



**Report Identification Number: BU-15-041**

**Prepared by: Buffalo Regional Office**

**Issue Date: 5/2/2016**

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

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

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

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

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

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

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

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



## Abbreviations

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

## Case Information



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

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

**Date of Death:** 12/06/2015  
**Initial Date OCFS Notified:** 12/06/2015

## Presenting Information

On December 6, 2015, at 4:00 am SM fed two-month-old SC and then both the SM and SC went back to sleep on the floor on the same mattress. At about 11:42 am the SM found SC not breathing. She called the police who responded with EMS at 11:47 am and they found SC unresponsive. EMS performed CPR on the SC but could not revive her. Blood and fluid was present in the SC's mouth. At approximately 11:52 am EMS pronounced the SC dead. Since the SM and the SC were sleeping on the same mattress, it was felt that the SM rolled over on the SC causing the SC's death. SC was an otherwise healthy child who did not have any pre-existing medical conditions. The roles of SS one-years-old and MU are unknown at this time.

## Executive Summary

This report concerns the death of a two-month-old child. The SM had previously worked with ECDSS during the investigation of an unfounded SCR report and she was receiving public assistance.

An SCR report with allegations of DOA/Fatality and IG was received by ECDSS against SM with respect to SC on December 6, 2015. On the same date at 4:00am, SM fed the two-month-old SC and then both the SM and SC went back to sleep on the floor on the same mattress. The SM found the child not breathing. She called the police right away and the police and EMS responded at 11:47 am and found SC unresponsive. EMS performed CPR on SC but could not revive her. EMS pronounced the child dead. SC was an otherwise healthy child who did not have any preexisting medical conditions. ECDSS completed a home visit with SM and SS. The SM stated she fed SC and then laid SC on the bed with her head on a pillow and she was lying against the wall. The SS was also at the end of the bed and all three used the same blanket. The SM stated when she woke up that she observed SC's head no longer on the pillow and thought SC was still asleep. Once SM realized SC was not breathing she contacted 911. The CW observed the home to be safe for the family to reside and had appropriate sleeping arrangements for all children. The SM denied using any alcohol or drugs the day of SC death. The CW spoke to the police, who closed the investigation with no charges. The children's pediatrician had no concerns. The SM was referred to counseling, but denied the need for any other services.

The cause and manner of death was undetermined. On February 3, 2016 ECDSS substantiated the allegations of DOA/Fatality and IG. SM laid SC down in the middle of a queen size bed. SM lay down in the bed on her left side against the wall with SC lying in the middle on her back and SS sleeping on the outside of the mattress. SM stated that SC ended up falling asleep and her head was on a pillow. There were two pillows on the bed and a soft, fluffy queen size blanket covering all of them with a blue fitted sheet over the mattress. SM states she woke up and SC was lying horizontally when she initially fell asleep vertically on the bed. SS was also still sleeping in the same spot. SM was obese and admits to co-sleeping with both CHD for their entire lives. SM had history of co-sleeping. A crib and a pack-n-play were observed for the CHD to sleep in but were filled with the children's belongings. There were a number of aggravating circumstances that played a role in the death of the SC. SM was working with prenatal services that advised against co-sleeping, CH pediatrician spoke with SM about safe sleep practices and previous CPS worker also spoke with SM about safe sleep. ECDSS closed the case and SM was referred to community based services.



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:

ECDSS substantiated the allegations of DOA/Fatality and IG and closed the case. SM denied the need for services.

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 substantiated the allegations of DOA/Fatality and IG and closed the case. SM denied the need for 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: 12/06/2015

Time of fatal incident, if different than time of death: 11:42 AM

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: 11:42 AM



# NYS Office of Children and Family Services - Child Fatality Report

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 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	Aunt/Uncle	No Role	Male	20 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Other Household 1	Father	No Role	Male	45 Year(s)
Other Household 2	Father	No Role	Male	26 Year(s)

### LDSS Response

ECDSS completed a home visit with SM, SS and MU. The SM stated that she took SC from the pack-n-play around 3:00 am and changed and fed SC. SM then laid the SC on the mattress in the middle with her head on a pillow. The SS was asleep on the edge of the mattress and SM laid up against the wall. The SM stated she covered everybody with a fluffy soft queen size blanket and she fell asleep around 5:00 am lying on her left side. The SM awoke around 11:05 am still on her left side and observed SC lying horizontally with her feet towards SM's stomach; the SC was still on her back with her arm on her face. The SS was still at the edge of the mattress. The SM stated she thought both CHD were sleeping. The SM called MGM and SS's woke and noticed blood on SC's nose. The SM stated she called 911 and attempted CPR. The CW observed a toddler bed, crib and pack-n-play for the CHD. The crib had various objects in it. The SM admitted to sleeping with both CHD on a regular basis. The CW discussed the importance of safe sleep. The SM denied any drug or alcohol use that day or on a regular basis. The CW spoke with the MU who stated he heard SM scream and attempted CPR but could tell that SC was already dead. He had no concerns for the SS's safety. The SC's father had seen the SC a couple of times, but not on a regular basis. The CW spoke to SC's BF who stated he was not sure if SC was his or not but would help SM out with supplies and money. The BF denied having any concerns for SC or SS.

The CW spoke to all first responders who stated they attempted CPR for 5-8 minutes and paramedics were going to start



# NYS Office of Children and Family Services - Child Fatality Report

an IV, but noticed the arm was stiff and rigormortis had started to set in. The CW was told the home was appropriate and no concerns for SS. The SC was transported to the ME's office. The CW received police reports involving SM and SS's BF for harassment. The police did not file charges against SM for SC's death.

