



Report Identification Number: BU-15-034

Prepared by: Buffalo Regional Office

Issue Date: 5/19/2016

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: 5 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 09/23/2015
Initial Date OCFS Notified: 09/23/2015

Presenting Information

"The five-month-old subject child (SC) was brought to the hospital on 9/23/15 at 9:33pm. The SC did not have a pulse, was not breathing and was cold on arrival. The SC was in the mother's (SM) care all day. The SC was last seen active and alert at 2:30pm. The SC has multiple bruises on her head, primarily on the left side. The SM's explanation for the injuries is inconsistent. The SC had been diagnosed multiple times with failure to thrive. The SM failed to bring the SC in for recommended follow up visits multiple times for weight checks to ensure the SC's condition. The SC was last fed on 9/22/15. After 6 rounds of CPR the SC was pronounced dead on 9/23/15 at 9:57pm."

Executive Summary

This report concerns the death of a 5 and 1/2 month old child (SC) on 9/23/15 that despite a diagnosis of Failure to Thrive at 10 weeks old with signs of neglect, was not known to Erie County Child Protective Services (ECCPS). The SC lived with her mother (SM) and 2- year-old surviving sibling (SS). On 6/23/15 the SM took the SC to her first medical visit after birth in April 2015. The SC was 5lbs10oz at birth and at the time of this visit was 8lbs 3oz. The SM said she did not feed the SC overnight unless the SM was awake. When SM did feed the SC she propped the bottle and only occasionally held SC when feeding. The SM was noted as distant and withdrawn. The SS had not been seen for medical care in a year despite developmental concerns. When hospitalized the SC gained weight and the SM was taught how to mix formula and proper feeding. A home nursing referral was made and 20 visits were approved. Three nursing visits occurred in the first two weeks of July 2015 to monitor the SC's weight gain and the mother's feeding practices. The SC was gaining weight and at the last nursing visit on 7/10/15 was 9lbs 5oz. The SM refused a nurse visit on 7/14/15. The SC was seen medically on 7/16/15. For unknown reasons nursing visits were discontinued. The SC was also seen on 7/18/15 which was the last medical visit the SC had until presenting at Women and Children's Hospital of Buffalo (WCHOB) deceased on 9/23/15.

ECCPS's first contact with this family was after receipt of the fatality report from the SCR on 9/24/15. The report alleged DOA/FAT, IG, Internal Injuries and LOM of the SC by the SM. The report stated that the SM took the SC to WCHOB at 9:33pm on 9/23/15. The SC was not breathing, had no pulse, was cold, had bruises to the left side of her head and the SM's explanation was not plausible. ECCPS conducted an appropriate investigation including contacts with the Buffalo Police, WCHOB, medical providers, family members, friends and a neighbor. The SM was in police custody at the time the report was received. ECCPS made immediate contact with the SS and arranged a medical exam which showed him as well cared for and without injury.

The SM admitted causing the injuries to the SC and was arrested and charged with Murder 2. ECCPS filed a severe abuse petition on behalf of the SS on 9/25/16 and the SS was placed in 1017 custody with the MGM. The SS's father sought custody and began visiting. The SS's BF had previously visited with the SS and told the CW that he and the SM had an on and off relationship for the past five years. He is not the father of the SC.

The ECME issued a final autopsy report on 2/10/16 regarding the SC. The Cause of Death was listed as Blunt Impact Injuries of the Head and the Manner of Death was Homicide. Also listed were Blunt Impact Injuries to the Torso and Extremities and Starvation. The report stated that autopsy revealed recent and remote blunt impact injuries of the head, torso and extremities including a subdural hematoma, diffuse axonal injury and retinal hemorrhages.

Toxicology revealed acetone in the SC's urine indicative of starvation. An anthropological report regarding injuries to the ribs is pending.



