



Report Identification Number: BU-17-015

Prepared by: New York State Office of Children & Family Services

Issue Date: Nov 30, 2017

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

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

Jurisdiction: Erie
Gender: Female

Date of Death: 06/06/2017
Initial Date OCFS Notified: 06/06/2017

Presenting Information

On 6/6/17 an SCR report was received by Erie County Department of Social Services (ECDSS) regarding the death of the 2-month-old female SC. The report alleged on 6/6/17, the SC was discovered not breathing when visiting with the SF. The SC had no pre-existing medical concerns to explain her sudden death, and was an otherwise healthy child. As a result, her death was considered suspicious and the SF was considered an alleged subject.

Executive Summary

On 6/6/17 ECDSS received an SCR report with allegations of DOA/Fatality and IG against the SF regarding the 2-month-old SC. There was an open CPS investigation, which was initiated on 4/6/17, with allegations that the BM and SF often engaged in physical altercations in the presence of the SC and 1-year-old SS.

The BM, 18 yo, was in Foster Care with ECDSS and resided in a residential Supervised Independent Living Program (SILP) with the SC and SS. The SF, 20 yo, lived alone in an apartment and had frequent visitation with the CHN. There was a history of DV between the parents that resulted in an IND CPS case and a CPS services case being opened on 3/23/17. ECDSS filed Article 10 Neglect Petitions in Family Court against both parents on 3/15/17, a temporary Order of Supervision was granted on 3/21/17, and amended Neglect Petitions were filed on 4/6/17 and were still pending in Family Court at the time of the fatality. SF had a third child (SS #2) with a different partner; SS #2 was 4 months old at the time of SC's death. SS #2 was born prematurely and remained in the Neonatal Intensive Care Unit (NICU) at the hospital. That mother primarily cared for SS #2 and the SF occasionally visited.

Through interviews conducted by ECDSS it was learned that the SF picked the SC up from the BM around 6:30 PM on 6/5/17 for a visit at his home and the SS stayed with the BM at her home. Upon arriving home, SF fed the SC a bottle and placed her in the Pack n Play. The SC kept crying so he brought her into his bedroom. The SC fell asleep in the SF's bed. The SC woke up around 10:00 PM, he fed her and she went back to sleep around 11:30 PM. The SF went to sleep around midnight. The SC woke up around 5-6:00 AM and was crying. SF fed her a bottle, gave her a pacifier, then swaddled her in a blanket and laid her on her stomach on the bed, with her head turned to the side. The SC and SF then fell back asleep. SF woke up around 8:40-8:50 AM and thought that the SC was still sleeping. He texted the BM that he was going to give the SC a bottle and was going to get ready to bring the SC back to her. When the SF went to get the SC up to feed her, he realized something was wrong. She didn't react to him picking her up; her arm went limp and when he lifted her eyelid there was no movement. The SF tried to do CPR for a minute then called 911. He continued to perform CPR until EMS and LE arrived. The SC was transported via ambulance to the hospital and was pronounced deceased by the ER physician at 9:45 AM.

An autopsy was performed and the manner and cause of death were still pending at the time this report was written. During the examination, the ME found 3 posterior rib fractures on the left side, that were a few weeks old and had healing calluses. The LE investigation resulted in no criminal charges being filed.

ECDSS consulted with their Legal Department and on 6/7/17 a safety plan was implemented that the SS stay with the PA following the discovery that the SC had rib fractures. The SS was temporarily placed under Article 1017 with the PA from 6/9/17-6/15/17, when she was returned to the parents' custody. On 8/30/17 there was a finding of neglect, based on the ongoing concerns of DV, and on 10/10/17 the BM was issued court ordered services for 1 year with an adjournment in contemplation of dismissal. SF's Neglect Petition was still pending in Family Court. ECDSS found credible evidence to



Sub the allegations against the SF. The SF failed to exercise a minimum degree of care by co-sleeping with the SC with aggravating factors present, resulting in her death. The SC had been cared for by multiple different caretakers during the time period that she would have sustained the injury. Neither LE nor CPS found any evidence regarding who may have injured the SC, so the allegation of FX was not added. The case remained open for CPS 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 appropriately assessed safety and initiated safety plans and controlling interventions when necessary.