The SS was seen at the CAC for a physical and the SS appeared healthy. The only concern noted was SM was still co-sleeping with SS. The CW also spoke with the pediatrician and SC had been seen for his initial visit and two-month well check with no concerns. The pediatrician did note that safe sleep was discussed with SM. The CW spoke with a community agency Buffalo Pre-natal Services that was working with the family since SS's birth. The worker stated she taught SM about safe sleep as well as a safe car seat and keeping a safe environment. She had no concerns regarding SS's safety.

ECDSS addressed with SM again the importance of safe sleep and that SS needs to sleep in the toddler bed. The cause and manner of death was undetermined. On February 3, 2016 ECDSS substantiated the allegations of DOA/Fatality and IG. SM laid SC down in the middle of a queen size bed. SM laid down in the bed on her left side against the wall with SC laying in the middle on her back and SS sleeping on the outside of the mattress. SM stated that SC ended up falling asleep and her head was on a pillow. There were two pillows on the bed and a soft, fluffy queen size blanket covering all of them with a blue fitted sheet over the mattress. SM states she woke up and SC was lying horizontally when she initially fell asleep vertically on the bed. SS was also still sleeping in the same spot. SM is obese and admits to co-sleeping with both CHD for their entire lives. SM had history of co-sleeping. There were a number of aggravating circumstances that played a role in the death of the child. SM was working with prenatal services that advised against co-sleeping, CH pediatrician spoke with SM about safe sleep practices and previous CPS worker also spoke with SM about safe sleep. ECDSS closed the case and SM was referred to community based services.

## 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)?**No

**Comments:** ECDSS followed MDT protocol and spoke with the police and contact the DA.

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

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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
027461 - Deceased Child, Female, 2 Mons	027462 - Mother, Female, 21 Year(s)	DOA / Fatality	Substantiated
027461 - Deceased Child, Female, 2	027462 - Mother, Female, 21	Inadequate	Substantiated



# NYS Office of Children and Family Services - Child Fatality Report

Mons	Year(s)	Guardianship	
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## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# NYS Office of Children and Family Services - Child Fatality Report

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 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"/>

Explain as necessary:  
ECDSS addressed all safety concerns, regarding appropriate sleep

## 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	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to
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# NYS Office of Children and Family Services - Child Fatality Report

	Death	Refused	if Used	Offered	Unavailable		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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input 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:**  
 ECDSS referred mother to bereavement counseling and MH. The family was already working with a community base parenting program.

**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:**  
 ECDSS completed a home visit and the SS appeared safe, SM had appropriate supplies for SS. ECDSS discussed the importance of safe sleep with SM. SM declined the need for services.

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

**Explain:**  
 ECDSS completed a home visit and the SS appeared safe, SM had appropriate supplies for SS. ECDSS discussed the importance of safe sleep with SM. SM declined the need for services.

## History Prior to the Fatality



# NYS Office of Children and Family Services - Child Fatality Report

## 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/08/2014	8683 - Sibling, Male, 7 Months	8682 - Father, Male, 44 Years	Inadequate Guardianship	Unfounded	Yes

### Report Summary:

There was a history of domestic violence. BF had been physically violent toward SM while SS was present. Sometime at the end of May SM came home from the hospital. An argument ensued and BF picked up the baby carrier that SS was in and threw it to the ground. SS was frightened but not hurt. On another date SS was nearby and BF threw a box of diapers at SM. In mid June BF was holding SS and squeezed him by his torso.

**Determination:** Unfounded

**Date of Determination:** 12/03/2014

### Basis for Determination:

BF denied all allegations while SM described BF behavior as being threatening and violent. SM had ensured children's safety by signing herself into a DV shelter, later obtained an apartment, has been compliant and consistent with court follow-up and no additional concerns to report. SM obtained a two year OOP. CW assessed new apartment SM and children reside in and had no concerns. Food supply, sturdiness of cradle and baby materials were all available and present. Safe/co-sleeping and service referral sheet was reviewed and provided to SM as she reported she read Spanish. CW offered services but SM denied services.

### OCFS Review Results:

ECDSS completed home visits and assessed safety of the children. ECDSS addressed allegations with FA who denied



them. CW completed appropriate collateral contacts with DV shelter, medical and police. ECDSS did not assess a BF on the risk assessment. The closing safety assessment had no safety factors although SM and BF had a history of DV.

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

Issue: Pre-Determination/Assessment of Current Safety/Risk

Summary: ECDSS did not assess a BF on the risk assessment. The closing safety assessment had no safety factors although SM and BF had a history of DV.

Legal Reference: 18 NYCRR 432.2(b)(3)(iii)(b)

Action: ECDSS must make sure all risk assessments are completed correctly and safety factors are documented on all safety assessments.

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

The family had no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

No known CPS history 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 appreciates the review conducted by The Office of Child and Family Services for BU-15-041. We acknowledge the reviewers findings relative to the electronic safety assessment in the SCR report dated 8/8/14 and that it did not accurately identify all safety concerns. We have already taken corrective action. Specifically, a Child Abuse Specialist from OCFS’ Buffalo Regional Office provided a safety and risk refresher training to all Erie County CPS team leaders on March 17, 2015. The refresher training occurred after the investigations in question were determined and did address all CPS Team Leaders including the Team Leader who approved the investigations in question. Additionally, Child Protective Staff were reminded more recently at a Team Leader Meeting, on 3/1/16, of the importance to accurately complete the Risk Assessment Profile and Safety Assessments and to provide supporting documentation in the progress notes for every case. 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