



Report Identification Number: BU-18-032

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

Issue Date: Mar 25, 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

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

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

Jurisdiction: Erie
Gender: Female

Date of Death: 10/07/2018
Initial Date OCFS Notified: 10/07/2018

Presenting Information

An SCR report was made stating that between 9:00AM and 10:00AM, on 10/7/18, the mother fed the infant a bottle and then laid down with her in a bed. The mother and infant fell asleep and the mother woke around 1:00PM and found the infant not breathing. The baby was laying on her side with her arm raised above her head. The mother contacted 911 and when EMS arrived they attempted to resuscitate the infant. The infant was transported to the hospital and her death pronounced around 2:30PM. The infant had no known medical condition and was reportedly a healthy child. The surviving siblings (ages 4 and 2) were awake and playing in the home while the mother and infant slept.

Executive Summary

This report concerns the death of the 2-month-old infant. Erie County Department of Social Services (ECDSS) received an SCR report notifying them of the death on 10/7/18. The infant was born 2 weeks premature, but was a healthy child with no known medical conditions.

On 10/7/18 at around 12:00AM, the mother put the infant, 4yo sibling and 2yo sibling to bed for the night. About 7 hours later the mother gave the infant a bottle and they both went back to sleep. At 10:00AM the siblings woke the mother and she gave them something to drink and attempted to feed the infant. The infant did not want to eat and the mother laid in an adult sized bed with the infant. The siblings were awake and woke the mother again at 1:00PM. At that time the mother found the infant lifeless and unresponsive lying next to her in the bed. The mother called emergency services and the baby was transported to the ER and shortly after declared deceased.

The ME was notified and performed an autopsy. The final autopsy listing the cause and manner of death was not completed at the time of this writing. The ME told ECDSS the infant was free from any injury and appeared well cared for. The ME was aware of the unsafe sleep conditions leading up to the death. The ME was considering declaring the death accidental, with asphyxiation as a cause, but was awaiting test results to rule out natural disease or intoxication.

LE expressed no intentions of pursuing criminal charges against the mother as a result of the infant's death. LE believed the death was accidental as the result of an unsafe sleep environment. LE's investigation remained open pending the final autopsy results.

ECDSS arranged for medical exams of both the siblings following the fatality, and the results were unremarkable. ECDSS interviewed the 4yo sibling and he disclosed that his mother had hit him with a belt in the past for punishment. ECDSS observed healed marks on the 4yo's thighs that appeared to be belt marks. ECDSS consulted the CAC and they looked at photographs that were taken of the marks. The CAC stated they could not be certain whether or not they were belt marks, but it was a possibility. The mother denied using a belt to discipline the siblings, and told ECDSS the 4yo was not being truthful. ECDSS addressed concerns with the mother regarding the 4yo and 2yo being awake in the home and unsupervised for 3 hours, while she slept. The mother minimized the concern and stated she did not know the children were still awake because she was asleep. ECDSS filed a neglect petition against the mother due to concerns regarding proper supervision of the siblings and past marijuana and alcohol use. The Family Court granted ECDSS an order of supervision.

ECDSS found some credible evidence the mother was using marijuana regularly and failed to provide the children with



appropriate supervision. ECDSS appropriately substantiated all allegations against the mother, including DOA/Fatality and inadequate guardianship for the infant, inadequate guardianship, lack of supervision and parent drug and alcohol misuse for both surviving siblings and excessive corporal punishment for the 4yo sibling.

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 close the investigation. There was sufficient information gathered to make a determination of the allegations, and the family was referred for appropriate services.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 10/07/2018

Time of Death: 02:17 PM

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

Unknown

County where fatality incident occurred:

Erie

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Other Household 1	Father	No Role	Male	28 Year(s)
Other Household 2	Other Adult - Father of 2yo sibling	No Role	Male	30 Year(s)
Other Household 3	Other Adult - Father of 4yo sibling	No Role	Male	40 Year(s)

LDSS Response

On 10/7/18, ECDSS received two reports regarding the death of the infant. ECDSS initiated their investigation through contact with the sources of both reports, LE, and ME. A CPS history check was done regarding the family and the DA was informed of the death. An initial home visit was made on the same date the reports were received and the safety of the surviving siblings was assessed.