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 decision to IND and close the investigation was appropriate. The case remained open for CPS 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



Child Fatality Report

Date of Death: 06/06/2017

Time of Death: 09:45 AM

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

Unknown

County where fatality incident occurred:

Erie

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Mother	No Role	Female	18 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	20 Year(s)

LDSS Response

Upon receiving the SCR report, ECDSS contacted LE who reported there were no suspicions of foul play and the SF's home contained the appropriate supplies and a Pack n Play for the SC.

ECDSS conducted a home visit at the PGF's home, where the parents were located. SF stated that he was covered with a blanket, the SC was swaddled in a separate blanket, and there were no sheets on the bed. He could not recall which direction the SC's head was facing when he placed her on her stomach, or when he picked her up. SF said when he picked her up her mouth was open, which was not out of the ordinary. He called 911, then the BM and PGF. The PGF took him to the hospital after LE questioned him and took pictures. SF denied any drug use.



The BM reported that the SC was fine when SF picked her up at 6:30/7:00 PM on 6/5/17. When she woke up on 6/6/17, she spoke to the SF at 9:00 AM via text. He said he was going to drop the SC off around 9:30/10:00 AM. About 15-20 minutes later, SF called and said that the SC was not breathing and he was taking her to the hospital. The BM said her Case Planner at the SILP drove her to the hospital, where she was told that the SC had passed away. ECDSS provided the parents with information on grief counseling and support services, and information on resources that could assist with funeral costs.

The SS was seen on 6/7/17 and her safety was assessed. A medical examination was performed at the CAC and she was assessed to be healthy.

ECDSS spoke to the ME's office and were informed that the autopsy showed 3 posterior rib fractures on the left side, that were a few weeks old with healing calluses. The ME determined that they were likely caused from being grabbed forcefully or dropped on a metal object from a high distance. The ME documented no observation of bruises or other injuries and the cause of death was pending.

A home visit was conducted at the BM's home and it was assessed to be safe. The BM and SF were unaware how SC sustained the injury. They reported during that time period the SC was cared for by multiple caretakers, including the BM, SF, 2 MAs, a paternal great aunt and 2 different people at daycare. SF reported that he co-slept with SC once per week but denied ever rolling over on her. Due to the parents having no explanation for SC's injuries and the history of DV in the presence of the CHN, a safety plan was implemented that the SS would stay with the PA. A full skeletal X-ray of the SS was performed at the CAC and was negative. ECDSS consulted with the Legal Department and on 6/9/17, the SS was temporarily placed under Article 10 with the PA. The SS was returned to the parent's custody on 6/15/17. It was ordered the BM must reside at the SILP and she could not spend the night anywhere else. The SF's visitation was limited to twice per week, no overnight visitation and neither parent could co-sleep with the SS.

On 6/20/17 ECDSS assessed the safety of SS #2 at the NICU and spoke to that mother, who had no concerns for SF. She denied DV with SF and said SF would be visiting SS #2 at her home. Safe sleep was discussed.

A home visit was conducted at SF's home on 7/18/17 and the home was assessed to be safe. SF's bed was observed up against the wall and there were no sheets on the mattress. He said on the date of the incident he was laying on the bed closest to the wall and the SC was lying next to him on the outside of the bed. SF reported his head was on two pillows with a comforter on him and denied there being anything else in the bed. Photos were taken of the bed. A Pack n Play was observed in a separate bedroom.

ECDSS contacted all required collaterals and gathered sufficient documentation to support substantiating the allegations and closed the investigation. ECDSS provided the appropriate referrals and services throughout the CPS services case. Safe sleep was consistently discussed with both parents and both homes were assessed to have a safe sleep environment for the CHN.

Official Manner and Cause of Death

Official Manner: Pending

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)? Yes

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



Comments: Erie County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
041669 - Deceased Child, Female, 2 Mons	041672 - Father, Male, 20 Year(s)	Inadequate Guardianship	Substantiated
041669 - Deceased Child, Female, 2 Mons	041672 - Father, Male, 20 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" 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"/>
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"/>



Child Fatality Report

Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

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

Explain as necessary:
 The SS was placed under Article 1017 in Family Court with the PA on 6/9/17 and returned to BM and SF's custody on 6/15/17.

