



Report Identification Number: BU-15-028

Prepared by: Buffalo Regional Office

Issue Date: 4/15/2016

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

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



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 07/31/2015
Initial Date OCFS Notified: 07/31/2015

Presenting Information

The narrative of the SCR report alleged at an unknown time in the morning of 7/31/15, this three-month-old female SC stopped breathing in an unknown location of the family's home. Someone from the home contacted 911 after observing the child unresponsive. At 9:32 A.M., fire and police personnel responded to the home and found the SC unresponsive with blood coming from her nose. EMS arrived at the home moments later and made several attempts to resuscitate the SC. EMS then transported the SC to the hospital where hospital staff pronounced her dead at 10:03 A.M. The report further alleged the BM did not provide any explanation regarding the SC's death. The SC did not have any known prior medical conditions which deemed her death suspicious.

Executive Summary

On 7/31/15, the SCR registered two reports regarding the death of this three-month-old female SC. The case records revealed that in the night of 7/30/15; the SC was co-sleeping with an unrelated home member; who for the purpose of this report shall be referred to as UHM1. Sometime in the morning of 7/31/15, the SC stopped breathing and was unresponsive. An adult who was visiting the family at the time contacted 911. Another unrelated home member; who also for the purpose of this report shall be referred to as UHM2 gave the SC CPR as instructed by the 911 operator over the phone. At 9:32 A.M., the first responders arrived at the home and made several efforts to resuscitate the SC. EMS then transported the SC to the hospital where the ER staff continued resuscitation efforts. At 10:03 A.M., ER staff pronounced the SC dead. The ME determined the cause of death was asphyxia due to unsafe sleep environment. The manner of death was accidental.

The SC was the BM's only child. The BM claimed two men were the possible father of the SC; however, the identity of the SC's BF was inconclusive.

Erie County Department of Social Services (ECDSS) initiated the CPS investigation within the mandated time frame. The ECDSS' caseworker made contacts with the BM and the adults in the home. They all provided a consistent account of the events that led up to the SC's death which revealed the UHM1 was co-sleeping with the SC on the couch prior to her passing. The UHM1 admitted to alcohol consumption. Also, the BM admitted she knew the UHM1 was consuming alcohol but still left the SC in his care.

ECDSS obtained additional information from the first responders who described the home as unsanitary. They reported that all individuals present in the home appeared emotionless and could not provide any information about the SC's death. The family members and other collaterals did not report any concerns about the care the BM provided the SC.

On 9/30/15, ECDSS substantiated the allegations DOA/Fatality and IG of the SC by the BM; and the allegation IG of the SC by the UHM1 based on the statements of witnesses that the UHM1 who was impaired was co-sleeping with the SC on the couch at the time of the incident. ECDSS could have substantiated the allegation DOA/Fatality of the SC by the UHM1. The UHM1 was a person legally responsible (PLR) for the SC at the time of the fatality. ECDSS documented the BM was living at the case address with the UHM1 who on an ongoing basis participated in the care



for the SC. Also, during the course of the investigation, ECDSS obtained information which indicated the UHM1 admitted to alcohol consumption prior to the incident and the EMS reported he appeared intoxicated. Additionally, the BM admitted she knew the UHM1 was consuming alcohol but left the SC in his care. ECDSS did not incorporate this key information into the investigation to add and appropriately substantiate the allegation PD/AM to the report.

ECDSS did not provide the BM with services. The BM was impacted by her daughter's death and should have been offered bereavement counseling services to deal with her loss.

ECDSS exhibited good casework practice by collaborating with Niagara County Department of Social Services regarding prior services to the family.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
o Safety assessment due at the time of determination? N/A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? No, sufficient information was gathered to determine some allegations only.
Was the determination made by the district to unfound or indicate appropriate? No

Explain:

The MGM disclosed the BM was diagnosed with a clinical condition and that she completed counseling. The case records did not reflect ECDSS CW made diligent efforts to follow-up with the BM's clinician about this pertinent information.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain: The case records did not reflect the ECDSS CW made diligent efforts to contact the BM's clinician to obtain pertinent information about her clinical history.

Required Actions Related to the Fatality

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

Table with 2 columns: Issue, Summary. Issue: Appropriateness of allegation determination. Summary: ECDSS did not incorporate key information obtained during the investigation to appropriately add and substantiate the allegation PD/AM of the SC by the BM and the UHM1.



NYS Office of Children and Family Services - Child Fatality Report

Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(c)
Action:	The ECDSS must submit a corrective action plan that identifies what action it has, or will take, to address the citation(s) identified in the fatality report.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/31/2015

Time of Death: 10:03 AM

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:

09:25 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

2

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

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		3 Month(s)
Deceased Child's Household	Father	No Role	Male	20 Year(s)
Deceased Child's Household	Father	No Role	Male	19 Year(s)



NYS Office of Children and Family Services - Child Fatality Report

Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	18 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Male	65 Year(s)

LDSS Response

On 7/31/15, Erie County Department of Social Services (ECDSS) caseworker (CW) began the CPS investigation by making a phone contact with the first responders to obtain pertinent information about the incident. The police officer (PO) stated that the BM and the other adults present in the home provided inconsistent stories. Also, they did not present any emotion or shock. The PO described the home as deplorable and unsanitary. There were about five dogs in the home and the PO called Erie County Animal Services. The dogs were removed from the home. There were no other children in the home. The PO stated there was no arrest pending the final autopsy.

