



## Report Identification Number: BU-19-021

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

Issue Date: Oct 18, 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 Found Alive  
**Age:** 5 year(s)

**Jurisdiction:** Erie  
**Gender:** Female

**Date of Death:** Unknown  
**Initial Date OCFS Notified:** 05/26/2019

## Presenting Information

An SCR report alleged on 5/26/19, at 6:34 AM, the family was in a seven passenger vehicle with nine people inside when a driver of another vehicle went through a stop sign and broadsided the family's vehicle. None of the children (aged 4-14 years) were secured in the vehicle with proper restraints. The adults failed to properly secure all of the children in safety restraints. As a result, two 4-year-old twins passed away from their injuries. The 4 and 10-year-old cousins were in serious to critical condition.

## Executive Summary

This fatality report concerns a two-car accident which resulted in several injuries and the death of a 4-year-old and two adults. The investigation revealed the 4-year-old subject child was not killed in the accident, nor was her twin; however, a 4-year-old cousin died due to injuries sustained from the accident. The subject child suffered from significant internal injuries because of the crash. A subsequent report received on 6/10/19 alleged the family's vehicle was struck by a drunk driver and the family members were ejected from the SUV because they were not properly restrained. The aunt and maternal grandmother were pronounced deceased on the scene.

Erie County Department of Social Services (ECDSS) initiated the investigation timely by coordinating investigative efforts with law enforcement. ECDSS contacted Wyoming County, where the accident took place, and Monroe County, where the deceased were transported for autopsies. Autopsies were performed; however, Monroe County did not provide the autopsy results.

Throughout the investigation, ECDSS spoke with family and multiple collateral contacts. There were four surviving children, including the subject child, aged 4 to 14 years. The children were assessed to be safe in the care of the surviving family members.

Medical staff provided information the subject child would be unlikely to walk or talk again due to her injuries. At the time of case closure, the child had been released from the hospital and was residing at home under the care of her family.

The allegation of DOA/Fatality against the adults was unsubstantiated regarding the subject child; however, the allegation was substantiated regarding the 4-year-old cousin, who died as a result of the crash, and not being properly restrained in a car seat. The allegation of Inadequate Guardianship was indicated against the adults regarding all the children for similar reasons.

The family was offered several services in response to the fatality including mental health and grief counseling, travel vouchers, clothing allowances and were connected to services in New Jersey after the family returned home. The family accepted and were engaged in services at the time of case closure.

## 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:**

Casework activity was commensurate with 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:**

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**

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	4 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	47 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	55 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Other Child - Cousin	Alleged Victim	Female	4 Year(s)
Deceased Child's Household	Other Child - Cousin	Alleged Victim	Male	14 Year(s)



Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	10 Year(s)
Other Household 1	Father	No Role	Male	34 Year(s)
Other Household 2	Other Adult - BF of 4yo Cousin	No Role	Male	34 Year(s)
Other Household 3	Other Adult - BF of 14yo Cousin	No Role	Male	37 Year(s)

### LDSS Response

On 5/26/19, ECDSS received an SCR report which alleged the 4-year-old subject child's death. Upon receipt of the report, ECDSS completed a CPS history check, contacted the medical examiner and District Attorney's offices. It was learned there were two surviving siblings (aged 4 and 10 years) and a surviving 14-year-old cousin, who were assessed to be safe in the care of their family throughout the investigation. A 4-year-old cousin died as a result of the accident.

On 5/26/19, ECDSS visited the family at the hospital. The maternal grandfather was adamant the children were restrained in booster-seats at the time of the accident. The 14-year-old cousin was in the front passenger seat, wearing a seatbelt. He remembered a car ran through a stop sign and collided with his family's SUV. He and his cousins were transported to the hospital. The other surviving family members were observed, but could not be interviewed due to their medical statuses.

The surviving family members were interviewed and assessed throughout the investigation. ECDSS contacted Child Protective Services in New Jersey, who assessed the children to be safe when the family returned home. The family was engaged in services through Middlesex County, New Jersey at the time of case closure. Multiple collateral contacts were made and did not have concerns for the safety of the surviving siblings.

ECDSS contacted multiple community-based resources and provided the family with several services, including funeral assistance regarding the mother, grandmother and cousin. Law enforcement was unable to find any booster-seats at the scene, and it was determined the children were not properly restrained, several of them sharing one seatbelt.

The subject child suffered multiple internal injuries and was not expected to walk or talk again. She was released from the hospital before the case was closed and was under close medical monitoring in New Jersey.

ECDSS conducted a thorough investigation and completed the required Safety Assessments and 24-hour and 30-day Fatality Summary Reports timely. The allegations were substantiated against the adults regarding the children, excluding Internal Injuries for the 14-year-old cousin. The allegations against the adults regarding the death of the child were appropriately unsubstantiated as she remained alive. The adults were substantiated for Inadequate Guardianship of the children as they were not properly restrained in the family's SUV.

