



Report Identification Number: BU-17-027

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

Issue Date: Mar 19, 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

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: 1 year(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 09/30/2017
Initial Date OCFS Notified: 10/01/2017

Presenting Information

An SCR report was received which alleged on the morning of 9/30/17, SC had been sleeping in SM's bed and was found unresponsive. SF called 911 and EMS arrived. SC was transported to the hospital where he was pronounced deceased; SC had been an otherwise healthy child. The roles of the five SS were unknown.

Executive Summary

This fatality report concerns the death of a 1-year-old male child (SC) that occurred on 9/30/17. A report was made to the SCR on that same date, with allegations of DOA/Fatality and IG against the child's mother (SM) and father (SF). Erie County Department of Social Services (ECDSS) conducted an investigation into SC's death. An autopsy was performed, and the Medical Examiner noted the cause and manner of death as undetermined.

The child was considered otherwise healthy at the time of his passing, but the autopsy noted he may have suffered from a recent viral illness. The child resided with his mother, father, and five surviving siblings (SS), ages 8, 6, 5, 3, and 2 years old. It was discovered the family had been living with the paternal grandmother at the time of the child's death, and all were sleeping in one room on two beds. At approximately 9PM on 9/29/17, the child was fed a bottle and put to sleep in the queen size bed with his mother and father. At around midnight, he awoke "fussy" so his mother gave him prescription children's Tylenol, and then placed him to sleep in the paternal grandmother's bed; the grandmother was not home at the time. The child's mother reported she co-slept in the bed with the child and when she awoke at 5AM, he appeared pale and lifeless. EMS was called and responded to the home, then transported the child to a nearby hospital where he was pronounced deceased.

It was reported the child would regularly bed share with other family members, despite the parents being previously educated surrounding the dangers of an unsafe sleep environment. From the time the investigation began to the time of its closure, ECDSS met with and interviewed all family members, assessed home environments, followed up with numerous collateral sources, and offered the family appropriate services. ECDSS did not deliver Notices of Existence letters to the adults named on the report until two days after the required time frame. ECDSS unsubstantiated the allegations in the report due to finding no evidence of abuse or maltreatment. The family had begun to engage in a voluntary preventive services case at the time of this writing.

PIP Requirement

ECDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) ECDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, ECDSS will review the plan(s) and revise as needed to further address ongoing concerns.

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 to appropriately assess the safety of the SS at the end of the investigation and determine 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:
 The casework was commensurate with the case circumstances, and ECDSS' decision to close the investigation was appropriate.

Required Actions Related to the Fatality

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

Issue:	Failure to provide notice of report
Summary:	Notice of Existence letters were not mailed/delivered within the required time frame.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	ECDSS will notify the subjects and other adults named in a report, in writing, no later than seven days after receipt of the oral report.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/30/2017

Time of Death: Unknown



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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 5 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Other Household 1	Grandparent	No Role	Female	54 Year(s)

LDSS Response

On 9/30/17, ECDSS received a report regarding the death of SC. ECDSS initiated their investigation within 24 hours, and coordinated their efforts with LE. ECDSS contacted the source of the report, completed a CPS history check regarding the family, and informed the District Attorney of the fatality. ECDSS assessed the safety of the SS and conducted an initial home visit on the same date the report was received.

ECDSS observed the environment in which the family was staying when SC died, and noted it was the MGM's apartment. The home met minimal standards but there was an insect infestation. It was learned the parents and six CHN were sleeping in one room in the home, which contained one queen size bed and one twin size bed; there was no crib or bassinet



observed. After SC’s passing, the family moved in with PGM, and ECDSS met with them at that address. The home was assessed as safe, and ECDSS interviewed SM and SF regarding the events leading up to SC’s death. Both reported SC was fine the day prior and acting normally; SC was given a bottle and then put to bed around 9PM in the adult bed. SC awoke at midnight and appeared fussy, so SM gave him children’s Tylenol and rocked him back to sleep. SM then brought SC into MGM’s room, as she was not home, and laid him on his left side, on MGM’s bed, facing the wall. SM stated she laid on the opposite side of the bed facing SC, and covered SC with a light blanket up to his chest. SM reported she awoke at approximately 5AM and found SC to be white in color with blue lips; she screamed for SF and he called 911. SF began resuscitation efforts until EMS arrived and took over. EMS transported SC to the hospital where he was pronounced deceased. Both SM and SF reported they had Pack and Plays for SC and the 2yo SS, but they were broken and thrown away not long before SC’s death. ECDSS was informed both parents had been previously educated surrounding safe sleep practices during past CPS involvement.

ECDSS interviewed the verbal CHN, none of whom had any additional information to add regarding the incident, as they were not present when SC was found in distress. None of the SS reported anything concerning to ECDSS and all appeared free from visible marks and bruises. ECDSS also interviewed MGM, who reported she was not at home the night of SC’s passing, and had no information to provide regarding the events that occurred.

