



**Report Identification Number: BU-18-033**

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

**Issue Date: Apr 08, 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:** 8 year(s)

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

**Date of Death:** 10/18/2018  
**Initial Date OCFS Notified:** 10/22/2018

## Presenting Information

An SCR report alleged that on 10/18/18, at approximately 10:46PM, the 15-year-old sister took a shower and left the 11-year-old unsupervised and the 7-year-old sleeping in his room. When the sister got out of the shower, she discovered a fire in the kitchen area; the 11-year-old was in the kitchen and his sister was able to get him out of the home. The sister was unable to remove the 7-year-old from the residence. As a result, he died in the home on 10/18/18. There was an 11-year-old surviving sibling in the home who was non-verbal and had autism. The child had a history of aggressive behavior and a fascination with lights and outlets. The child required one on one supervision. The mother and father were aware he needed a high level of supervision; however, left the 15-year-old sister to care for her 11-year-old and 7-year-old brothers.

## Executive Summary

This fatality report concerns the death of a 7-year-old male child (SC) that occurred on 10/18/18. A report was made to the SCR on 10/19/19, with concerns the mother and father had not provided adequate supervision of their three children, ages 15, 11, and 7, which led to the 7-year-old's death.

Erie County Department of Social Services coordinated efforts with law enforcement upon receipt of the fatality report. An autopsy was performed and the cause of death was determined to be smoke inhalation; the manner was accidental. An investigation into the cause of the fire was completed and results were inconclusive. The cause of the fire was undetermined; however, the fire did originate in the kitchen near a toaster.

On 10/18/18, around 10PM, the mother and father left the home and left the 15-year-old sister to supervise her 11-year-old brother with autism and her 7-year-old brother. The parents were aware the 11-year-old required constant supervision. The sister had watched her brothers on past occasions for up to 1-2 hours at a time; the parents planned to be gone approximately 30 minutes that night. Around 10:15PM, the sister took a 15-20 minute shower; the 11-year-old was in the living room and the 7-year-old was sleeping in a bedroom. When the sister got out of the shower, she smelled smoke. She found the 11-year-old in the kitchen, curled up in a ball on the floor and got him to go with her to get her phone. She first called her father who did not answer, she then called 911 who instructed her to leave the residence. Once outside, she realized her youngest brother was still in the home. First responders arrived around 10:45PM and the home was fully engulfed in flames. First responders reported the fire must have been going for a while due to the amount of smoke and how hot the fire was. Firefighters were unable to retrieve the 7-year-old child from the home. The child was later found in the master bedroom, lying between the bed and a closet.

ECDSS gathered information regarding the child's death from the parents, the 15-year-old sibling, the fire department, law enforcement, and the medical examiner. ECDSS made notable efforts to contact multiple first responders. The CW also contacted several collaterals such as the children's pediatrician, school officials, a neighbor, and service providers.

Several visits to the family were completed throughout the investigation. ECDSS offered bereavement counseling services in which the family engaged. ECDESS completed required reports and safety assessments accurately and on time and conducted a thorough investigation. The case was indicated and closed on 12/18/18. The parents were aware the 11-year-old needed a higher level of supervision and failed to provide that.

## 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:

Casework activity was commensurate with best casework practice, as outlined in the CPS manual.

### 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: 10/18/2018

Time of Death: 11:00 PM (Approximate)

Time of fatal incident, if different than time of death: 10:46 PM

County where fatality incident occurred: Erie

Was 911 or local emergency number called? Yes

Time of Call: 10:46 PM

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?** 20 Minutes

**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	8 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	38 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	15 Year(s)

**LDSS Response**

On 10/19/18, ECDSS received the fatality report from the SCR. ECDSS initiated their investigation within 24 hours and coordinated efforts with LE. ECDSS contacted the source of the report, completed a CPS history check, and notified the ME and DA of the SC's death. There were two surviving siblings, ages 15 and 11.

