



**Report Identification Number: BU-18-030**

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

**Issue Date: Mar 14, 2019**

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:** 2 month(s)

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

**Date of Death:** 09/30/2018  
**Initial Date OCFS Notified:** 10/01/2018

## Presenting Information

An SCR report was received that alleged the deceased infant was sleeping in an adult bed with his 2-year-old SS and the father was not in the room. When the father returned to the room an hour later he found the SS lying on top of the infant. The infant was not breathing. Emergency services were notified and responded, but were unable to revive the infant. The room was cluttered and dirty with garbage bags and plates with old food strewn on the floor. There was no crib in the room for the infant. The paternal great-grandmother and paternal great-uncle also resided in the home and were named alleged subjects due to the condition of the home.

## Executive Summary

This report concerns the death of the 2-month-old male infant. Erie County Department of Social Services (ECDSS) received an SCR report regarding the death on 9/30/18. The baby was a healthy child with no known medical conditions.

The father, baby and the 22-month-old surviving sibling resided in an upstairs bedroom of the paternal great grandmother's (PGGM) home. The paternal great uncle (PGU) also lived in the home. The PGGM and PGU each had a bedroom downstairs. The mother was incarcerated and had no caretaking responsibilities for the children. In the late morning hours of 9/30/18, the father found the sibling asleep lying on top of the baby. The father woke the sibling and removed her from on top of the baby. The father found the baby lifeless and called 911. EMS responded to the home and administered life saving measures, both at the home and in route to the ER. The child was unable to be revived and his death was pronounced at the ER.

ECDSS promptly interviewed all parties that were present at the home when the incident occurred. ECDSS assessed the safety of the sibling and arranged for her to have a medical exam at the CAC. The results of the exam were normal and no signs of injury were found. The father made arrangements for the sibling to stay in the care of the paternal aunt temporarily, immediately after the baby's death.

There was another SCR report made on 3/6/19, as a result of the ME's findings in the autopsy. The ME stated it was not likely that the sibling would not wake if she rolled on top of the baby. The toxicology report revealed a presence of ethanol in the infant's urine. The ME stated the presence of ethanol indicated the infant may have been acutely intoxicated about 3 hours before his death and therefore, the cause and manner of death were undetermined. The investigation was ongoing at the time of this writing.

LE investigated and found no criminality involved in the death of the baby. There were no criminal charges filed against the father.

ECDSS substantiated the allegations of LS, IG and DOA/Fatality against the father regarding the baby and LS and IG against the father regarding the sibling. ECDSS found some credible evidence that the father caused an unsafe sleeping environment and that led to someone rolling onto the baby and blocking his airway. The allegation of IG against the PGGM and the PGU were unsubstantiated regarding both children, as there was no evidence found that they had any caretaking responsibility. Both adults also denied going into the upstairs of the home, and therefore had no knowledge of the condition of the bedroom used by the father and children.

ECDSS consulted legal regarding their findings of the incident and home environment of the baby and surviving sibling.



ECDSS determined legal intervention was warranted based on the safety hazards found where the baby and surviving sibling slept. ECDSS filed an abuse petition against the father in Family Court and asked that the sibling be removed from his care. On 10/4/18, the removal was granted and the sibling was placed into her paternal aunt's custody, under Article 1017 of the Family Court Act. On 11/7/18, the mother was released from prison and was made part of the ongoing services case. The mother then violated her parole and returned to prison on 12/19/18. The services plan that was completed on 1/14/19, included the mother, as it was expected she would reunite with the father upon her future release from prison.

ECDSS provided referrals for grief counseling services to the PGGM, PGU and the father. Additionally, as part of the neglect proceedings, the father was referred for parenting classes, mental health and a substance abuse evaluation. The father and mother received supervised visitation with the sibling, as agreed upon by the paternal aunt. The sibling was also referred to early intervention services. ECDSS continued to work with the family at the time of this writing, in efforts to reunite the family.

### PIP Requirement

For issues identified in historical cases, ECDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) ECDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ECDSS will review the plan and revise as needed to 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

**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:

It was appropriate to conclude the CPS investigation.



### 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: 09/30/2018

Time of Death: 12:24 PM

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

11:00 AM

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

How long before incident was the child last seen by caretaker? 1 Hours

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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Other Adult - Paternal Great Grandmother	Alleged Perpetrator	Female	68 Year(s)
Deceased Child's Household	Other Adult - Paternal Great Uncle	Alleged Perpetrator	Male	57 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	22 Month(s)
Other Household 1	Mother	No Role	Female	24 Year(s)



## LDSS Response

On 9/30/18, ECDSS received a report regarding the baby's death and promptly initiated their investigation. ECDSS contacted the source, DA, LE, the ME and completed a CPS history search. ECDSS visited the paternal aunt's home and assessed the safety of the surviving sibling. The father had asked the aunt to take care of the sibling for a few days while he coped with the loss of his son. The aunt had appropriate provisions for the sibling and she was found to be safe in her care.

