time of SC's death. ECDSS offered SM grief counseling and services was working on establishing a safe home for the family.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
The family was already working with preventive services. ECDSS implemented Intensive Home Based Services.

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

Explain:
The family was already working with preventive services. ECDSS implemented Intensive Home Based Services.



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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/27/2012	7801 - Sibling, Male, 6 Months	7791 - Mother, Female, 20 Years	Inadequate Guardianship	Far-Closed	No
	7801 - Sibling, Male, 6 Months	7791 - Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	7801 - Sibling, Male, 6 Months	7791 - Mother, Female, 20 Years	Lack of Supervision	Far-Closed	
	7801 - Sibling, Male, 6 Months	7792 - Grandparent, Male, 54 Years	Inadequate Guardianship	Far-Closed	
	7801 - Sibling, Male, 6 Months	7792 - Grandparent, Male, 54 Years	Lack of Supervision	Far-Closed	
	7801 - Sibling, Male, 6 Months	7792 - Grandparent, Male, 54 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	7801 - Sibling, Male, 6 Months	7793 - Grandparent, Female, 47 Years	Inadequate Guardianship	Far-Closed	



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7801 - Sibling, Male, 6 Months	7793 - Grandparent, Female, 47 Years	Parents Drug / Alcohol Misuse	Far-Closed
7801 - Sibling, Male, 6 Months	7793 - Grandparent, Female, 47 Years	Lack of Supervision	Far-Closed

Report Summary:

The SM and the grandparents abused alcohol and drugs. The SM smoked marijuana and the adults were not responsible and could not properly care for SS. SS had poor hygiene. The home was filthy and unsanitary. The dogs and cats were removed from the home but there was still animal feces and urine found on the floors. There was several occasions where SS had been left home alone and unsupervised in the home, the adults were doing drugs. The behavior was ongoing.

OCFS Review Results:

ECDSS found the home to be above minimal standards and safe for the family to reside. The SM stated she needed assistance with diapers and obtaining a pack-n-play, which ECDSS assisted with obtaining for the family. The adults in the home appeared sober at the time of home visit and denied any drug or alcohol use. ECDSS followed all FAR procedures.

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)
11/07/2012	7814 - Sibling, Male, 1 Years	7812 - Father, Male, 24 Years	Inadequate Guardianship	Indicated	No
	7814 - Sibling, Male, 1 Years	7813 - Mother, Female, 21 Years	Inadequate Guardianship	Indicated	

Report Summary:

On November 4, 2012 the SM and SF of SS, age one years old was involved in a physical fight. The SM threw a fan at SF injuring him. She then attacked him with a knife attempting to stab him. This occurred in the presence of the SS. SM was arrested.

Determination: Indicated **Date of Determination:** 12/20/2012

Basis for Determination:

On or about November 4, 2012 the SM assaulted the SF by throwing a fan at him, striking and injuring his lip. during the same incident the SM also went after the SF with a knife. The SM was arrested and a stay away OOP was in place. On December 6, 2012 the SM was found to be in the case address in violations of the OOP and the SF was found hiding in a closet after the police arrived. The SF reports that he allowed the SM to come back into the home. The SF and MGF have been strongly advised the they must keep the SM away from the SS while the OOP remains and they agreed to do so. The family denied the need for services.

OCFS Review Results:

ECDSS completed all home visits addressed allegations with all subjects and contacted collateral resources. ECDSS offered the family services, but they declined. ECDSS completed all assessments appropriately and on time.

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)
04/13/2013	7823 - Sibling, Male, 1 Months	7821 - Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unfounded	No

Report Summary:



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The SM had a history of drug use including smoking marijuana. On April 12, 2013 SM gave birth to SS. Both SM and SS tested positive for opiates.

Determination: Unfounded

Date of Determination: 05/09/2013

Basis for Determination:

There was no credible evidence to substantiate the allegations. While SM admitted to taking a loratab she obtained from a friend due to having a tooth ache, it did not appear that SS had suffered any deficits as a result. The SS was seen for medical on 5/3/13 and no medical concerns was noted.

