



Report Identification Number: BU-19-007

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

Issue Date: Aug 02, 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: 1 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 02/16/2019
Initial Date OCFS Notified: 02/16/2019

Presenting Information

An SCR report alleged that on 2/16/19, at approximately 3:20 PM, the father woke the mother and the mother found the 2-month-old female child unconscious and unresponsive. The mother then called 911. She had last checked on the child around 7 AM and the child was alive. The mother gave the child CPR on the kitchen floor until police and the fire department arrived. The child was cyanotic, cool to the touch with rigor and lividity present. The child's left arm and left knee had bruising or discoloration associated with rigor and lividity. The child had expired at least one hour prior to 3:20 PM, when the mother discovered she was unresponsive. The child's cause of death was unknown. She was an otherwise healthy child at the time of her death, making her death suspicious in nature.

Executive Summary

This fatality report concerns the death of a 1-month-old female child that occurred on 2/16/19. A report was made to the SCR on the same day with concerns the child had been found unresponsive by her mother while co-sleeping. There was a 10-year-old surviving sibling who lived with his maternal grandparents and was at their home at the time of the incident. The father of the subject child had three other children (ages 13, 7 & 6) who lived with and were in the care of their mothers at the time of the incident.

Erie County Department of Social Services (ECDSS) coordinated efforts with law enforcement upon receipt of the SCR report and notified the district attorney and medical examiner. A doll reenactment was performed in the presence of law enforcement. An autopsy was performed; however, the medical examiner's report was pending at the time of this writing.

The mother reported that on 2/16/19, around 7:30AM, she changed the child's diaper and fed her. The child was placed on her back in the mother's bed and they fell back asleep around 10AM. The mother regularly co-slept with the child, even though there was a bassinet in the home. The mother woke around 3PM and found the child unresponsive; she did not have any objects or materials covering her face and she was found lying on her back. The mother began CPR and the father called 911. EMS and firefighters arrived, performed chest compressions and transported the child to the hospital. EMS reported the child had been dead for "a while" as lividity was present when they arrived.

The case record did not note any criminal charges were being considered by law enforcement. ECDSS completed interviews with the mother, father, surviving siblings, mothers of the surviving siblings, EMS, doctors, and medical examiner. Although the medical examiner gave a possible cause of death as asphyxiation, ECDSS did not have a completed autopsy report at the time of their case closing. The case was unfounded and closed on 4/17/19. Services were offered to the family and declined.

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:

The casework activity was in accordance 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: 02/16/2019

Time of Death: Unknown

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

County where fatality incident occurred: Erie

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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



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

At time of incident supervisor was:

- | | |
|---|--|
| <input type="checkbox"/> Drug Impaired | <input type="checkbox"/> Absent |
| <input type="checkbox"/> Alcohol Impaired | <input checked="" type="checkbox"/> Asleep |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Impaired by illness |
| <input type="checkbox"/> Impaired by disability | <input type="checkbox"/> 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	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Other Household 1	Grandparent	No Role	Male	57 Year(s)
Other Household 1	Grandparent	No Role	Female	57 Year(s)
Other Household 1	Sibling	No Role	Male	10 Year(s)
Other Household 2	Father	No Role	Male	33 Year(s)
Other Household 3	Other Adult - Father of SS	No Role	Male	28 Year(s)

LDSS Response

ECDSS received an SCR report on 2/16/19 regarding the child being found unresponsive by her mother. CW confirmed the report with the source and then went to the hospital to assess the safety of the SS. The SS was upset and crying over the loss of his sister but appeared to be safe with his uncle. The SS said he last saw his sister a few days prior; he had been staying with his maternal grandparents and uncle.

CW made an unannounced home visit to the MGM's home; the mother, father, and several relatives were present. The parents were interviewed and a gave a timeline of events leading up to the child's death. The mother said on 2/16/19, around 7:30AM, she changed the child's diaper and fed her a bottle. The mother then laid the child down on her back, next to her in her queen-sized bed, between her and the wall. The child was wearing socks, baby leggings, a short-sleeved onesie, and was covered with a baby blanket up to her chest. The mother said they stayed up for a while and probably fell back to sleep around 10AM. The mother said the child was sometimes fussy and hard to get back to sleep; she usually waited for the child to fall asleep and then moved her to her bassinet. The father did not live in the home but spent time there and slept over on the couch that night. The mother said she woke around 3PM and saw the child was white and started screaming for the father and began CPR. She then sat the child up and the child's nose started bleeding. The father called 911 and he said paramedics arrived almost immediately. The father confirmed the mother's account and said the child was last awake and fed around 7:30AM. The mother used to abuse opiates but has been prescribed and compliant with suboxone for the last four years.

The CW spoke with the maternal grandparents who agreed to not allow the SS to be alone with the mother for the time being. The CW provided the family with a resource list of counseling agencies, phone numbers for crisis services, and grief counseling information. The CW encouraged the MGM to call crisis services if the mother displayed any concerning behaviors; the mother had made self-harming statements to the MGM. The CW also gave the mother and father



information on safe sleep and SIDS. A maternal uncle was interviewed and he said he saw the child the night before she died and she was happy and giggling.

EMS staff said the parents were distraught and did not appear to be under the influence of any substances. EMS did not observe any drugs or paraphernalia. EMS said they observed lividity in the child and did not see any marks or bruises.

The mother was spoken to again on 2/19/19 and she said she no longer had thoughts of harming herself.