ECDSS visited the father's home and learned he was not home. The PGGM and PGU were home and spoke with ECDSS. The PGGM stated the father, infant and SS had moved into her home on 9/10/18 and planned to live there until November. In November 2018, the mother would be released from prison and she and the father would get their own apartment. At about 11:30AM 9/30/18, the PGGM was in the downstairs of the home and the father came down screaming that something was wrong with the baby. The SS also came downstairs with him. The father placed the baby on a chair and began CPR. The PGGM reported the baby was turning blue. The father then called 911 and when they arrived they took over CPR. The PGGM went into her bedroom when responders arrived because it was overwhelming for her. The PGU said he was in his bedroom all morning on 9/30/18 and between 11:30AM and 12PM he heard the PGGM call out the father's name in an unusual way. He walked out of his room and the father told him the baby could not breathe and he saw the father doing CPR. The PGGM and PU denied ever going upstairs into the bedroom shared by the father, baby and SS. The PGGM and PGU denied any concerns with the father caring for the children and were aware the father normally shared the bed with the infant and SS. ECDSS provided safe sleep education to both adults. The PGGM and PU denied any caretaking responsibilities for either child.

ECDSS toured the father's bedroom in the upstairs of the home, and found it to be in disarray. There was a full size mattress in the room; no crib or bassinet were seen in the room. There were plates and pots with food in them around the bedroom floor and numerous filled garbage bags lining the room. ECDSS noted there was little floor space visible in the room.

At a subsequent visit, ECDSS spoke with the father. He reported that on 9/30/18, the SS fell asleep on the floor between 9-11AM. She was on the floor with 6 or 7 pillows. The father fed the baby and then placed him to sleep on the floor next to the SS. The father laid on the bed and fell asleep. The father woke up at an unknown time and found the SS lying on top of the baby. The father picked up the baby and began CPR on the bed and calling 911. The father then brought the baby downstairs and first responders came and took the baby to the hospital. The father followed separately to the hospital. The father denied any drug or alcohol use.

LE and first responders reported that the father told them multiple stories regarding the events leading to the fatality. Based on the condition of the room, LE was doubtful the children were sleeping on the floor. LE suspected the father was sleeping in the bed with both the children, but found no physical evidence to contradict his story.

ECDSS spoke with the pediatrician and reviewed medical records. The pediatrician reported the baby was last seen on 9/12/18 and there were no concerns. The doctor's office had previously provided the father with safe sleep guidance.

The mother was incarcerated and interviewed in prison. She was informed about the fatality by a family member and said she was told the SS rolled on top of the baby in her sleep. The mother had no concerns with the father's care of the children. The mother planned to reunite with the father and children upon her release from prison. Due to a history of drug use, the mother had an ongoing service plan goal to stay sober and engage in any recommended substance abuse counseling upon her release.

## 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

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049221 - Deceased Child, Male, 2 Mons	049225 - Other Adult - Paternal Great Grandmother, Female, 68 Year(s)	Inadequate Guardianship	Unsubstantiated
049221 - Deceased Child, Male, 2 Mons	049223 - Father, Male, 26 Year(s)	Lack of Supervision	Substantiated
049221 - Deceased Child, Male, 2 Mons	049223 - Father, Male, 26 Year(s)	DOA / Fatality	Substantiated
049221 - Deceased Child, Male, 2 Mons	049226 - Other Adult - Paternal Great Uncle, Male, 57 Year(s)	Inadequate Guardianship	Unsubstantiated
049221 - Deceased Child, Male, 2 Mons	049223 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated
049224 - Sibling, Female, 22 Month(s)	049223 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated
049224 - Sibling, Female, 22 Month(s)	049225 - Other Adult - Paternal Great Grandmother, Female, 68 Year(s)	Inadequate Guardianship	Unsubstantiated
049224 - Sibling, Female, 22 Month(s)	049223 - Father, Male, 26 Year(s)	Lack of Supervision	Substantiated
049224 - Sibling, Female, 22 Month(s)	049226 - Other Adult - Paternal Great Uncle, Male, 57 Year(s)	Inadequate Guardianship	Unsubstantiated

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<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"/>

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

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

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

**Explain:**

The sibling was removed and placed in Article 1017 custody of her paternal aunt. The father agreed to participate in services ordered as part of the Abuse Petition in Family Court.

**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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

The surviving sibling was removed from the father after ECDSS followed a neglect petition on 10/4/18 and a court order removal was granted. The sibling was placed with her paternal aunt under Article 1017 of the Family Court Act. On 11/29/18 the father made an admission of neglect and agreed to recommended court ordered services. Court was ongoing at the time of this writing.

**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:
10/04/2018	There was not a fact finding	Direct Custody to/or Continued with Relative (Article 10)
<b>Respondent:</b>	049223 Father Male 26 Year(s)	
<b>Comments:</b>	ECDSS filed an Abuse Petition against the father on 10/4/18, and asked for a removal of the sibling at that time. The removal was granted and the sibling was placed in the Article 1017 custody of the paternal aunt. The father made an admission to neglect on 11/29/18, and was court ordered to begin services. ECDSS continued supervision of his participation in the services and also made regular visits to the sibling at her aunt's home. Court proceedings were ongoing at the time of this writing.	

