



**Report Identification Number: BU-15-033**

**Prepared by: Buffalo Regional Office**

**Issue Date: 5/10/2016**

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



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

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

**Date of Death:** 09/22/2015  
**Initial Date OCFS Notified:** 09/22/2015

## Presenting Information

It was alleged that a two-month-old child, who was an otherwise healthy child, was found dead in the morning after being smothered by his mother. Mother and child had been sharing a bed between 5-7 am; the mother woke up and found child not breathing. The child had indentation marks on his face and body from the bedding, and rigor mortis had set in by 7:08 am. The roles of the father and other children were unknown.

## Executive Summary

On 9/22/15, the SCR received a report that a two-month-old infant had died in bed, having been smothered by his mother. ECDSS began the investigation immediately, and assessed the safety of the surviving siblings within 24 hours as required. The case record documented consistent supervision and appropriate directives for the worker regarding the CPS investigation of the fatality report. However, while there was a directive to follow MDT protocols, the record is not clear that this was done.

The deceased child was the fifth child born to this mother, all of whom were born with drugs in their system. Initially, the mother was addicted to prescription drugs, resulting in unstable housing for the children. She subsequently enrolled in treatment and has been successful with a maintenance program. The father in the household is father to all but the eldest of the children. Case history reflects no allegations ever substantiated against him, but his role in the care of the children is not always clear.

With regard to the investigation of this child's death, the record reflects a complete investigation. However, documentation is occasionally unclear. The safety assessment incorrectly reflected that a parent used illicit drugs or prescription medication to the extent that it negatively impaired ability to care for the children. Investigation showed that the mother was compliant with her drug treatment program and consistently tested clean. There was no evidence in the record of impairment of her ability to care for the children. The cause and manner of death were deemed undetermined by the medical examiner. However the record shows the infant had shared a bed with soft bedding and pillows with the mother on the night of the fatal incident, and was found to have lines on his face from the bedding. Further, the record showed that the parents previously had been advised by CPS and the pediatrician about safe sleep. The basis for the determination is not clearly stated.

## 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:



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- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Unable to determine - insufficient documentation.
- Was the determination made by the district to unfound or indicate appropriate? Unable to Determine

**Explain:**

The record did not state the basis for the determination.

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:**

The basis for the determination to unfound the fatality report is not stated in the record.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of case recording
<b>Summary:</b>	Several collateral contacts were made on 9/22 but not recorded until 10/22/15 and 10/26/15; a home visit was made on 9/22 and recorded on 10/22/15.
<b>Legal Reference:</b>	18 NYCRR 428.5(c)
<b>Action:</b>	ECDSS must complete documentation timely.

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 09/22/2015

Time of Death:

Time of fatal incident, if different than time of death: 07:00 AM

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: 07:02 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

**How long before incident was the child last seen by caretaker?** 2 Hours

**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

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	10 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)
Other Household 1	Grandparent	No Role	Female	53 Year(s)

### LDSS Response

Upon receipt of the SCR report, ECDSS initiated the investigation and assessed safety of the surviving siblings within 24 hours. The case record noted a directive to follow MDT protocols. Case history was reviewed, and collateral contacts made the first day included the source of the report, school staff, medical providers and a case conference for supervision. Subjects, surviving siblings and family members were all seen within 24 hours.

Mother reported the child was not a fussy baby, and he had a stuffy nose the previous day. The mother said that she gave the baby a bottle sometime after midnight, then fell asleep with him in bed with her. The father slept on the couch. When the father woke her at about 6:30 am, she went to pick up the baby, she found him on his stomach and not breathing. Although the mother said the baby usually slept in the bassinet on the bed, she confirmed that she did cosleep with the child in the bed that night, though she could not recall his position on the bed.

When emergency responders arrived at 7:03 am, rigor mortis had set in, and the baby had lines on his cheek from the bedding. Responders noted a pack and play full of toys and many other belongings in the home. Surviving siblings were interviewed and reported the baby slept with the mother the previous night; no other concerns were discerned. Collateral contacts were made with the pediatrician, schools and mother's treatment provider, who reported her to be in compliance. Medical record includes record of provision of safe sleep education. Nothing in the record shows if the child had developed the ability to roll. Police documented the bed contained blankets and pillows. They deemed the death a



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“rollover” and did not file any charges. Multiple attempts were made to contact the father of the surviving sibling.

Allegations of IF/C/S were unsubstantiated because although the home was observed to be cluttered, there were no safety hazards and was determined to be safe for the surviving children. Allegations of IG and DOA/Fatality were unsubstantiated; however the basis for that determination is not clear. Safety and Risk Assessments both incorrectly showed that a parent “currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts ability to supervise,” but there was nothing in the case notes to say that mother was anything but compliant with her prescribed medication regimen. It was noted that parents were engaged in grief counseling with the surviving siblings and the family received much support from the community. Services were offered to the family and refused. The 9/22/15 fatality report was unfounded and the case closed on 11/19/15.

## Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or 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)?**Unknown

**Comments:** Case record shows no evidence of joint investigation.

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

**Comments:** Erie County does not have an approved CFRT.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
027544 - Sibling, Female, 10 Year(s)	027542 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027544 - Sibling, Female, 10 Year(s)	027542 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
027544 - Sibling, Female, 10 Year(s)	027549 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027544 - Sibling, Female, 10 Year(s)	027549 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
027545 - Sibling, Female, 4 Year(s)	027542 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027545 - Sibling, Female, 4 Year(s)	027549 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
027545 - Sibling, Female, 4 Year(s)	027549 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated



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027545 - Sibling, Female, 4 Year(s)	027542 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
027547 - Sibling, Male, 1 Year(s)	027549 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027547 - Sibling, Male, 1 Year(s)	027542 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
027547 - Sibling, Male, 1 Year(s)	027542 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027547 - Sibling, Male, 1 Year(s)	027549 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
027548 - Sibling, Female, 6 Year(s)	027549 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
027548 - Sibling, Female, 6 Year(s)	027549 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027548 - Sibling, Female, 6 Year(s)	027542 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
027548 - Sibling, Female, 6 Year(s)	027542 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027901 - Deceased Child, Male, 2 Month(s)	027542 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
027901 - Deceased Child, Male, 2 Month(s)	027542 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027901 - Deceased Child, Male, 2 Month(s)	027549 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
027901 - Deceased Child, Male, 2 Month(s)	027549 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
027901 - Deceased Child, Male, 2 Month(s)	027542 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
027901 - Deceased Child, Male, 2 Month(s)	027549 - Father, Male, 28 Year(s)	DOA / Fatality	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Was a death-scene investigation performed?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Several collateral contacts with medical providers, law enforcement and source were made on 9/22 but not recorded until 10/22/15 and 10/26/15; a home visit made on 9/22 and recorded on 10/22/15.

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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



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Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" 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"/>

## 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? No
- 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 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)
06/12/2014	8993 - Sibling, Female, 5 Years	8992 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	No
	8994 - Sibling, Female, 3 Years	8992 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	



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8994 - Sibling, Female, 3 Years	8997 - Grandparent, Female, 54 Years	Lack of Supervision	Indicated
8993 - Sibling, Female, 5 Years	8992 - Mother, Female, 26 Years	Lack of Supervision	Indicated
8994 - Sibling, Female, 3 Years	8992 - Mother, Female, 26 Years	Lack of Supervision	Indicated
8993 - Sibling, Female, 5 Years	8997 - Grandparent, Female, 54 Years	Lack of Supervision	Indicated
8994 - Sibling, Female, 3 Years	8997 - Grandparent, Female, 54 Years	Inadequate Guardianship	Indicated
8993 - Sibling, Female, 5 Years	8997 - Grandparent, Female, 54 Years	Inadequate Guardianship	Indicated

**Report Summary:**

Mother left 5 and 3-year old siblings in care of MGM to run errands. Children left the home to walk to a relative's house while MGM left them unsupervised to take a shower.

**Determination:** Indicated

**Date of Determination:** 02/20/2015

**Basis for Determination:**

Report indicated against MGM only, who left children unsupervised while taking a shower, allowing children to leave the home unattended. Mother was able to locate the children and subsequently installed door locks to prevent future incidents.

**OCFS Review Results:**

All required contacts were made in this investigation, and the determination was appropriate. However, the risk assessment completed at the time of case closing reflected the newborn did not have a positive toxicology, when in fact he was treated for withdrawal for two weeks after birth. Also, it is not clear why the father was not added to the household composition.

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

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

There were six CPS reports on this family older than three years. Three of these were indicated against the mother for lack of food/clothing/shelter, Inadequate Guardianship and one for lack of supervision. There were also four reports that were unfounded, for allegations including lack of food/clothing/shelter, Inadequate Guardianship, Lack of Supervision and mother's drug misuse. Mother has maintained participation in a methadone program and has been stable for many years as of the writing of this report. The father was not an indicated subject.

**Known CPS History Outside of NYS**

There was no history outside of NY.

**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-15-033. We find that the facts are as stated and we are satisfied that the draft report describes the unfortunate event and the actions taken. We acknowledge that a portion of the progress notes were not entered contemporaneously with respect to the report dated 9/22/15. DSS staff involved in this investigation were reminded of the requirement and of the importance of timely recording of all our efforts. As OCFS is undoubtedly aware, in the time since the date of this investigation, we have made great strides in reducing caseloads and working toward meeting the expectation of contemporaneous progress note entry. 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