ECCPS substantiated the allegations of DOA/Fat, II, IG and LOM against the SM for the SC on 11/19/15. The basis of the determination was due to the SM admitted that she caused the injuries to the SC and then failed to obtain medical care for the SC who died from the injuries.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
- Approved Initial Safety Assessment? Yes
- Safety assessment due at the time of determination? Yes
Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Explain:

N/A

Was the decision to close the case appropriate? Yes

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

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

Explain:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/23/2015

Time of Death: 09:57 PM

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



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County where fatality incident occurred: ERIE

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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

Child's activity at time of incident:

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

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: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Father	No Role	Male	27 Year(s)
Other Household 2	Father	No Role	Male	29 Year(s)

LDSS Response

ECCPS received a fatality report from the SCR for the subject child (SC) on 9/24/15 at 12:04am. The mother (SM) took the SC to Women and Children’s Hospital of Buffalo (WCHOB) at 9:33pm on 9/23/15. The SC had no pulse, was not breathing and her body was cold. The SC had many bruises on her head for which the SM did not have an explanation. The ECCPS after hours caseworker (CW) visited the SM’s godmother (GM) who was caring for the two-year-old surviving sibling (SS). The CW examined the SS who was well cared for with no injuries. The CW spoke to the GM who told the CW that she was not a relative but was a friend of the SM. She said that she and SM talked and texted every other day. At 7:12pm the SM texted, told her to call and when she did the SM told her the SC was not doing well. The GM said she told the SM to take the SC to the hospital and she would meet her there. She arrived at WCHOB at 8:00pm and the SM was not yet there. When the SM arrived she had both children with her. The SC was wrapped in a blanket. The SM asked her to hold the SC and who was cold when she held her. She told the ER staff who took the SC and tried to revive her. The Buffalo Police (BP) arrived, gave her the SS and told her to take him home with her. The CW arranged to pick up the SS in the morning. The GM told the CW that she did not know who the father of the SC was or if there were any relatives. The SM did give the SC's father's name to the CW.

ECCPS spoke to the BP who had the SM in custody and said that an arrest was likely when the autopsy was done. The SC



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had head trauma which was likely a factor in her death. ECCPS stayed in contact with the BP and Erie County Medical Examiner (ECME). The SM admitted hitting the SC's head on the crib 3 times. The SC also had old bruises. The SM was arrested and charged with Murder 2. The police said the mother was unremorseful.

The ECME told ECCPS the SC died from subdural hemorrhage due to blunt force trauma. The SC had 7 injuries to her head. She also had 38 scars and 37 contusions on her body. The SC also had no contents in her stomach other than mucus. She was malnourished and was less than the 1st percentile for height and weight for her age. At more than 5 months of age she weighed just 10lbs.

A physical exam and x-rays were completed for the SS on 9/24/15 at the CAC. He was in good condition and had no new or old injuries. A severe abuse petition was filed in Erie County Family Court on 9/25/15 on behalf of the SS. The petition is pending.

The maternal grandmother (MGM) was found on 9/24/15 and her home was assessed to be safe and appropriate for the SS who was placed with her on 9/25/15. The father of the SS was also found and present at court. He was not the father of the SC. She had last seen the SM and children on 9/7/15. The MGM knew that the SC had issues gaining weight.

ECCPS gathered medical information. The SC was hospitalized on 6/30/15 at her first medical visit since birth and was diagnosed with Failure to Thrive (FTT) due to inappropriate feeding by SM. The SM said that if she was not awake that she did not feed the SC during the night. The SM said she propped the SC's bottle and did not hold her while feeding her. The SM was noted to be withdrawn and distant. Upon discharge from WCHOB a visiting nurse's referral was made to monitor the SC's weight and the SM's feeding of the SC. The SC gained weight at WCHOB and while nursing services were in place. Although 20 nursing visits were authorized the service was cancelled after 3 visits. The records were not clear why visits were discontinued although the SM missed the 4th and last visit.

ECCPS substantiated allegations of DOA/FAT, IG, LBW and LOM for the SM in regards to the SC on 11/19/15 as SM admitted hitting the SC's head on the crib 3 times as the SC being fussy. The SM then put the SC in the crib and did not get her medical care. The ME also found the SC had signs of starvation and many old injuries. The SC died of her injuries.

Official Manner and Cause of Death

Official Manner: Homicide

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)?No

Comments: Although Erie County has an MDT the investigation into the SC's death was not conducted jointly. Information was shared between ECDSS, the Buffalo Police Department (BPD) and the Erie County District Attorney (ECDA).

