



**Report Identification Number: BU-19-026**

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

**Issue Date: Dec 31, 2019**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 month(s)

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

**Date of Death:** 07/16/2019  
**Initial Date OCFS Notified:** 07/16/2019

## Presenting Information

An SCR report received on 7/16/19, alleged that on the evening of 7/15/19, the parents went to sleep in their bed with the 3-month-old subject child and the 1-year-old surviving sibling. The full sized bed in which they slept was placed up against the wall. The 3-month-old subject child was placed on the edge of the bed between the wall and the 1-year-old surviving sibling. The morning of 7/16/19, at approximately 3:00AM, the mother noticed that the subject child had vomited. The mother cleaned the subject child and placed her back in the same location on the bed. The mother woke again at 8:48AM and noticed the subject was not breathing and called 911. The subject was pronounced deceased a short time later. The subject child had no signs of trauma to her body. There was a bucket of urine in the room where the subject child died as well as dirty clothes found throughout the home. There were three filthy refrigerators in a back room of the home. The home was infested with flies.

## Executive Summary

Erie County Department of Social Services (ECDSS) received an SCR report on 7/16/19 and a subsequent report on 7/17/19, regarding the death of a 3-month-old female child and additional concerns about the 1-year-old surviving sibling and the 9 aunts/uncles ranging in age from 1 to 17 years old residing in the home.

On 7/15/19, the parents placed the subject child on her back in between the parents in their bed and the 1-year-old surviving sibling was at the foot of the bed. Sometime during the night, the subject child vomited, and the mother cleaned her and placed her back to sleep on her bed and went to sleep. In the morning when the parents woke, they found the subject child unresponsive. The mother called 911 at 8:37 AM. EMS responded to the home and found the subject child deceased. The subject child was pronounced deceased and transported to the medical examiner's office.

ECDSS adequately assessed the safety of the 9 aunts/uncles (ranging in ages from 1 to 17 years old) and the 1-year-old surviving sibling and implemented a safety plan. All parties agreed to the safety plan. The paternal grandparents and the parents fully cooperated with ECDSS and agreed to services.

There was no autopsy performed due to religious objections by the family. The medical examiner completed x-rays on the subject child with no concerning results noted. The medical examiner said there were no injuries, marks or bruises noted on the subject child. The toxicology report was still pending, and the medical examiner stated the cause and manner of death were undetermined. Law enforcement investigated the fatality and concluded their investigation, finding no criminality involved in the death of subject child.

ECDSS substantiated the allegations of DOA/fatality and inadequate guardianship against the mother and the parent substitute for the subject child. The mother and the parent substitute failed to provide a minimum degree of care by placing the subject child in an unsafe sleeping environment. The parents told ECDSS although they were aware of safe sleep practices the subject child co-slept with them on a regular basis. The subject child was found unresponsive in a full-size bed with two adults and a 1-year-old child. The parents placed the subject child on a sleeping surface where the size of the surface in relation to the occupants of the bed created an unsafe sleeping environment for the subject child. The additional allegations for insufficient food clothing and shelter and lack of medical care were substantiated against the parents for the surviving sibling and against the paternal grandparents for 6 of their 9 children. The family fully cooperated with ECDSS and ECDSS offered all appropriate services to meet the needs of the family. The family accepted



services and two separate preventive cases were opened one with the parents for the surviving sibling and the second with paternal grandparents for their children (aunts/uncles of the subject child). The case was indicated and opened.

## 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? 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:

ECDSS indicated and opened the case for services and Child Protective Services will monitor.

## 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: 07/16/2019

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:

08:37 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

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

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	Aunt/Uncle	Alleged Victim	Female	13 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Female	15 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Male	8 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Female	10 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Male	17 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Victim	Male	12 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	19 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	60 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)

### LDSS Response

On 7/16/19, ECDSS received the fatality report from the SCR. ECDSS coordinated with law enforcement, completed a CPS history check, notified the medical examiner's office and the district attorney's office of the death. The 1-year-old surviving sibling and the 9 aunts/uncles (ranging in age from 1 to 17 years old) residence at the time of the fatal incident



were assessed and there were safety concerns noted and addressed with the family.

