



Report Identification Number: BU-18-034

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

Issue Date: May 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

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: 8 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 11/25/2018
Initial Date OCFS Notified: 11/25/2018

Presenting Information

An SCR report was received that stated on 11/22/18, the father was changing the 8-month-old child’s diaper on a changing table. When the father turned to throw away the diaper, the child rolled over, fell off the changing table and hit her head on the hardwood floor. The child went into cardiac arrest upon impact and was placed on life support in the hospital. On 11/25/18, the child was declared brain dead and was taken off life support. The child subsequently died due to her injuries. The roles of the mother and sibling were unknown.

Executive Summary

This fatality report concerns the death of an 8-month-old female subject child that occurred on 11/25/18. A report was made to the SCR on the same date, with allegations of Inadequate Guardianship, Internal Injuries, Lack of Supervision and DOA/Fatality against the child’s father. An autopsy was completed; however, at the time of this writing, the official cause and manner of death had not yet been released.

Erie County Department of Social Services (ECDSS) had been involved with the family since 11/22/18, after an SCR report was received with allegations the subject child sustained serious injuries while in the care of her father. At the time of the child’s death, she resided with her mother, father, and 9-year-old brother. It was discovered at approximately 1:30 PM on 11/22/18, the father had changed the child’s diaper on a 2.5-foot-high changing table. As the father turned his back to the child to dispose of the diaper, the child rolled off the changing table and landed head first onto the hardwood floor. The mother had been at work since 5:45AM that morning, but had returned home just as the incident occurred. The sibling was home all day with the father; however, did not witness the events that led up to the child’s fall. The child was in distress and unresponsive as a result of the fall, and the father contacted 911. EMS arrived at the home and transported the child to the hospital via ambulance. The child was admitted to the Pediatric Intensive Care Unit and placed on life support; numerous tests were performed. Medical staff concluded the child suffered from Achondroplasia Dwarfism, and since this impacted the spine and the brain, the trauma from the fall was life threatening. On 11/25/18, the child was diagnosed as brain dead. The parents made the decision to withdraw life support, and the child subsequently died. An official time of death was not documented in the case record.

From the time the investigation began to the time of its closure, ECDSS met with the mother, father, and surviving sibling. ECDSS observed the home and the sibling on several occasions and found no safety concerns. Further, ECDSS spoke with numerous collateral sources and offered the family appropriate referrals for services in response to the subject child’s death. There were no criminal charges filed against either parent. Medical staff and the Medical Examiner agreed the subject child’s death was accidental. ECDSS found no credible evidence and appropriately unsubstantiated all allegations.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**



- **Approved Initial Safety Assessment?** Yes
- **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

Sufficient information was gathered to assess the safety of the SS and determine the investigation. All casework activity was commensurate with the case circumstances.

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:

ECDS exhibited best casework practice throughout this investigation. The decision to close the case was appropriate.

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: 11/25/2018

Time of Death: Unknown

Date of fatal incident, if different than date of death:

11/22/2018

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

01:30 PM

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: Diaper change.

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

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	Female	8 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	44 Year(s)
Deceased Child's Household	Mother	No Role	Female	39 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)

LDSS Response

On 11/25/18, ECDSS received an SCR report regarding the death of the subject child, which occurred on that same date. ECDSS had been involved with the family since 11/22/18, after receiving an SCR report regarding the subject child sustaining serious injuries. In the days preceding the child's death, it was unclear if the father's explanation of the injuries was plausible, so a Safety Plan was implemented where the sibling would not be left alone with the father. ECDSS initiated their investigation into the reported fatality within 24 hours, coordinated their efforts with their Multidisciplinary Team, and promptly assessed the safety of the sibling.

ECDSS completed extensive interviews with the mother and father during the initial serious injuries investigation, and appropriately pulled the information forward into the fatality investigation. The parents explained on 11/22/18, the mother went to work at 5:45AM, and the father stayed home with the two children. The father reported nothing out of the ordinary throughout the day. He stated at 1PM, the child awoke from a nap and he gave her a bottle. She finished the bottle around 1:30PM, and the sibling began to play with the child on the living room floor. The sibling then noticed she needed a diaper change, and told the father such. The father brought the child into the nursery and placed her on the changing table. The father stated he changed her diaper, and as he turned to dispose of it, he heard a "thud." The father explained the child rolled off the changing table onto the hardwood floor head first. He explained the child had never rolled off of the table before, and he only turned perpendicular to the child to throw out the diaper. The sibling ran into the room, and at that same time, the mother had just arrived home from work. The sibling went to get the mother, and the mother went into the nursery and began CPR on the child. The father stated he called 911, and EMS arrived in approximately 5 minutes. The mother reported to ECDSS the child was in distress upon her arrival home. The parents stated the child was admitted to the Pediatric Intensive Care Unit. On 11/25/18, the child was declared brain dead, and the parents consented to removing all life support; the child died shortly thereafter. Although ECDSS and Law Enforcement attempted to interview the sibling several times regarding the events leading up to the fatal incident, the sibling refused to talk about what happened. A skeletal and physical exam were performed on the sibling, and no concerns were noted.