**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
<b>Bereavement counseling</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					



<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other, specify:</b> Preventive Services							

**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:**  
The 22-month-old surviving sibling was referred to Early Intervention services for an evaluation of her development. The sibling also received foster care services as part of a case that was opened after the infant's death.

**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 were provided to the father, paternal great-grandmother and paternal great-uncle. Additionally a referral for mental health services, parent education and a substance abuse evaluation was made for the father as part of a disposition plan at Family Court. The father was in agreement with participating in the services.

## 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)	Allegation Outcome	Compliance Issue(s)
04/30/2017	Sibling, Female, 5 Months	Father, Male, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No
	Sibling, Female, 5 Months	Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - cousin, Male, 2 Years	Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - cousin, Male, 3 Years	Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - cousin, Female, 7 Years	Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - cousin, Female, 7 Years	Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - cousin, Female, 9 Years	Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - cousin, Female, 11 Years	Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 5 Months	Aunt/Uncle, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - cousin, Male, 2 Years	Aunt/Uncle, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - cousin, Male, 3 Years	Aunt/Uncle, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - cousin, Female, 7 Years	Aunt/Uncle, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - cousin, Female, 7 Years	Aunt/Uncle, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - cousin, Female, 9 Years	Aunt/Uncle, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	



Other Child - cousin, Female, 11 Years	Aunt/Uncle, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
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**Report Summary:**

An SCR report was received stating that the father resided in a deplorable and unkempt home with the SS. The report alleged the father was living with his sister and her 6 children. The report stated that there was old food, dirty dishes, dirty clothing and clutter scattered throughout the home. The children were not being bathed regularly and wore dirty clothing. The report further alleged the father smoked marijuana and did not care for the SS.

**Report Determination:** Unfounded**Date of Determination:** 08/09/2017**Basis for Determination:**

ECDSS interviewed all adults on the report, collaterals and children were seen and interviewed when appropriate. All family members denied the father used marijuana and he appeared sober during case contacts. The home was found to be crowded, but all children had appropriate sleeping arrangements and there were no safety hazards found. There was ample food in the home and all the children appeared bathed and in clean clothing.

**OCFS Review Results:**

The casework was commensurate with the circumstances. Collateral contacts were made with doctors, schools and family members. Concerns that arose during the investigation regarding school absences and needed medical appointments were addressed promptly.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/17/2016	Sibling, Female, 1 Days	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 1 Days	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

An SCR report was received stating the SS was showing signs of drug withdrawal at birth, although the mother and SS both tested negative. The report stated the mother was previously in a program for drug use, but was kicked out due to non-compliance. It was suspected the mother used drugs during the pregnancy.

**Report Determination:** Indicated**Date of Determination:** 02/01/2017**Basis for Determination:**

The mother admitted to using drugs during her pregnancy and tested positive for drugs with her probation officer throughout the pregnancy. The hospital confirmed the SS showed withdrawal symptoms and they did not test for one of the drugs the mother admitted to using. The probation officer filed a violation against the mother and a warrant was issued for her arrest. The mother went to prison for 1-3 years and left the SS in the care of the father. ECDSS found evidence that the mother's drug use had an impact on the SS. The father declined any further services from ECDSS.

**OCFS Review Results:**

All adults listed on the report were interviewed and notified of the report. Appropriate collateral contacts were made and several home visits to assess the safety of the child were documented in the case record. Ongoing services were offered and declined by the father.

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

**Issue:**

Adequacy of Documentation of Safety Assessments

**Summary:**

The safety assessment completed at the investigation conclusion indicated a safety decision of 3, which requires a safety plan. This decision should not be chosen at the conclusion of an investigation. It was not appropriate in this case, because the child was determined to be safe in the father's care. Safety decision 3 was inconsistent with the case circumstances.

**Legal Reference:**



18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

**Action:**

The results of a safety assessment must be congruent with the case circumstances at the time of the assessment.

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

There is no CPS History more than three years prior to the death of the infant.

**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 at the Erie County Department of Social Services (ECDSS) appreciate the opportunity given us to review the draft report in advance. 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. Regarding the compliance issue noted by the reviewer with respect to an investigation conducted within the three years preceding the fatality, we note the following: With regard to the investigation of the SCR report dated November 17, 2016, the ECDSS CPS worker chose Safety Decision 3, which requires a safety plan, in the closing safety assessment because the surviving sibling child was left in the care of the father after the child's mother was imprisoned. The caseworker and the caseworker's supervisor considered placement with the father to be a safety plan. However, upon further discussion and clarification with OCFS, we now understand that Safety Decision 3 should only be used when a safety plan is implemented that involves a service case being opened, or when there is a need and an ability to monitor and assess ongoing safety with respect to the parent's or caretaker's actions. Since the surviving sibling child was determined to be safe in the father's care, Safety Decision 3 was not appropriate. In response to this citation, an updated safety assessment instruction protocol from Module 5 of the CPS Training Module will be circulated and discussed with all ECDSS CPS Team Leaders at a Team Leader meeting scheduled for March 12, 2019. All Team Leaders will be expected to review this protocol with their respective teams.

**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