On 10/19/18, ECDSS made a visit to the hotel where the family was staying; mother, father, and both SS were present. The CW interviewed the mother and father. The father stated that the previous night, 10/18/18, he stopped at the home around 10PM and asked the mother to go on his last delivery of the night with him. He and the mother wanted to discuss possibly divorcing. The parents said the oldest SS had watched her brothers in the past for 1-2 hours at a time and that she was good with her 11yo brother who had autism. The parents said they planned to be gone for 30-45 minutes. They said when they arrived home, 45 minutes later, the fire department was there. The mother and father denied the 11yo SS had a history of plugging or unplugging the toaster or electrical items and did not exhibit any behaviors that would be concerning of starting fires. They said they were on a waiting list to get the 11yo into a group home due to his aggressive behaviors toward the SC. The parents denied having any issues with drugs/alcohol or domestic violence.

The 11yo was unable to be interviewed as he was non-verbal. The 15yo SS was interviewed and she stated she had watched her brothers in the past for a few hours here and there. She said she knew her parents were looking at getting her brother into a group home because of his behaviors toward the younger brother. She said, on the night of the incident, her mother asked if she could watch the boys for a little bit and then the mother and father left the home around 10PM. She said the SC was in his room and the 11yo was in the living room. The 15yo said she went to take a shower around 10:15-10:30PM and was in there approximately 15-20 minutes. When she got out of the shower, she said she smelled smoke. She said she went to the kitchen and saw her 11yo brother in the corner curled up into a ball and a fire near the toaster. She said the 11yo never used the toaster and was not sure what he was doing in the kitchen or how the fire started. She was able to



get him to go with her to get her phone. She said she phoned her father and he did not answer, so she called 911 around 10:45PM. Dispatch told her to get out of the house so she left and her 11yo brother followed her. When she got outside, she said she realized her youngest brother was still inside the home. The CW discussed with her that she should no longer watch her brother and she agreed.

ECDSS interviewed multiple firefighters and law enforcement officials. First responders reported not hearing any smoke alarms going off that night; they were unsure if they had been present in the home, or had been consumed by the fire. The firefighters stated the smoke was too heavy and the fire was too hot and the SC could not be located and removed from the home. Multiple first responders reported the home was fully engulfed upon their arrival.

The CW contacted the 11yo's teacher who stated the parents had been trying to get the child into a respite program. The teacher denied the child had any fire-starting tendencies.

The CW confirmed both SS had been seen medically after the fire and there were no concerns.

ECDSS received the fire report investigation in which the lead investigator reported the cause of the fire was undetermined, however most likely involved the toaster. It was unknown if there was a malfunction or there was something placed in it or around it.

At the close of the investigation, ECDSS confirmed the family was in therapy, living in a new residence (smoke detectors observed), and the 11yo had been placed in a group home. The family stated they did not need any services from ECDSS.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external 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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049504 - Sibling, Female, 15 Year(s)	049503 - Father, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
049504 - Sibling, Female, 15 Year(s)	049503 - Father, Male, 38 Year(s)	Lack of Supervision	Substantiated
049504 - Sibling, Female, 15 Year(s)	049502 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
049504 - Sibling, Female, 15 Year(s)	049502 - Mother, Female, 38 Year(s)	Lack of Supervision	Substantiated
049505 - Sibling, Male, 11 Year(s)	049503 - Father, Male, 38 Year(s)	Inadequate Guardianship	Substantiated



