



Report Identification Number: BU-19-010

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: 22 day(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 03/02/2019
Initial Date OCFS Notified: 03/03/2019

Presenting Information

An SCR report was received on 3/3/19, that alleged the 3-week-old infant died while in the care of her mother. The infant was an otherwise healthy child and there was no explanation for her death, thus making it suspicious.

Executive Summary

The fatality report concerns the death of a 3-week-old infant that occurred on 3/2/19. At the time of the infant's death, she was in the care of her mother and was an otherwise healthy child. The infant resided in a family member's home with her mother, father and one-year-old sibling.

It was learned the infant was at home with her mother and sibling while the father was at work at the time of the incident. The mother swaddled the infant and placed her in the bassinet, however she was fussy and crying so the mother moved her into the parent's bed. The mother placed the subject child on one side of her and the surviving sibling on the other side of her. All three fell asleep in the bed. The mother awoke approximately 4 hours later to find the infant unresponsive. She had a family member contact 911 and attempted resuscitation efforts until EMS arrived. Upon their arrival, EMS transported the infant directly to Oishei Hospital. The infant was pronounced dead at the hospital at 11:36PM.

Immediately after learning about the death, ECDSS made efforts to assess the safety of the surviving sibling. The Buffalo Police Department conducted a joint investigation with ECDSS. LE determined there was no criminality and closed their investigation.

At the time of this writing, the final autopsy report had not yet been received from the ME's office. The ME reported no trauma observed on the child and she was gaining weight appropriately and appeared well cared for. The ME reported the mother's explanation that the child was found face up was not consistent with the ME's finding.

The mother and father separated during the course of the investigation and the sibling remained with the mother. Following the split of the parents, concerns arose regarding the mother's untreated mental health concerns and homelessness. The mother was acting increasingly erratic and on one occasion reported not knowing the whereabouts of the sibling. The mother also made false allegations against the father with regard to domestic violence. Due to the concerns, ECDSS filed an Article 10 Neglect Petition listing the mother as a respondent regarding the surviving sibling. The sibling was placed in the father's care. The father was referred to community based services, which he was actively engaged in at the time of this writing. The father had also obtained safe and stable housing for himself and the sibling. The mother was court mandated to engage in mental health treatment and parenting skills education. It was ordered in court that the mother have supervised visitation with the sibling.

ECDSS met New York State regulations and requirements pertaining to casework contacts, safety assessments, risk assessments, and the provision of services in the investigation.

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:

The facts and circumstances surrounding the fatality were thoroughly investigated and there was evidence of supervisory consultation.

Was the decision to close the case appropriate? N/A

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:

There was significant supervisory consultation. ECDSS appropriately arranged community supports for the mother, father, and surviving sibling. It was determined a neglect petition needed to be filed due to the mother's chronic homelessness and failure to comply with mental health services. The mother was ordered by Family Court to comply with Preventive Services.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 03/02/2019

Time of Death: 11:36 PM

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

Unknown

County where fatality incident occurred:

Erie



Was 911 or local emergency number called?

Yes

Time of Call:

11:18 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

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? 4 Hours

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)

LDSS Response

ECDSS received the report from the SCR on 3/03/2019 and coordinated with LE, reviewed the CPS history, and notified the DA's office about the death. Throughout the investigation, collateral contacts were made with the source of the report, personal collaterals for the family, first responders, Buffalo Police Homicide Unit, and the preventive services caseworker. At the time of the child's death, the family was residing in the home of a family member.

ECDSS assessed the condition of the surviving sibling within 24 hours of receiving the report. The sibling received a medical examination at Oishei Hospital at the request of ECDSS as a precautionary measure. The attending physician at Oishei Children's Hospital said the sibling was medically examined and found to be healthy with no signs of trauma or abuse.

ECDSS interviewed the parents regarding the death. The mother, who was home with the children at the time of incident, said she was co-sleeping with the infant and did not know if she rolled over on the child. The mother reported co-sleeping with the children on a regular basis. The mother reported she was experiencing mental health symptoms since the birth of the infant. The mother also admitted to abusing both drugs and alcohol as a means to cope with her mental health condition in the time leading up to the death. The father was at work when the child was found unresponsive and did not have



information regarding the death. It is not documented in the case record whether the parents were educated on safe sleep practice prior to the death. Following the death, ECDSS provided safe sleep education to both parents due to the age of the sibling.

Due to concerns regarding the safety of the sibling with the mother, a safety plan was implemented with input from mother, father, and numerous family members. ECDSS conducted a thorough review of history both in CONNECTIONS and with law enforcement and determined the father and paternal grandfather as the safety plan for the sibling.

ECDSS interviewed the adult family member that the parents and children were residing with. The adult stated that, at the time of the death, the mother came downstairs to her apartment and informed her the child was being taken by ambulance to the hospital. The adult told ECDSS that the mother said she had the two children in bed with her, gave them both bottles, and fell asleep.

During the investigation, ECDSS had ongoing concerns for the mother’s unaddressed mental health concerns, which impacted her ability to care for the surviving sibling. The mother failed to engage in recommended treatment and her behaviors and mental health continued to deteriorate. The mother failed to obtain safe and stable housing for herself and the surviving sibling after she and the father split up. Due to the aforementioned concerns, ECDSS filed an Article 10 Neglect Petition against the mother and mandated her to engage in services with respect to mental health, substance abuse, and parenting skills. Supervision of the sibling was granted and she was placed in her father’s care with the mother having supervised access. Preventive Services were provided to the father to assist with daycare and parenting skills.