ECDSS spoke with the mother regarding the incident. The mother reported that the children were all given baths and put to bed at 12:00AM on 10/7/18. The baby woke at 7:00AM and the mother fed her a bottle and laid her down to sleep in her crib. At 10:00AM the 4yo and 2yo siblings woke up and the mother gave them milk and tried to feed the baby another bottle, but she did not want it. The mother placed the baby on a receiving blanket, positioned on her side, in the middle of her bed. The mother then laid in bed with the baby and they both fell back asleep. At 1:00PM the 4yo woke the mother for food and the mother found the infant lying on her side facing the mother. The child's arm was up above her head, she was blue in color and cold to the touch. The mother stated the infant had what appeared to be milk coming from her nose. The mother denied there was a blanket or pillows covering the baby or that the baby's position had changed. The pillows were lined against the headboard of the bed and nowhere near the baby. The mother used a nasal aspirator to clear the baby's nose and realized she was not breathing. The mother called 911 and gave the infant CPR following the instructions of the operator. Emergency responders arrived at the home and transported the baby to the ER. The mother waited at the home with the siblings until the MGF arrived to tend to the kids. The mother then went to the ER and learned the baby was deceased. The mother stated the siblings were playing in their room unsupervised from 10:00AM-1:00PM while she and the baby were asleep. The mother denied any alcohol or drug use leading up to the fatality, but admitted smoking marijuana 45 days before the incident. The mother had received safe sleep education and disclosed co-sleeping with the infant 3 times a week, despite having a crib.

ECDSS arranged for the siblings to have medical exams, and facilitated the maternal grandparents bringing the children to the appointment. The children's exams were normal and they were found to be healthy, and without injury.

The biological fathers of the infant and surviving siblings were all contacted and interviewed. The fathers of the 4yo and 2yo expressed no concerns regarding the mother's care of the children. The baby's identified father stated he was present for the birth of the child, but paternity had not yet been established.

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? No

Comments: ECDSS did not have an OCFS approved Child Fatality Review Team at the time of this death.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049352 - Deceased Child, Female, 2 Mons	049355 - Mother, Female, 28 Year(s)	DOA / Fatality	Substantiated
049352 - Deceased Child, Female, 2 Mons	049355 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
049353 - Sibling, Male, 2 Year(s)	049355 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
049353 - Sibling, Male, 2 Year(s)	049355 - Mother, Female, 28 Year(s)	Lack of Supervision	Substantiated



Child Fatality Report

049353 - Sibling, Male, 2 Year(s)	049355 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
049354 - Sibling, Male, 4 Year(s)	049355 - Mother, Female, 28 Year(s)	Lack of Supervision	Substantiated
049354 - Sibling, Male, 4 Year(s)	049355 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
049354 - Sibling, Male, 4 Year(s)	049355 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
049354 - Sibling, Male, 4 Year(s)	049355 - Mother, Female, 28 Year(s)	Excessive Corporal Punishment	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input 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"/>

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"/>



Child Fatality Report

Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	-------------------------------------	--------------------------	--------------------------

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

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:
ECDSS provided the mother and children with referrals for appropriate services.

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"/>

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:
10/12/2018	There was not a fact finding	There was not a disposition
Respondent:	049355 Mother Female 28 Year(s)	



Comments: A neglect petition was filed by ECDSS after the fatality, due to concerns of inappropriate supervision of the surviving siblings and excessive corporal punishment of the 4yo sibling by the mother. The Family Court granted ECDSS request for an order of supervision. Intensive home based preservation services were put into place and the mother was compliant. However, the mother continued to use marijuana and refused to participate in recommended treatment. The surviving siblings were placed in the custody of family members while ECDSS continued to work with the mother on recommended services.

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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 family was provided with intensive home based prevention services after the death of the infant.

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

Explain:



In addition to receiving intensive home based prevention services, the mother was referred for a mental health and drug evaluation. The mother was attending weekly counseling when the investigation was concluded.

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 Had heavy alcohol use
 Misused over-the-counter or prescription drugs Smoked tobacco
 Experienced domestic violence Used illicit drugs
 Was not noted in the case record to have any of the issues listed

Infant was born:

- Drug exposed With fetal alcohol effects or syndrome
 With neither of the issues listed noted in case record

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)
03/12/2018	Sibling, Male, 4 Years	Other Adult - BF of 4yo SS, Male, 39 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 4 Years	Other Adult - BF of 4yo SS, Male, 39 Years	Lack of Supervision	Unsubstantiated	
	Other Child - Unrelated Adult's child, Male, 7 Years	Other Adult - BF of 4yo SS, Male, 39 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report was received alleging that the BF of the 4yo left him in the car unsupervised for an unknown amount of time, while he broke into the home of a woman. The BF then physically assaulted the woman in front of her child and drove off recklessly with the 4yo still in the car. Neither child was harmed as a result of the incident.