# Child Fatality Report

049505 - Sibling, Male, 11 Year(s)	049502 - Mother, Female, 38 Year(s)	Lack of Supervision	Substantiated
049505 - Sibling, Male, 11 Year(s)	049503 - Father, Male, 38 Year(s)	Lack of Supervision	Substantiated
049505 - Sibling, Male, 11 Year(s)	049502 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
049506 - Deceased Child, Male, 8 Year(s)	049503 - Father, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
049506 - Deceased Child, Male, 8 Year(s)	049502 - Mother, Female, 38 Year(s)	DOA / Fatality	Substantiated
049506 - Deceased Child, Male, 8 Year(s)	049502 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
049506 - Deceased Child, Male, 8 Year(s)	049502 - Mother, Female, 38 Year(s)	Lack of Supervision	Substantiated
049506 - Deceased Child, Male, 8 Year(s)	049503 - Father, Male, 38 Year(s)	Lack of Supervision	Substantiated
049506 - Deceased Child, Male, 8 Year(s)	049503 - Father, Male, 38 Year(s)	DOA / Fatality	Substantiated

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				



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

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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"/>				
Economic support	<input checked="" type="checkbox"/>	<input 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"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>				
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? Yes
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? No

## 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)
10/21/2017	Sibling, Male, 10 Years	Mother, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 10 Years	Mother, Female, 37 Years	Lack of Supervision	Unsubstantiated	



Sibling, Male, 10 Years	Father, Male, 37 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 10 Years	Father, Male, 37 Years	Lack of Supervision	Unsubstantiated

**Report Summary:**

An SCR report stated the male SS (10yo at the time) was a special needs child who was nonverbal with autism and required close supervision. On 10/21/17, the mother and father left the SS alone and unsupervised. The SS found his way outside the home and stood in the street naked for 5 to 10 minutes. The parents had left the SS alone and unsupervised in the past.

**Report Determination:** Unfounded**Date of Determination:** 01/05/2018**Basis for Determination:**

The parents were home when the child left the residence. The child had left the residence one time in the past and the parents installed a door alarm. The alarm had been taken down so the father could make a repair to the door, and was reinstalled 2 days after the child left the residence.

**OCFS Review Results:**

The CW promptly made a home visit and spoke with the parents and the children. The 10yo was not able to be interviewed as he was nonverbal. The CW interviewed the family members separately and obtained consistent information from each member. The CW reviewed CPS history, spoke with relevant collateral contacts, completed a thorough investigation and made the appropriate determination.

**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)
04/07/2017	Sibling, Male, 10 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 10 Years	Mother, Female, 36 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 10 Years	Father, Male, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Years	Father, Male, 37 Years	Lack of Medical Care	Unsubstantiated	

**Report Summary:**

An SCR report alleged that the male SS had an abscess on one side of his mouth that caused him pain. The male SS was autistic and the pain triggered him to become aggressive and physical with others. As a result of the pain, the child hit and slapped himself and had tried to bite others. The mother and father were aware but failed to seek medical treatment for the child.

**Report Determination:** Unfounded**Date of Determination:** 06/22/2017**Basis for Determination:**

It was determined the parents did obtain appropriate medical treatment for the child in a timely manner. There were no further concerns for the children.

**OCFS Review Results:**

Caseworkers verified with medical providers the parents did obtain medical treatment for the child. Multiple collaterals were contacted and confirmed the parents provided appropriate care for the child. Services were offered to the family and declined. The case was appropriately unfounded and closed as there were no further concerns.

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

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

In 2013 there were 2 cases against the parents for the male SS. Allegations included inadequate guardianship, lacerations/bruises/welts, and lack of medical care. Both cases were unfounded.

In 2014 there was an indicated case against the parents for inadequate food/clothing/shelter. An Article 10 petition was



filed and the children were removed due to the home conditions. The children were placed with their paternal aunt and uncle and a preventive case was opened.

### Known CPS History Outside of NYS

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

### Preventive Services History

On 3/6/14 a preventive services case was opened due to the conditions of the home and concerns the male SS was not receiving adequate care. Homemaking services and parenting classes were provided. The male SS had autism and was linked with a Medicaid coordinator who helped the child obtain services. The case was closed on 8/24/15 after the parents received appropriate services and the home had no safety hazards.

### 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 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 or the CPS investigations conducted during the three years preceding the fatality.

### 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