ECDSS received medical records for the mother and children. The father of the SS lived out of state and the mother said he had never had contact with the child and she did not have contact information for him. The CW found a phone number for the SS's father and attempted contact with him but was unsuccessful.

The father of the subject child had three other children who were seen in the care of their mothers and assessed to be safe. The mothers did not have any concerns with the father and his ability to care for the children. The children denied having any concerns while with their father.

The allegations of DOA/Fatality and IG against the mother for the subject child were unsubstantiated as there was a lack of credible evidence. ECDSS did not find aggravating factors regarding the mother and child bed sharing. The child was found on top of blankets on a mattress, on her back with no obstructions. The ME provided minimal information about the exact cause of death but suggested the child died due to asphyxiation. The autopsy was not complete at the time of this writing.

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 does not have a Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050645 - Deceased Child, Female, 1 Mons	050646 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
050645 - Deceased Child, Female, 1 Mons	050646 - Mother, Female, 25 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"/>

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"/>

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? 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



Child Fatality Report

Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<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? Unable to Determine

Explain:

Services were offered, but it was unknown if they were utilized.

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

Explain:

Services were offered, but it was unknown if they were utilized.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/20/2018	Deceased Child, Female, 1 Days	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	Yes



Deceased Child, Female, 1 Days	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
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Report Summary:

An SCR report alleged that on 12/20/18, at 8:56 PM, the mother gave birth to the subject child. At the time of birth, the mother tested positive for marijuana. The test results for the subject child were not yet returned. The 10-year-old brother had an unknown role.

Report Determination: Unfounded**Date of Determination:** 03/08/2019**Basis for Determination:**

Although mother tested positive for marijuana at the time of the child's birth, there were no negative impacts on the child's health. The child's pediatrician had no concerns for the child. The mother appeared alert, sober, and coherent during visits; she admitted to using marijuana to help with nausea during her pregnancy. There was no evidence to demonstrate mother's drug use posed an imminent risk of harm to the children. The 10yo sibling denied witnessing his mother and her boyfriend (subject child's father) use drugs or alcohol and had no concerns with his parents.

OCFS Review Results:

ECDSS confirmed the report with the source, conducted thorough interviews with the mother, father, and collateral contacts. The CW advised the mother and father that there needs to be a sober caretaker for the child at all times and they agreed. The CW educated the parents on safe sleep guidelines. ECDSS obtained records from the children's pediatrician; the children were up to date with all medical care and the doctor had no concerns. A chemical dependency referral was completed for the mother. A CPS history check was not completed within the regulatory time frame.

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

Review of CPS History

Summary:

A CPS history check was not completed within the regulatory time frame and was completed a week late.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

The Buffalo Regional Office informed there is an existing PIP in place for this issue, as a result of a prior finding by OCFS. ECDSS will continue to work on this issue and revise their current PIP if deemed necessary.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/29/2016	Sibling, Male, 7 Years	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 7 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged the mother regularly used heroin to the point of impairment while caring for the SS (7 years old at the time). She would be unable to care for the child while impaired on heroin. The situation had been ongoing for a couple of months.

Report Determination: Indicated**Date of Determination:** 07/18/2016**Basis for Determination:**

The mother and the child lived with the maternal grandparents as a result of the mother's past drug use. The mother tested positive for marijuana and cocaine on 5/31/16. The mother admitted to a history of heroin use. The maternal grandparents stated they were the primary caregivers for the child.

**OCFS Review Results:**

Everyone on the report as well as collateral contacts were thoroughly interviewed and safety assessments were completed accurately and on time. ECDSS appropriately opened the case for services to help mother obtain her own housing and monitor her substance abuse treatment program. While the appropriate required notice of existence letters were sent, they were not sent within the required time frame.

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

Issue:

Failure to provide notice of report

Summary:

The notice of existence letters were sent 12 days late.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

The Buffalo Regional Office informed there is an existing PIP in place for this issue, as a result of a prior finding by OCFS. ECDSS will continue to work on this issue and revise their current PIP if deemed necessary.

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

- 10/29/10 allegations of IG & LS were unfounded against mother for the SS.
- 7/20/11 allegations of IG, L/B/W & PD/AM were unfounded against mother for the SS.
- 3/13/15 allegation of EdN was Indicated against mother for the SS.
- 4/4/14 allegation of IG was unfounded against the father for his two youngest children.

Known CPS History Outside of NYS

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

Preventive Services History

A preventive services case was opened on 6/24/16 for the mother as she was in court for a possession of marijuana charge. Mother was in substance abuse treatment at the time she tested positive for marijuana and cocaine on 5/31/16. Mother had a history of drug use and the MGM had been caring for the SS as a result. Even though the mother and MGM lived together, the MGM did not leave the SS alone in his mother's care. The mother was sober during several unannounced home visits and no longer wished to be in substance abuse counseling; however, she did continue in a suboxone program. The mother requested the case be closed as there was no longer a need for services. The case closed on 7/10/17 as it appeared mother was not using drugs and the SS was well cared for.

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 response in advance. We find that the facts, as written, describe the unfortunate events and the actions taken in response to the fatality. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. With respect to the history of CPS investigations conducted within the three-year period preceding the fatality, we must unfortunately concur with the reviewer's finding that, during the investigation of an SCR report dated May 29, 2016, the Notice of Existence letters were sent twelve days late. Additionally, we must concur with the reviewer's finding that, during the investigation of an SCR report dated December 20, 2018, the CPS history check was completed a week late. We note that a pre-existing Performance Improvement Plan developed in conjunction with the OCFS Buffalo Regional Office covers both of the above identified issues.

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