ECDSS spoke with hospital staff and the Medical Examiner on numerous occasions throughout the investigation. Medical staff reported the child suffered from Achondroplasia Dwarfism, and due to this, the child suffered a large and severe "infraction of the brain" upon impact of the fall. This was due to parts of the child's brain being narrower than someone



without dwarfism. Throughout the investigation, hospital staff and the Medical Examiner could not agree if the injuries matched the explanation, and at one point the Medical Examiner felt the injuries could have been inflicted; however, she eventually reported to ECDSS that after extensive consideration, she would be ruling the child's death accidental.

Throughout the investigation, ECDSS completed several home visits to assess the safety of the sibling, and spoke with an abundance of collateral sources, including: the children's pediatrician, the child's daycare, the sibling's school, mental health providers, and the maternal grandparents. There were no concerns noted regarding the care of the children by any of the providers, and no criminal charges were filed against either parent. Appropriate services were offered to the family and accepted. At the time of this writing, an official autopsy was not yet available. ECDSS appropriately unfounded the allegations and closed their report.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: This fatality investigations was conducted by the Erie County Multidisciplinary Team.

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

Comments: This fatality was reviewed by the Onondaga County Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049841 - Deceased Child, Female, 8 Mons	049883 - Father, Male, 44 Year(s)	Internal Injuries	Unsubstantiated
049841 - Deceased Child, Female, 8 Mons	049883 - Father, Male, 44 Year(s)	Lack of Supervision	Unsubstantiated
049841 - Deceased Child, Female, 8 Mons	049883 - Father, Male, 44 Year(s)	DOA / Fatality	Unsubstantiated
049841 - Deceased Child, Female, 8 Mons	049883 - Father, Male, 44 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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



Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ECDSS spoke with all appropriate collateral sources regarding SC's death. Progress notes were entered contemporaneously.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
Although the Risk Assessment did not result in any documented service needs, ECDSS offered the family services in response to the SC's death, which were accepted.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
All safety assessments were completed timely and adequately. Safety factors did not result in the need for removal.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 ECDSS offered the family all appropriate services in response to the SC's death.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
 ECDSS offered the family referrals for bereavement services. While the investigation was ongoing, the SS began private mental health counseling.

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

Explain:
 ECDSS offered the family referrals for bereavement services. While the investigation was ongoing, the parents began seeing a private mental health counselor.

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? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> 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)
11/22/2018	Deceased Child, Female, 8 Months	Mother, Female, 39 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 8 Months	Mother, Female, 39 Years	Internal Injuries	Unsubstantiated	
	Deceased Child, Female, 8 Months	Father, Male, 44 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 8 Months	Father, Male, 44 Years	Internal Injuries	Unsubstantiated	

Report Summary:

This report was received with concerns the SC suffered a cardiac arrest after falling 2.5 feet from a changing table onto a hardwood floor. Initially, the doctors at the hospital felt the explanation was not plausible and found the SC's condition suspicious. The SC was hospitalized, but removed from life support on 11/25/18.

Report Determination: Unfounded

Date of Determination: 04/12/2019

Basis for Determination:

ECDSS had extensive contact with medical professionals throughout this investigation, and found SC's Achondroplasia dwarfism left no room for movement for the SC's spinal cord, and upon impact to the spinal cord, could lead to death. Medical professionals felt the family's explanation and the trauma of the fall from the changing table were plausible and deemed the injuries and subsequent death accidental. The SS was assessed numerous times and there were no safety concerns noted by the close of this investigation. On 11/28/18, the fatality was reported to the SCR, and ECDSS investigated this investigation and the fatality concurrently.

OCFS Review Results:

This report met all statutory requirements and exhibited best casework practice.

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

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

There was no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was 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 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 to the CPS investigation 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