



**Report Identification Number: BU-17-026**

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

**Issue Date: Feb 23, 2018**

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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-Other	
<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	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:** 3 month(s)

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

**Date of Death:** 09/27/2017  
**Initial Date OCFS Notified:** 09/27/2017

## Presenting Information

On 9/27/2017 at 5:30 am, the 3-month-old SC (twin A) was pronounced dead. The SM found the SC unresponsive when the SC's, SS (twin B) woke up crying. The SM was sleeping in the bed with both twin A and twin B when twin A was found unresponsive. The roles of twin B and the other SS were unknown.

## Executive Summary

An SCR report was received on 9/27/2017, with the allegations of DOA/fatality and IG against the SM, regarding the death of the 3-month-old SC (twin A). Erie County Department of Social Services (ECDSS) initiated an immediate investigation that included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed. ECDSS did question the SM about drug or alcohol misuse. There was no credible evidence of any current misuse and the SM denied any misuse of illicit substances. It was learned that both BF's of the SS were in prison. ECDSS notified and arranged for both BF's to be interviewed in prison.

In the first 24 hours of the investigation, ECDSS adequately assessed the safety of all SS and their household and found no safety concerns. ECDSS offered mental health and trauma services to the family. ECDSS had arranged for the 12yo and the 4yo SS to undergo a medical exam at the Child Advocacy Center (CAC). Twin B was seen at the hospital for a medical evaluation on the evening of 9/27/2017. There were no concerns noted for any of the SS. However, the SM admitted to co-sleeping with the SC (twin A) and the SS (twin B) on a regular basis. ECDSS implemented a safety plan with the SM and discussed safe sleep practices with the SM. ECDSS observed that the SC and twin B, each had their own crib and infant supplies. The SM regretted co-sleeping and agreed that SS twin B would sleep in his own crib.

The SM explained that on 9/26/2017 she slept with both the SC and twin B in her bed. The SM woke around 4 AM on 9/27/2017 and found the SC was unresponsive. The SC was in the SM's arms and the SM was lying down on her side with the SC tucked against her body and the SC was on his back. Twin B was on the other side of the SC. The SM called 911 but did not wait for EMS to arrive. The SM had a neighbor drive her to the County Medical Center and the SC was pronounced dead at 5:30 AM.

An autopsy was performed by ME on 9/27/2017. The autopsy results were received and the cause of death and manner of death were undetermined. No criminal charges were filed and no arrests were made.

On 1/21/2017, the allegations for DOA/fatality and IG against the SM with respect to the SC were unsubstantiated. The safety and risk assessments were done correctly and on time. There was no credible evidence to support the allegations. There were no aggravating circumstances found that led to the SC's cause of death. The bedding did not appear to be out of the ordinary and the SM was not determined to be sleep deprived. The SM did not appear to be under the influence of drugs or alcohol at the time of the fatal incident. The SM did not provide less than a minimum degree of care. The SM and the SS were referred to grief counseling and the SM declined any additional services. There were no other noted safety concerns in the home. It was determined there were no other services needed. The case was UNF and closed.

## 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 gathered sufficient information through out the INV to make the determination in the case.

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 gathered sufficient information to close the INV.

### 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: 09/27/2017

Time of Death: 05:30 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? Unknown

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:**

- 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	Male	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Month(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Other Household 1	Father	No Role	Male	35 Year(s)
Other Household 2	Stepfather	No Role	Male	27 Year(s)

**LDSS Response**

ECDSS conducted a joint investigation with LE. The SM and the 12yo SS were interviewed about the events leading up to the reported fatality on 9/27/2017. On the evening of 9/26/2017 the SM had the twins in bed with her. The SM awoke at midnight and fed both of the babies. The SM reported that they all fell back to sleep again. When the SM fell asleep and her back was against the wall, twin A was cradled in her arms and twin B was placed in the middle of the bed with no extra bedding or pillows. That morning the SM, the 3-month-old SC (twin A) and the 3-month-old SS (twin B) were all asleep in the queen-size bed together. The SM stated that she woke up at 4 AM found the SC unresponsive. The SM called 911 but did not wait for EMS to arrive. The SM contacted a neighbor and the neighbor transported the SC to the County Medical Center where the SC was pronounced dead at 5:30 AM. The SM had called the MA to come and stay with the SS. The SM described that she was lying on her side with her back against the wall and the SC was on his back lying next to her up against her body. The SM stated the SS twin B was on the other side of the SC. The SM admitted to co-sleeping with the twins on a regular basis and that she was now remorseful about co-sleeping. The 12yo and the 4yo SS had their own rooms and were asleep in their own beds at the time of the reported fatality.