OCFS Review Results:

The safety assessments for the April 13, 2013 SCR reports had no safety factors identified however SM and SS tested positive for Opiates at birth and the parents had a history of DV. The RAP also did not identify that the child tested positive for opiates at birth. ECDSS offered the family services, but the family declined. ECDSS is addressing these issue's within another CAP.

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)
11/15/2013	7904 - Sibling, Male, 2 Years	7901 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	Yes
	7905 - Sibling, Male, 7 Months	7901 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	
	7904 - Sibling, Male, 2 Years	7902 - Grandparent, Male, 46 Years	Inadequate Guardianship	Unfounded	
	7905 - Sibling, Male, 7 Months	7902 - Grandparent, Male, 46 Years	Inadequate Guardianship	Unfounded	
	7904 - Sibling, Male, 2 Years	7903 - Father, Male, 25 Years	Inadequate Guardianship	Unfounded	
	7905 - Sibling, Male, 7 Months	7903 - Father, Male, 25 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The SM and SF did not have car seats for two year old and seven month old. On November 15, 2013, the children were riding in the car without car seats and were unsecured in the vehicle. On November 15, 2013, the SM was going to be given car seats for the children. Instead of waiting, the SM ran, got in the vehicle and slammed the door. The car sped off in a reckless and dangerous manner, while the children were unsecured, placing them at risk.

Determination: Unfounded

Date of Determination: 09/18/2014

Basis for Determination:

MGF drove SM, SF and children in the car without two-year-old SS being in a car seat. MGF had removed the car seat to transport other people before picking SM and children up from the Dr's office. SS rode home on SM's lap, but was not injured. All parties have been advised to place children in car seats when riding in cars. The case was opened up for voluntary preventive services.

OCFS Review Results:

ECDSS observed that the children had car seats and instructed the family to use them. The SC was born during the investigation and was not added on to the report. The safety assessment for the November 15, 2013 SCR report had no safety factors identified however SC was medically fragile with a colostomy bag, the family was currently homeless and living in a shelter and parents have a history of DV. The RAP did not identify that a new born was living in the household or that the family was homeless. ECDSS did open the case for voluntary preventive services. ECDSS is



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addressing the issue's regarding safety /Risk within another CAP.

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

Issue:
A child was born during an open CPS investigation and never added to the report

Summary:
The SM gave birth to SC on July 6, 2014 while CPS investigation was on going. The SC was not added on to the SCR report,however ECDSS did see the child and assessed safety.

Legal Reference:
18 NYCRR 432.2(b)(3)(ii)(e)

Action:
ECDSS must add all children born during a CPS investigation to the household composition.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/19/2014	7855 - Deceased Child, Male, 2 Months	7851 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	No
	7855 - Deceased Child, Male, 2 Months	7857 - Father, Male, 24 Years	Inadequate Guardianship	Unfounded	

Report Summary:
SM delivered SC on July 6, 2014 who was premature, he had Downs Syndrome and other medical conditions. SC was ready for discharge and the parents did not make themselves available for training on how to care for child's medical condition. There was concern regarding SC's care when he went home. The SP's appeared to be overwhelmed with SC's special needs. The SP's were also looking for a place to live.

Determination: Unfounded **Date of Determination:** 10/10/2014

Basis for Determination:
The SC was born with multiple medical conditions. The SM and SF did not attend scheduled teach session to learn how to medically care for SC, delaying SC's discharge from the hospital. The parents stated they were not aware of the session. The parents did attend another session and SC was discharged from the hospital. The VNA reported SM was doing a great job with caring for SC's medical needs. The case was open for voluntary preventive services.

OCFS Review Results:
ECDSS observed all children in the home and addressed allegations with all adults living in the home. ECDSS spoke to collateral contacts regarding children's health. The family agreed to work with voluntary preventive services.