ECDSS accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances and a 24-hour safety plan was adequately implemented. ECDSS determined there was credible evidence to indicate the allegations of IG and IF/C/S against both the mother and father. The family had an unstable living environment for both children. Additionally, the mother was not addressing concerns for her mental health, which was inhibiting her ability to care for the children. The allegation of DOA/fatality against the mother was indicated as she placed the children, both under one year, in bed with her and there were items in bed including, bottles, pillows, and blankets.

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: At the time of the fatality, Erie County Department of Social Services did not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049681 - Deceased Child, Female, 1 Month(s)	049683 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated



049681 - Deceased Child, Female, 1 Month(s)	049682 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
049681 - Deceased Child, Female, 1 Month(s)	049682 - Mother, Female, 22 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
049681 - Deceased Child, Female, 1 Month(s)	049683 - Father, Male, 23 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
049681 - Deceased Child, Female, 1 Month(s)	049682 - Mother, Female, 22 Year(s)	DOA / Fatality	Substantiated
049684 - Sibling, Female, 1 Year(s)	049683 - Father, Male, 23 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
049684 - Sibling, Female, 1 Year(s)	049682 - Mother, Female, 22 Year(s)	Lack of Medical Care	Substantiated
049684 - Sibling, Female, 1 Year(s)	049682 - Mother, Female, 22 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
049684 - Sibling, Female, 1 Year(s)	049682 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
049684 - Sibling, Female, 1 Year(s)	049683 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

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

Explain:
As a result of the fatality, a neglect petition was filed against the mother with respect to the surviving sibling. The father was granted custody of the child with the mother having supervised visitation. Preventive Services were ordered and the mother was required to comply with mental health treatment for herself, obtaining medical treatment for the surviving sibling, and parenting skills with regard to the surviving sibling.

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:

The safety of the surviving sibling was assessed throughout the duration of the investigation. A safety plan was implemented due to concerns regarding the mother's mental health. Grandparents and a maternal cousin assisted in supervising the mother with the surviving sibling until the safety plan ended. The child was placed with the father following court intervention.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
03/26/2019	There was not a fact finding	There was not a disposition
Respondent:	049682 Mother Female 22 Year(s)	
Comments:	An Article 10 Neglect Petition was filed on March 26, 2019 against the mother in regard to the surviving sibling. An initial court appearance took place on the same date. At that time, the surviving sibling was placed with the father through a 1017 placement as paternity had not been established. Paternity was established and the sibling was released to the custody of her father. Family court proceedings were ongoing at the time of this writing.	

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input checked="" type="checkbox"/>	<input 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:
 A voluntary preventive case was opened with Family Health Center's Intensive Services program in response to the fatality. Through preventive services, parents received parenting skills and intensive case management. ECDSS also assisted the parents in obtaining child care for the surviving sibling and gave referrals to the parents on domestic violence services.

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

Explain:

The sibling was referred to and engaged in counseling at the CAC following the fatality.

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

Explain:

The parents were referred to bereavement counseling, mental health services, and preventive services following the death.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/05/2017	Other Child - cousin , Female, 7 Years	Aunt/Uncle, Female, 24 Years	Inadequate Guardianship	Substantiated	Yes
	Other Child - cousin , Female, 7 Years	Aunt/Uncle, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Other Child - cousin , Female, 7 Years	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	

Report Summary:

The report alleged that on 9/28/17, at about 4AM, the father's sister and the father of her children got into a physical fight. Both adults were punching each other. The father of the SC became involved and attacked the other adult father. Car windows were broken during the fight. The five-year-old child of the other adults was present during the incident. The father of the SC was not providing sufficient food for his five-year-old niece.

Report Determination: Indicated

Date of Determination: 12/11/2017

Basis for Determination:

ECDSS determined there was credible evidence to support the allegations. Information was received the father's sister was physically assaulted by her partner in the presence of their child. The other adult father was arrested for the domestic dispute as there was a preexisting OOP between him and the paternal aunt. ECDSS did not find evidence that the father assaulted or threatened anyone in the presence of his niece. The father of the SC was helping to support his niece and her needs were met.

OCFS Review Results:

ECDSS made appropriate collateral contacts and thoroughly documented the contacts in the case record. ECDSS completed a timely and accurate safety assessment and CPS history check. ECDSS did not send notices of existence to any of the household composition.

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

Issue:

Failure to provide notice of report

Summary:

ECDSS failed to provide notification letters to the subjects and biological parents.

Legal Reference:

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

Action:

ECDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

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

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

Known CPS History Outside of NYS

There is no known history outside of New York State.



Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Additional Local District Comments

We at the Erie County Department of Social Services (ECDSS) appreciate the opportunity given us to review the draft report in advance. We find that the facts, as written, describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. 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 ECDSS failed to provide notification letters to the identified subjects and biological parents involved in an SCR report dated October 5, 2017. We note that a comprehensive, pre-existing Performance Improvement Plan currently being developed in conjunction with the OCFS Buffalo Regional Office covers the issue of timely notifications within a CPS investigation.

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