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:



06/09/2017	There was not a fact finding	There was not a disposition
Respondent:	041670 Mother Female 18 Year(s)	
Comments:	The SS was temporarily placed under Article 10 with the PA on 6/9/17 and returned to the parents' custody on 6/15/17 when the placement was reversed.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
06/09/2017	There was not a fact finding	There was not a disposition
Respondent:	041672 Father Male 20 Year(s)	
Comments:	The SS was temporarily placed under Article 10 with the PA on 6/9/17 and returned to the parents' custody on 6/15/17 when the placement was reversed.	

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 provided grief counseling services, MH counseling, parent skills training, DV services, Early Intervention



services and day care. ECDSS offered resources to assist with funeral costs, but this service was not utilized. The SS was temporarily placed under Article 1017 with the PA, then returned to BM and SF's custody. Family planning services were not offered and could have been beneficial.

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:
On 6/7/17 a safety plan was implemented that the SS stay with the PA following the preliminary results of the autopsy. A full skeletal x-ray and medical exam were conducted to ensure that the SS had no injuries. SS #2 was an infant and assessed to have no service needs.

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

Explain:
Grief counseling/support services and mental health counseling services were offered to the parents as well as resources that may be able to assist with funeral costs.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? 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)
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04/06/2017	Sibling, Female, 11 Months	Mother, Female, 18 Years	Inadequate Guardianship	Indicated	No
	Deceased Child, Female, 27 Days	Mother, Female, 18 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 11 Months	Father, Male, 20 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 27 Days	Father, Male, 20 Years	Inadequate Guardianship	Indicated	

Report Summary:

SCR report alleged the BM and SF often engaged in physical altercations in the presence of the SS, 11 months old, and SC, 3 weeks old. The situation had been occurring since the previous summer. The altercations occurred in the SF's home while the BM and CHN were visiting. It was unknown if the CHN had been harmed.

Determination: Indicated**Date of Determination:** 08/14/2017**Basis for Determination:**

ECDSS Sub the allegation of IG against the BM and SF regarding the SS and SC. On 4/6/17 the BM and SF engaged in an altercation at the SF's home with the CHN present and LE were called to the home. ECDSS filed an amended Neglect Petition against the BM and SF in Family Court. The parents continued to not be allowed together in the presence of the CHN and the CHN continued to be exchanged for the SF's visitation at the BM's independent living residence. The CPS services case remained open.

OCFS Review Results:

ECDSS adequately assessed safety and risk, reviewed CPS history, provided the notice of existence letter within the required timeframe, and there was evidence of supervisory consultation. The SF and BM were interviewed and necessary collateral contacts were made. Safe sleep was discussed and documented. ECDSS completed a thorough investigation and appropriately Sub the allegations. During this investigation, the SC was found unresponsive in the SF's bed during an overnight visit, and subsequently passed away. ECDSS initiated a safety plan and sought Family Court intervention to protect the SS. The fatality allegations were investigated separately.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/31/2017	Deceased Child, Female, 3 Days	Mother, Female, 18 Years	Inadequate Guardianship	Indicated	No
	Sibling, Female, 9 Months	Father, Male, 20 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 9 Months	Mother, Female, 18 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 3 Days	Father, Male, 20 Years	Inadequate Guardianship	Indicated	

Report Summary:

SCR report alleged on 1/30/17, the BM got into a verbal disagreement with the SF. During the dispute, the BM physically assaulted the SF by punching him in the face and putting a hole in the wall in the presence of the SS, 9 months old. The SS was not injured. A subsequent report was received on 3/3/17 that alleged on that date, the BM and SF engaged in a heated verbal argument in the presence of the SS. The SF left with the SS in a vehicle, with the vehicle door open and the SS not secured in the car seat appropriately. Additional information was received on 3/13/17 that BM and SF engaged in a verbal argument upon BM's return home from the hospital after giving birth to the SC, 3 days old.

Determination: Indicated**Date of Determination:** 04/19/2017

**Basis for Determination:**

ECDSS Sub the allegation of IG against the BM and SF regarding the SC and SS. The BM and SF engaged in several significant incidents of DV in close proximity to the CHN. In 1 incident the BM tried to take the SS out of her car seat and the SF moved his car while the door was open to prevent BM from taking her of the car, placing the SS at risk of harm. ECDSS filed an Article 10 Neglect Petition against both parents regarding both CHN in Family Court and a temporary order of supervision was granted. On 4/7/17, It was ordered that the parents were not allowed around each other in the presence of the CHN and the CHN must be exchanged for SF's visitation at BM's independent living residence.