The Buffalo Fire Department (BFD) staff confirmed the unsanitary condition of the home. The staff stated the UHM1 appeared intoxicated at the time BFD responded to the home.

The CW then contacted Niagara County Department of Social Services (NCDSS) regarding prior services to the family. The NCDSS staff reported that the BM and the SC were no longer in the care/custody of NCDSS. The BM had self-discharged from care and declined services.

Following the contact with NCDSS, the CW visited the case address to interview the family. The BM stated the UHM1 was co-sleeping with the SC on a couch at the time of the incident. She stated she was aware the UHM1 consumed alcohol but "not that much." She denied drinking or being under the influence of drugs. The BM identified two men who were possibly the SC's BF but did not provide any information to indicate the actual BF. According to the case records, the CW provided the BM with safe sleep information and thoroughly discussed the dangers of co-sleeping with the BM during the visit.

The UHM1 and other witnesses to the incident confirmed the UHM1 was co-sleeping with the SC on the couch prior to her passing. They denied any concerns with regards to the BM's care for the SC. The UHM1 admitted to alcohol consumption at the time. Also, he had asked to co-sleep with the SC because he "loved and adored" her.

On 8/21/15, the SC's primary Dr. reported the SC's immunization were current. There were no concerns for the SC or the care she received from the BM. Also on 8/21/15, the MGM disclosed that the BM was diagnosed with a clinical condition; however, she completed counseling services and was not under the care of a Dr. at the time. The MGM denied any concerns regarding the BM's clinical health.

Later that same date, the CW made diligent efforts to locate the potential BF who was reportedly incarcerated; however, an inmate search did not reveal he was incarcerated at the time.

Between 8/22/15 and 9/29/15, ECDSS made casework contacts with collaterals and other witnesses to the incident. The witnesses did not provide any new information about the fatality. On 8/22/15, the ME deemed the SC's death an accidental asphyxiation/roll over. The SC did not have any suspicious marks or bruises and all the toxicology results were negative. On 8/28/15, the LE reported that based on the ME's report, there would not be further criminal charges against the adults in the home.

On 9/30/15, ECDSS substantiated the allegations DOA/FATL and IG of the SC by the BM; and the allegation IG of the



NYS Office of Children and Family Services - Child Fatality Report

SC by the UHM1. ECDSS based its decision on the admission of witnesses that the UHM1 was co-sleeping with the SC on the couch at the time of the incident.

ECDSS could have substantiated the allegation DOA/FATL of the SC by the UHM1. ECDSS documented the BM was living at the case address with the UHM1 who participated in the care for the SC; hence, the UHM1 was a PLR at the time of the fatality.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?Yes

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
026301 - Deceased Child, , 3 Mons	026302 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
026301 - Deceased Child, , 3 Mons	026302 - Mother, Female, 18 Year(s)	DOA / Fatality	Substantiated
026301 - Deceased Child, , 3 Mons	026303 - Unrelated Home Member, Male, 65 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>



NYS Office of Children and Family Services - Child Fatality Report

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"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Table with 8 columns and 6 rows listing intervention types: Early Intervention, Alcohol/Substance abuse, Child Care, Intensive case management, Family or others as safety resources, and Other. Each row has checkboxes in the columns, with the 7th column checked for all rows.

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? N/A

Explain: There were no surviving siblings or other children in home.

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

Explain: ECDSS did not provide the BM with services. The BM should have been offered bereavement counseling to deal with her loss.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
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? No
Were there any siblings ever placed outside of the home prior to this child's death? N/A
Was the child acutely ill during the two weeks before death? No

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

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

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

The BM did not have any prior history as a parent but had an extensive history as a child of the MGM. On 3/4/15, the MGM's home was observed to be unsafe and unsanitary while the children were residing in the home. The MGM was arrested for nine counts of endangering the welfare of a child. Later that same date, the Niagara County Department of Social Services filed a Neglect Petition at Niagara County Family Court (NCFC). NCFC granted a remand for all of the MGM's nine children including the BM. The children were taken into protective custody and placed into care. The BM was placed in a mother/child program with the SC until she self-discharged from foster care on 7/6/15, when she turned eighteen.

Known CPS History Outside of NYS

The BM did not have any known prior CPS history outside of NYS.

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

There is no record of Preventive Services 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.

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

The Erie County Department of Social Services appreciates the review conducted by The Office of Child and Family Services for BU-15-028. We find that the facts are as stated and we are satisfied that the draft report accurately describes the unfortunate event and the actions taken. We note that the reviewer assesses that the allegation of Parent Drug and Alcohol Misuse should have been added and substantiated against the Subject Mother and the Unrelated Home Member. We concur with this finding and have already made the appropriate changes to the investigation. The allegation has been added, and the Investigation Conclusion Narrative has been changed to reflect the added allegation as well as the reasoning for substantiating the allegation against both caretakers. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.

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