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)
01/07/2015	7882 - Deceased Child, Male, 7 Months	7881 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	No
	7883 - Sibling, Male, 3 Years	7881 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	7884 - Sibling, Male, 2 Years	7881 - Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unfounded	
	7882 - Deceased Child, Male, 7 Months	7881 - Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unfounded	



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7883 - Sibling, Male, 3 Years	7881 - Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unfounded
7884 - Sibling, Male, 2 Years	7881 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded

Report Summary:

The SM was overwhelmed with caring for SS's and seven month old SC who was medically fragile. SM frequently drank beer and smoked marijuana to the point of impairment while acting as sole caretaker for the children. She was not providing adequate care for the children. SC was sleeping in a car seat. The children were left for long periods of time in their diapers. When she was tired of dealing with the children, she took them to MGM's who was an alcoholic.

Determination: Unfounded**Date of Determination:** 06/12/2015**Basis for Determination:**

There was no credible evidence to support the allegations. SM was coherent and sober during announced and unannounced home visits. Children were clean and appeared well taken care of. SC appeared clean with no apparent concerns regarding medical concerns. SM is compliant with current open preventive services case. SC died of natural causes related to his heart condition. There was no evidence to suggest that SM's actions played any part in SC's death.

OCFS Review Results:

ECDSS completed home visit's addressed allegations and assessed safety on all children. ECDSS spoke to medical colleterals regarding all children. Preventive services is assisting the family with appointments and looking for appropriate housing and furniture. The closing safety assessment had no safety factors identified however the parents had a history of DV and a stay away OOP was in place between SF and SM. ECDSS is addressing these issue's within another CAP.

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

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

The SM was the maltreated child in four indicated report between 1991-1996, with allegations of LOS, IG, IFCS and PDAM. In 2011 the SP's were named in two unfounded reports with allegations of IG, PDAM and LOS.

Known CPS History Outside of NYS

No known CPS history out side NY state.

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: 09/18/2014

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"/>



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Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input 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 location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

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

Provider



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	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:
 ECDSS was the case Manager and the department contracted the CP out to a non-profit agency.

Required Action(s)

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

Yes No

Preventive Services History

ECDSS opened a voluntary preventive case with the family on September 18, 2014. The SM and SS were homeless and living in a shelter, the parents had a history of DV and SC who was born medically fragile. Services was to assist SM with finding appropriate housing and assist with obtaining furniture and keeping appointments. ECDSS referred the children to early interventions. Services assisted SM with transportation and applying for Medicaid cab. The services work also assisted the family to get a home establishment grant (FUP and section-8). The SM missed home visits on a regular basis and was closed on July 21, 2015 due to non-compliance.

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



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

Family Court

Criminal Court

Order of Protection

Have any Orders of Protection been issued? Yes

From: 11/04/2012

To: 02/02/2013

Explain:

SM threw a fan at SF and then went after him with a knife. The SM was arrested.

Additional Local District Comments

The Erie County Department of Social Services appreciates the opportunity given us to review the fatality report. We find that the facts describe the unfortunate event and actions taken. With respect to the investigation dated November 15, 2013, ECDSS acknowledges that the worker did not electronically add a newborn child to the household composition. We would like to note, however, that although the child was not added to the actual person list in the computer system, the child was seen and was assessed for safety during the open investigation. Additionally, in response to the recommended action regarding the contract between ECDSS and Child and Family Services for the provision of CPS After Hours services, the CPS caseworker contacted After Hours and requested that After Hours staff conduct a welfare check on March 6, 2015 because intensive preventive services would not be in place until March 9, 2015. As OCFS is undoubtedly aware, After Hours is not a service provider in place of intensive or other preventive services. The child passed away of natural causes due to multiple medical issues that have been clearly documented in the case record. To make note of this as a recommended action is to imply to the reader that a welfare check would have prevented this unfortunate occurrence, which regrettably it would not.

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Action: ECDSS contracts their CPS after hours out. ECDSS requested that after hours complete a well check on SC the day before he died and after hours denied the request. ECDSS should review their contract with after hours and included well check visits when requested.

Are there any recommended prevention activities resulting from the review? Yes No