On 7/16/19, ECDSS interviewed the parents about the events leading up to the death of the subject child. The parents told ECDSS that on the evening of 7/15/19, the mother placed the subject child on her back on their bed. The mother said she was on the right side of the subject child and the father was on the subject child's left side. The mother said the 1-year-old surviving sibling was lying horizontally at the foot of the bed. Sometime during the night, the subject child woke and vomited. The mother said she cleaned up the vomit and then placed the subject child back on the bed in the same position and went to sleep. The mother woke in the morning and found the subject child unresponsive. The mother called 911 at 8:37 AM. EMS arrived at the home and found the subject child was already deceased. The subject child was pronounced deceased and transported to the medical examiner's office. The parent's statements were consistent.

ECDSS interviewed all family members and offered referrals for bereavement services as well other needed services to the family. The family accepted services and although they all resided in the home together ECDSS appropriately opened two separate service cases to meet the individual needs of each family unit. ECDSS had all the children residing in the home medically examined at the Child Advocacy Center. The children were noted to have high lead levels, extremely poor hygiene and significant dental issues. These issues were addressed with the family and they fully cooperated with ECDSS.

The paternal grandparents and the parents were questioned about drug/alcohol misuse and they denied misusing drugs/alcohol. There was no evidence of alcohol or drugs in the home at the time of the fatal incident or in subsequent visits to the home.

ECDSS obtained information from law enforcement, the medical examiner, emergency services, school records for all the school age children, and records from the pediatricians of the subject child, surviving sibling, and 9 aunts/uncles. The pediatrician was monitoring the children's lead levels. The subject child's pediatric records noted no concerns for the care of the subject child by the parents and the subject did have a minor heart murmur which there was no noted concerns.

### 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?** Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052252 - Deceased Child, Female, 3 Mons	052254 - Father, Male, 19 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052252 - Deceased Child, Female, 3 Mons	052253 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
052252 - Deceased Child, Female, 3 Mons	052253 - Mother, Female, 18 Year(s)	DOA / Fatality	Substantiated



052252 - Deceased Child, Female, 3 Mons	052254 - Father, Male, 19 Year(s)	DOA / Fatality	Substantiated
052252 - Deceased Child, Female, 3 Mons	052254 - Father, Male, 19 Year(s)	Inadequate Guardianship	Substantiated
052252 - Deceased Child, Female, 3 Mons	052253 - Mother, Female, 18 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052264 - Aunt/Uncle, Female, 15 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Lack of Medical Care	Substantiated
052264 - Aunt/Uncle, Female, 15 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Lack of Medical Care	Substantiated
052264 - Aunt/Uncle, Female, 15 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
052264 - Aunt/Uncle, Female, 15 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
052264 - Aunt/Uncle, Female, 15 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Guardianship	Substantiated
052264 - Aunt/Uncle, Female, 15 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
052265 - Aunt/Uncle, Female, 13 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Lack of Medical Care	Substantiated
052265 - Aunt/Uncle, Female, 13 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Lack of Medical Care	Substantiated
052265 - Aunt/Uncle, Female, 13 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
052265 - Aunt/Uncle, Female, 13 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Guardianship	Substantiated
052266 - Aunt/Uncle, Male, 12 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052266 - Aunt/Uncle, Male, 12 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Guardianship	Unsubstantiated
052266 - Aunt/Uncle, Male, 12 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
052266 - Aunt/Uncle, Male, 12 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052266 - Aunt/Uncle, Male, 12 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Lack of Medical Care	Substantiated
052266 - Aunt/Uncle, Male, 12 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Lack of Medical Care	Substantiated
052267 - Aunt/Uncle, Female, 10 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Guardianship	Unsubstantiated
052267 - Aunt/Uncle, Female, 10 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Lack of Supervision	Unsubstantiated
052267 - Aunt/Uncle, Female, 10 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Lack of Supervision	Unsubstantiated
052267 - Aunt/Uncle, Female, 10 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated



052268 - Aunt/Uncle, Male, 8 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Lack of Medical Care	Substantiated
052268 - Aunt/Uncle, Male, 8 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Lack of Medical Care	Substantiated
052269 - Aunt/Uncle, Male, 5 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
052269 - Aunt/Uncle, Male, 5 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Lack of Medical Care	Substantiated
052269 - Aunt/Uncle, Male, 5 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Lack of Supervision	Unsubstantiated
052269 - Aunt/Uncle, Male, 5 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
052269 - Aunt/Uncle, Male, 5 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Lack of Medical Care	Substantiated
052269 - Aunt/Uncle, Male, 5 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
052269 - Aunt/Uncle, Male, 5 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Guardianship	Unsubstantiated
052269 - Aunt/Uncle, Male, 5 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Lack of Supervision	Unsubstantiated
052270 - Aunt/Uncle, Male, 2 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
052270 - Aunt/Uncle, Male, 2 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Lack of Medical Care	Substantiated
052270 - Aunt/Uncle, Male, 2 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
052270 - Aunt/Uncle, Male, 2 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Guardianship	Unsubstantiated
052270 - Aunt/Uncle, Male, 2 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Lack of Supervision	Unsubstantiated
052270 - Aunt/Uncle, Male, 2 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
052270 - Aunt/Uncle, Male, 2 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Lack of Medical Care	Substantiated
052270 - Aunt/Uncle, Male, 2 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Lack of Supervision	Unsubstantiated
052271 - Aunt/Uncle, Male, 17 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Educational Neglect	Unsubstantiated
052271 - Aunt/Uncle, Male, 17 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Educational Neglect	Unsubstantiated
052271 - Aunt/Uncle, Male, 17 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Guardianship	Unsubstantiated
052271 - Aunt/Uncle, Male, 17 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
052271 - Aunt/Uncle, Male, 17 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Lack of Medical Care	Unsubstantiated





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052271 - Aunt/Uncle, Male, 17 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Lack of Medical Care	Unsubstantiated
052275 - Aunt/Uncle, Male, 1 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Lack of Supervision	Unsubstantiated
052275 - Aunt/Uncle, Male, 1 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
052275 - Aunt/Uncle, Male, 1 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Guardianship	Unsubstantiated
052275 - Aunt/Uncle, Male, 1 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052275 - Aunt/Uncle, Male, 1 Year(s)	052261 - Grandparent, Female, 33 Year(s)	Lack of Supervision	Unsubstantiated
052275 - Aunt/Uncle, Male, 1 Year(s)	052262 - Grandparent, Male, 60 Year(s)	Inadequate Food / Clothing / Shelter	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

#### Explain:

Family was receiving Preventive Services at the time of this writing.

#### 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:

Children remained in the home with their parents and the family was receiving Preventive Services.

#### Legal Activity Related to the Fatality

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



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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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Preventive services							

## 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
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



Was not noted in the case record to have any of the issues listed

**Infant was born:**

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/10/2019	Aunt/Uncle, Male, 12 Years	Grandparent, Female, 33 Years	Educational Neglect	Unsubstantiated	No

**Report Summary:**

The report alleged the 10-year-old surviving sibling had not attended school all year because the mother failed to enroll the surviving sibling in school. The child was not getting an education and was failing as a result. The mother was aware and failed to meet the child's educational needs.

**Report Determination:** Unfounded

**Date of Determination:** 07/04/2019

**Basis for Determination:**

ECDSS based their determination on information from the school and interviews with family members. The 10-year-old surviving sibling was in school and had an overall passing grade and was being promoted. The child had missed some school as his brother was injured and in the hospital. The allegation of educational neglect was unsubstantiated and the case was unfounded and closed.

**OCFS Review Results:**

ECDSS gathered sufficient information to make a determination in this case.

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

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

From 2009-2014, the grandparents of the subject child had 29 reports for their children, the aunts, uncles, and the father of the subject child. There were 28 unfounded reports and 1 indicated with similar allegations of insufficient food, clothing, and shelter, inadequate guardianship, lack of medical care and lack of supervision. The case was opened for preventive services from 2009 to 2014. See preventive services section below for further details.

#### Known CPS History Outside of NYS

There was no known history outside of NYS.

### Preventive Services History

On 11/10/09 a Preventive Services case was opened for the paternal grandparents of the subject child for their children who were the aunts, uncles, and the father of the subject child. The family were refugees who came to the attention of ECDSS via an SCR report received on 11/6/09 and were residing in conditions below minimal standards with their children and agreed to services. The program choices for the family were prevent placement and protective. The family fully cooperated with ECDSS and ECDSS provided case management services, assistance with housing, school,



bathing/hygiene, counseling, medical and education. The case closed with no further safety concerns on 12/23/14. The children were attending school, in safe housing and counseling continued with family members.

### Legal History Within Three Years Prior to the Fatality

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

### Additional Local District Comments

We at the Erie County Department of Social Services appreciate the opportunity given us to review the draft report in advance. We find that the facts, as written, describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality or to the investigation conducted within the three years preceding the fatality.

### Recommended Action(s)

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Are there any recommended prevention activities resulting from the review?**  Yes  No