ECDSS spoke with the ME, who reported SC appeared well cared for and there were no signs of abuse or suspicious marks or bruises, but SC's lungs “looked heavy”, and were sent out for further testing. The ME stated he was informed by LE that SC was ill over the past week, according to SF, but SM did not mention this. At the close of the investigation, the ME reported the cause and manner of death were undetermined, but SC did suffer from a recent viral illness. ECDSS did not follow up with the parents surrounding the information that SC was ill in the days leading up to his death. Further, the investigation revealed the Tylenol given to SC hours before he was found unresponsive was a leftover prescription from when a SS was ill. ECDSS followed up with the ME regarding this concern, and was informed the prescription medication did not contribute to SC’s death.

ECDSS contacted numerous collateral sources, which included the CHN’s pediatrician, schools, hospital staff, and LE. Services were offered to the family and accepted, and they had begun to engage in a preventive services case at the time of this writing. ECDSS assisted the family with obtaining appropriate sleeping provisions for the CHN. At the close of the investigation, the SS were deemed as safe, and no criminal charges were brought against either parent. ECDSS did not find evidence to support the allegations in the report, and appropriately unfounded and closed the investigation.

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)?Yes

Comments: This fatality investigation was conducted by the ECDSS Multidisciplinary Team.

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
044481 - Deceased Child, Male, 1 Yrs	044489 - Father, Male, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
044481 - Deceased Child, Male, 1 Yrs	044488 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
044481 - Deceased Child, Male, 1 Yrs	044488 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
044481 - Deceased Child, Male, 1 Yrs	044489 - Father, Male, 33 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:

ECDSS contacted all appropriate collateral sources throughout the investigation.

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"/>



Child Fatality Report

Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Explain as necessary:
None of the SS were removed as a result of this fatality or for reasons unrelated.

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



Child Fatality Report

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 ECDSS offered numerous services to the family in response to the fatality. The case record does not reflect if family planning services were discussed. A voluntary preventive services case was opened prior to the closure of the investigation.

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:
 Grief and trauma services were offered for the CHN and the parents accepted. A voluntary preventive services case was opened in response to the fatality.

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

Explain:
 Referrals for grief counseling, funeral assistance, and preventive services were offered and accepted. A voluntary preventive services case was opened in response to the fatality.

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? Yes

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)
05/23/2016	Sibling, Male, 10 Months	Mother, Female, 25 Years	Malnutrition / Failure to Thrive	Unfounded	No
	Sibling, Male, 10 Months	Father, Male, 32 Years	Malnutrition / Failure to Thrive	Unfounded	
	Sibling, Male, 10 Months	Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 10 Months	Father, Male, 32 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 10 Months	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

This report was received with concerns regarding SM and SF not providing the then 10-month-old SS with the appropriate care he needed due to his ongoing medical needs. The report alleged SM and SF were not feeding SS as they were supposed to, and therefore he was diagnosed as failure to thrive. Further concerns noted the parents were not taking the SS to his scheduled medical appointments or following the doctor's recommendations, and SM was positive for marijuana when SS was born.

Determination: Unfounded**Date of Determination:** 07/19/2016**Basis for Determination:**

ECDSS completed interviews with the family and numerous collateral contacts, as well as conducted home visits; the SS were assessed throughout the investigation. ECDSS spoke with medical providers as well as service providers and found no evidence the parents were neglecting SS' medical needs. ECDSS educated the parents surrounding safe sleep practices. The Safety Assessments were completed timely and the Notices of Existences were mailed within the required time frames. ECDSS appropriately unsubstantiated the allegations.

OCFS Review Results:

This investigation met all statutory requirements.

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

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

1/2012: UNF against SM for PD/AM regarding now 5yo SS.

7/2015: UNF against SM for PD/AM regarding now 2yo SS.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.



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

We appreciate the opportunity given to us to review the draft response in advance. We find that the facts, as written, describe the events and the actions taken in response. We unfortunately must concur that the Erie County Department of Social Services (ECDSS) did not deliver the Notice of Existence letters to the adults named on the report until two days after the required time frame, and we are implementing the following corrective actions in response:

- In a Child Protective Services (CPS) Team Leader meeting held on March 13, 2018, the need for the timely generation and issuance of Notice of Existence letters (i.e. within seven days of receipt of the State Central Registry report) was addressed with all CPS Team Leaders. The Team Leaders were instructed to review this requirement with their respective CPS caseworkers.
- In a memo sent to all Erie County CPS staff on March 16, 2018, staff members were reminded that Notice of Existence letters must be hand-delivered or mailed within seven days of receipt of the State Central Registry (SCR) report.
- The CPS Report Review and Documentation Checklist, an internal document utilized in Erie County to ensure that all required tasks have been completed before the determination of a CPS investigation, will be augmented as follows: the field that previously read "Existence Letters sent" (yes or no) will be changed to read "Existence Letters sent within 7 days of report" (yes or no). This change will be instituted by March 31, 2018.

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