ECDSS appropriately assessed the safety of the SS in the first 24 hours of the investigation. ECDSS appropriately discussed safe sleep and implemented a safety plan with SM for twin B. The SM agreed to have the twin B sleep in his crib and follow safe sleep practices. ECDSS made regular follow up visits during the INV. ECDSS assessed the home and



had noted no other safety concerns regarding the SS. ECDSS had arranged for the two older SS to be medically examined at the CAC and there were no signs of abuse or maltreatment. Twin B had a medical exam at the hospital and no signs of abuse or maltreatment were found. ECDSS offered bereavement referrals to all family members. ECDSS interviewed all appropriate collaterals, family members and obtained releases for records. ECDSS obtained and reviewed all records. There were no reported safety concerns. ECDSS notified and arranged for both BF to be interviewed in prison.

The final autopsy results were received prior to the writing of this report. The cause and manner of death remained undetermined and there was no evidence to verify the infant was overlaid. The respiratory findings in the lung were slight and not diagnostic of a respiratory etiology of the death. The ME reported there were no injuries or signs of abuse/maltreatment of the SC. The ME's report was definitive that there was no evidence the infant was overlaid, and therefore there was no causation between the sleep environment and the SC's death. ECDSS made the appropriate determination to unsubstantiate the allegations given the ME considered all the evidence when making his determination. No arrests were made. The allegations of DOA/fatality and IG were Unsub and the case was closed and UNF, referred to community based services.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Unknown

**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:** ECDSS does not have an OCFS approved CFRT.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
042691 - Deceased Child, Male, 3 Mons	042695 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
042691 - Deceased Child, Male, 3 Mons	042695 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 SM called 911 but did not wait for their arrival. The SM went to a neighbor and the neighbor drove her and the SC to the hospital.

### Fatality Safety Assessment Activities

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

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



# Child Fatality Report

<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> The SS remained in the care of the SM.				

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" 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"/>



<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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 offered referrals for bereavement counseling for the SS.

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

**Explain:**

ECDSS offered referrals for bereavement counseling and assistance with burial costs.

## 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/18/2016	Sibling, Female, 12 Years	Mother, Female, 30 Years	Other	Unfounded	No
	Sibling, Female, 12 Years	Father, Male, 34 Years	Other	Unfounded	
	Sibling, Female, 4 Years	Mother, Female, 30 Years	Other	Unfounded	



Sibling, Female, 4 Years

Father, Male, 34 Years

Other

Unfounded

**Report Summary:**

The SCR received report alleging other against the BF and SM for the SS, on 2/18/2016. Other referred to sex offender residing in the home. The report alleged the BF was a registered sex offender and was not allowed to have contact with any children. The SM was allowing the BF to sleep over in the residence.

**Determination:** Unfounded**Date of Determination:** 03/08/2016**Basis for Determination:**

The INV was UNF and the allegation of other was Unsub against the BF and the SM for the SS. After interviewing all family members, there was no credible evidence that the BF was staying in the home and having contact with the SS. The SS were interviewed alone and denied that the BF was in the home. The case was UNF and closed no services required.

**OCFS Review Results:**

OCFS found that ECDSS made the appropriate determination based on the information gathered during the investigation.

**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)
10/21/2014	Sibling, Female, 12 Years	Father, Male, 34 Years	Inadequate Guardianship	Indicated	No
	Sibling, Female, 4 Years	Father, Male, 34 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 4 Years	Father, Male, 34 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 12 Years	Father, Male, 34 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

The SCR received reports alleging IG and PD/AM against the BF for the SS, on 10/21/2014 and a subsequent (merged as a duplicate) report on 4/2/2015. The report alleged the BF threw an ashtray which struck the mother, in the presence of the 2yo SS. The subsequent report alleged the BF was using marijuana and alcohol on a regular basis in front of the children. The BF was impaired when he assaulted the SM. The BF sexually abused the SM's sister in the home while the SS were upstairs in their bedrooms.

**Determination:** Indicated**Date of Determination:** 06/23/2015**Basis for Determination:**

The INV was IND and the IG allegation was Sub against the BF and the allegation of PD/AM was Unsub for the SSs. After interviewing all family members, it was determined the SS were upstairs when the BF assaulted the SM and therefore they had no knowledge of the assault. There was no evidence to support that the BF was under the influence at the time of the assault. However, the BF did admit to sexually abusing a 13yo unrelated child in the home while the SS were in the home. The BF was arrested and was sent to jail. The SM was not aware and fully cooperated with the INV. The BM was referred to community based services and the case was closed.

**OCFS Review Results:**

OCFS found that ECDSS made the appropriate determination based on the information gathered during the investigation.

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

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

12/09/2009-Allegations of XCP, PD/AM, IG, L/B/W were Unsub against the SM for SS.



10/27/2012-Allegations of IG-converted to FAR-CL 11/07/12

12/12/2013-Allegations of IG was Unsub against the SM for her 16yo sibling (the maternal aunt of the SC)

### Known CPS History Outside of NYS

There is no known history outside of NYS.

### 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 opportunity given us to review Child Fatality Report BU-17-026. We 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 to the CPS investigations conducted during the three years preceding the fatality. 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