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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026941 - Deceased Child, Female, 5 Mons	026943 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated
026941 - Deceased Child, Female, 5 Mons	026943 - Mother, Female, 23 Year(s)	Lacerations / Bruises / Welts	Substantiated
026941 - Deceased Child, Female, 5 Mons	026943 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
026941 - Deceased Child, Female, 5 Mons	026943 - Mother, Female, 23 Year(s)	Lack of Medical Care	Substantiated

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"/>
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 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"/>
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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The caseworker (CW) made attempts to complete a home visit, but SM was in jail and attempts to gain access to the home through relatives were unsuccessful. CW did see photos of the home taken by law enforcement.

A joint investigation was not done.

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"/>



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Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Explain as necessary:

A severe abuse petition was filed in Erie County Family Court on 9/25/15 and the SS was placed in 1017 custody with the MGM.

Legal Activity Related to the Fatality**Was there legal activity as a result of the fatality investigation?** Family Court Criminal Court Order of Protection**Family Court Petition Type: FCA Article 10 - CPS**

Date Filed:	Fact Finding Description:	Disposition Description:
09/25/2015	There was not a fact finding	There was not a disposition
Respondent:	026943 Mother Female 23 Year(s)	
Comments:	A severe abuse petition was filed on behalf of the SC on 9/25/15. The petition is pending.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
09/25/2015	There was not a fact finding	There was not a disposition
Respondent:	026943 Mother Female 23 Year(s)	
Comments:	A derivative severe abuse petition was filed on behalf of the SS in Erie County Family Court on 9/25/15. The petition is pending. The SS was placed into 1017 custody with the MGM.	

Criminal Charge: Murder Degree: 2

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
09/24/2015	mother	Pending	trial is pending
Comments:	SM was charged with Murder second degree. Trial is pending and is scheduled for May 2016.		

Have any Orders of Protection been issued? Yes

From: 09/25/2015	To: Unknown
Explain: A stay away order of protection was issued by Erie County Family Court on behalf of the SS on 9/25/15.	

Services Provided to the Family in Response to the Fatality

Services	Provided	Offered,	Offered,	Needed	Needed	N/A	CDR
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	After Death	but Refused	Unknown if Used	but not Offered	but Unavailable		Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>	<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 SS was placed in 1017 custody of the MGM. An Early Intervention Referral was made for the SS.

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:
Severe abuse and derivative severe abuse petitions were filed in Erie County Family Court on 9/25/15. The SS was placed in 1017 custody with the MGM with supervision of the SS by ECDSS. The SS BF was granted weekend visitation while paternity proceedings and background checks were completed. An Early Intervention referral was made for the SS and he was seen by medical.

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

Explain:
The SM was charged with Murder 2 and incarcerated following the death of the SC. Attempts to contact the SC's BF were unsuccessful.



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 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

There is no CPS history more than three years prior to the fatality involving this mother or her children.

Known CPS History Outside of NYS

There is no known CPS history regarding this family outside 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 will be happy to partner with the Buffalo Regional Office of OCFS to reach out to the Erie County Health Department in an effort to discuss and explore mandated reporter training for medical providers in the community.

Recommended Action(s)

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

Action:	The investigation into the circumstances of the death of this child revealed that there were several instances where this child came before multiple medical providers in the community with conditions or facts that should have resulted in a report to the SCR, however ECCPS had not received any SCR reports prior to the child’s death. OCFS recognizes that ECDSS has engaged in community outreach and partnering by placing CPS workers as liaisons in WNY area hospitals and schools. OCFS is aware that the EC Child Fatality Review Team and the EC Multidisciplinary Team are discussing how to address community lack of reporting. OCFS recognizes that mandated reporter training in Erie County is handled by Erie Community College’s Workforce Development Program. In addition to these efforts, OCFS recommends that ECDSS, along with the Buffalo Regional Office of OCFS, reach out to the EC Health Department to discuss and explore mandated reporter training for medical providers in the community.
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Are there any recommended prevention activities resulting from the review? Yes No