OCFS Review Results:

ECDSS adequately assessed safety and risk, reviewed CPS history, provided the notice of existence letter within the required timeframes and there was evidence of supervisory consultation. The SF and BM were interviewed and necessary collateral contacts were made. Safe sleep was discussed and documented. ECDSS completed a thorough investigation and appropriately Sub the allegations. Although SF agreed to Preventive Services, a legal consult took place after the BM refused Preventive Services and there were escalating incidents of DV. ECDSS appropriately filed an Article 10 Neglect Petition to obtain court ordered services.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/13/2016	Sibling, Female, 1 Months	Father, Male, 19 Years	Inadequate Guardianship	Unfounded	No

Report Summary:

SCR report alleged on 5/13/17, the BM and SF engaged in a verbal altercation with each other. The altercation escalated when the SF started hitting the BM while in the presence of the 1-month-old SS. The SS was in close proximity to the altercation. The BM had an unknown role.

Determination: Unfounded

Date of Determination: 07/20/2016

Basis for Determination:

ECDSS Unsub the allegation of IG against the SF regarding the SS. The BM and SF reported that they had an argument while the SS was sleeping in her crib upstairs but denied that a physical altercation took place. There was no evidence gathered to support that the incident occurred. The BM and SS were observed to have no marks and the BM's home appeared to be neat and clean. Collaterals contacted had no concerns for the SS. The BM was in Foster Care and residing in a supervised independent living program and receiving parent training and counseling services.

OCFS Review Results:

ECDSS adequately assessed safety and risk, reviewed CPS history, provided the notice of existence letter within the required timeframes and there was evidence of supervisory consultation. The SF and BM were interviewed and appropriate collaterals were contacted. Safe sleep was discussed and documented. ECDSS completed a thorough investigation and appropriately Unsub the allegation due to a lack of credible evidence. The case was closed as no additional service needs were identified.

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

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

There is no CPS history more than 3 year prior to the fatality.

Known CPS History Outside of NYS

There is no known history outside of New York State.

Services Open at the Time of the Fatality



Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 03/23/2017

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 03/23/2017

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Services Provided

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

Family Assessment and Service Plan (FASP)



Child Fatality Report

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The Comprehensive FASP was approved 8 days late.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
Family Help Center provided Intensive Home Based Family Preservation Services and Preventive Services to the family.

Preventive Services History

A CPS Services case opened on 3/23/17, following several incidents of DV between BM and SF in the presence of the SC and SS, that resulted in an IND SCR report. The BM was in Foster Care and residing in a SILP. An Article 10 Neglect Petition was filed against BM and SF on 3/15/17 and there was a temporary order of supervision granted on 3/21/17. The BM and SF were referred to MH counseling, parenting skills classes and DV services, as well as intensive home based family preservation services (IHBS). Amended Article 10 Neglect Petitions were filed in Family Court against both parents after another incident of DV on 4/6/17. It was ordered that BM and SF stay away from each other except for the exchange of the CHN for SF's visitation, which was to take place at BM's independent living facility. On 4/28/17 the IHBS case closed successfully and the family transitioned to Traditional Preventive Services. On 10/10/17 there was a dispositional hearing in Family Court for BM's Neglect Petition. BM was issued a 12-month adjournment in contemplation of dismissal and ordered to continue in MH counseling, DV services and parenting skills classes. SF's Neglect Petition was still pending in Family Court and the CPS services case remained open at the time this report was written.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
03/15/2017	Adjudicated Neglected	Order of Supervision
Respondent:	041670 Mother Female 18 Year(s)	
Comments:	An Article 10 Neglect Petition was filed in Family Court against BM. On 8/30/17 there was a finding of Neglect and on 10/10/17 BM was issued court ordered services for 1 year with an adjournment in contemplation of dismissal.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
03/15/2017	There was not a fact finding	There was not a disposition
Respondent:	041672 Father Male 20 Year(s)	
Comments:	An Article 10 Neglect Petition was filed in Family Court against SF. The petition was still pending and there had been no fact finding or disposition at the time this report was written.	

Additional Local District Comments

We at the Erie County Department of Social Services (ECDSS) find that the facts as written describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality or the history three years prior. 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