### 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?** Yes

**Comments:** Erie County has a OCFS-approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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051224 - Deceased Child, Female, 4 Yrs	051229 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
051224 - Deceased Child, Female, 4 Yrs	051230 - Aunt/Uncle, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
051224 - Deceased Child, Female, 4 Yrs	051229 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
051224 - Deceased Child, Female, 4 Yrs	051230 - Aunt/Uncle, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
051224 - Deceased Child, Female, 4 Yrs	051235 - Grandparent, Male, 55 Year(s)	Inadequate Guardianship	Substantiated
051224 - Deceased Child, Female, 4 Yrs	051234 - Grandparent, Female, 47 Year(s)	Inadequate Guardianship	Substantiated
051225 - Sibling, Female, 4 Year(s)	051229 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
051225 - Sibling, Female, 4 Year(s)	051230 - Aunt/Uncle, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
051225 - Sibling, Female, 4 Year(s)	051235 - Grandparent, Male, 55 Year(s)	Inadequate Guardianship	Substantiated
051225 - Sibling, Female, 4 Year(s)	051234 - Grandparent, Female, 47 Year(s)	Inadequate Guardianship	Substantiated
051226 - Other Child - Cousin, Female, 4 Year(s)	051235 - Grandparent, Male, 55 Year(s)	DOA / Fatality	Substantiated
051226 - Other Child - Cousin, Female, 4 Year(s)	051229 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
051226 - Other Child - Cousin, Female, 4 Year(s)	051230 - Aunt/Uncle, Female, 32 Year(s)	DOA / Fatality	Substantiated
051226 - Other Child - Cousin, Female, 4 Year(s)	051234 - Grandparent, Female, 47 Year(s)	Inadequate Guardianship	Substantiated
051226 - Other Child - Cousin, Female, 4 Year(s)	051230 - Aunt/Uncle, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
051226 - Other Child - Cousin, Female, 4 Year(s)	051229 - Mother, Female, 26 Year(s)	DOA / Fatality	Substantiated
051226 - Other Child - Cousin, Female, 4 Year(s)	051235 - Grandparent, Male, 55 Year(s)	Inadequate Guardianship	Substantiated
051226 - Other Child - Cousin, Female, 4 Year(s)	051234 - Grandparent, Female, 47 Year(s)	DOA / Fatality	Substantiated
051227 - Sibling, Female, 10 Year(s)	051230 - Aunt/Uncle, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
051227 - Sibling, Female, 10 Year(s)	051229 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
051227 - Sibling, Female, 10 Year(s)	051234 - Grandparent, Female, 47 Year(s)	Inadequate Guardianship	Substantiated
051227 - Sibling, Female, 10 Year(s)	051235 - Grandparent, Male, 55 Year(s)	Inadequate Guardianship	Substantiated
051228 - Other Child - Cousin, Male, 14 Year(s)	051229 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated



051228 - Other Child - Cousin, Male, 14 Year(s)	051230 - Aunt/Uncle, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
051228 - Other Child - Cousin, Male, 14 Year(s)	051235 - Grandparent, Male, 55 Year(s)	Inadequate Guardianship	Substantiated
051228 - Other Child - Cousin, Male, 14 Year(s)	051234 - Grandparent, Female, 47 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Some subjects of the report, including the maternal grandmother and mother, were not interviewed as they were killed as a result of the accident.

## 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**  
The family was offered an abundance of services which were accepted and utilized in both New York and New Jersey.

### 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 investigation did not reveal concerns that would result in the removal of a child.

### Legal Activity Related to the Fatality

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

Family Court       Criminal Court       Order of Protection

<b>Criminal Charge:</b> Other - DWI, Reckless Driving, Reckless Vehicular Homicide		<b>Degree:</b> NA	
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
Pending	At-fault Driver	Pending	Pending



<b>Comments:</b>	The at-fault driver was arrested for Driving While Intoxicated, Reckless Driving, and Reckless Vehicular Homicide.
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### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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"/>

**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 surviving children were offered bereavement and grief counseling services. The family relocated home to New Jersey where the services were continued.

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

**Explain:**  
The mother and grandfather were provided with information regarding burial assistance, grief and mental health counseling. The family was referred to the Ronald McDonald House, where they resided until they traveled back to New Jersey.



## History Prior to the Fatality

### Child Information

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

## CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

There was no known New York State CPS history more than three years prior to the fatality.

### Known CPS History Outside of NYS

A report was made to the Child Protective Service in New Jersey on 6/26/15. There was an allegation that the aunt and uncle engaged in physical domestic violence in the presence of the cousin. The uncle was arrested for assault, but it was later determined the aunt embellished the incident. The allegations of neglect, which in the state of New Jersey are defined as "substantial risk of physical injury/environment injurious to health and welfare" were not established.

On 10/5/15, a report was made to the Child Protective Service in New Jersey. The report alleged the aunt made suicidal threats, stating she was going to jump off a bridge. The finding in the case was not established to have had a substantial risk of physical injury/environment injurious to health and welfare.

## 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.

### 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