Report Determination: Indicated

Date of Determination: 07/03/2018

Basis for Determination:

ECDSS found some credible evidence that the BF did break into the woman's home and assault her in the presence of her child. The BF was arrested for his actions. ECDSS found no evidence that the 4yo was with the father when the incident occurred. The woman did not see the 4yo in the car and the 4yo did not disclose being in the BF's car while he broke into



the woman's home. The police report did not state the 4yo was with his father at the time. The 4yo resided with the SM and was deemed safe in her care.

OCFS Review Results:

The casework was commensurate with the case circumstances. Multiple attempts were made to locate and interview the BF. Both mother's and both children were seen and interviewed.

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)
09/24/2016	Sibling, Male, 1 Days	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

Report Summary:

An SCR report was received alleging the mother tested positive for cannabis when she gave birth to the 1yo SS. The role of the 4yo SS was unknown.

Report Determination: Unfounded

Date of Determination: 10/25/2016

Basis for Determination:

ECDSS found that although the mother tested positive for marijuana when she gave birth to the 1yo SS, the 1yo did not test positive. The mother admitted to using marijuana during her pregnancy, as a treatment for nausea. The mother denied using the drug while caring for the 4yo SS. The mother was actively attending drug treatment and was compliant with recommended services. The mother declined services offered and there was no need for ongoing CPS involvement.

OCFS Review Results:

Written notification of the report was provided to the mother, and both fathers. ECDSS spoke with the mother's treatment provider and there were no concerns noted. The pediatrician, mother's probation officer and 4yo SS's school were also consulted and denied any concerns for the children. There is no documentation that ECDSS made attempts to speak with either father regarding the investigation.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

There was no documentation in the case record to indicate efforts were made to speak with the fathers of the children named in the report.

Legal Reference:

432.1 (o)

Action:

ECDSS will make efforts to make casework contacts with biological parents and/or other persons named in a report. Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/15/2016	Sibling, Male, 2 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



Child Fatality Report

Sibling, Male, 2 Years	Other Adult - father of 1yo SS, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
------------------------	--	-------------------------	-----------------

Report Summary:

An SCR report was received alleging that the father of the 1yo SS was violent and physically aggressive toward the mother in the presence of the 4yo SS. On one occasion, the father allegedly shot a gun toward the mother's home when she and the 4yo SS were home. The 4yo was not harmed. The mother was pregnant with the 1yo SS and continued to have regular contact with 1yo's father, despite his threatening behavior.

Report Determination: Unfounded **Date of Determination:** 08/26/2016

Basis for Determination:

There was no credible evidence found that the father of the 1yo SS had shot at the home. The mother and father of the 1yo both denied the 4yo SS had ever witnessed the father physically assault the mother. Concerns of the mother's occasional marijuana use arose during the investigation, but the mother denied using while caring for the 4yo SS. There were no signs of drug use in the home. ECDSS offered the mother preventive services and she declined. The circumstances did not warrant further CPS intervention.

OCFS Review Results:

The mother and both fathers were notified of the report and interviewed. The child was seen and collateral contacts were completed. The assessments were completed timely and accurately. The mother was provided with safe sleep education, even though the 1yo SS was not yet born at the time of 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

12/8/13-02/18/14-An SCR report with an allegation of parent drug and alcohol misuse unsubstantiated against the mother regarding the 4yo SS.

02/25/15-05/20/15-An SCR report with the allegation of inadequate guardianship substantiated against another adult regarding the 4yo 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 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. We must unfortunately concur with the compliance issue noted by the reviewer with respect to a CPS investigation conducted within the three years preceding the fatality. Specifically, with regard to the investigation



of the SCR report dated September 24, 2016, we acknowledge that, although notice letters were sent to the fathers of the children named in the report, there was no documentation in the case record to indicate that efforts had been made to speak with said fathers. We do note, however, that ECDSS implemented a Program Improvement Plan covering this issue on April 19, 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