



Report Identification Number: BU-19-027

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

Issue Date: Jan 16, 2020

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: 2 year(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 07/01/2019
Initial Date OCFS Notified: 07/29/2019

Presenting Information

OCFS was notified by the Erie County Department of Social Services (ECDSS) via the 7065 Agency Reporting Form that the two-year-old child passed away in her maternal grandparent's home on 7/1/19. The child was diagnosed with a medical condition and had been receiving in-home hospice services for two months prior to her death.

Executive Summary

On 7/1/19, ECDSS received notification from Child and Family Services of Erie County that the two-year-old child passed away at the maternal grandparents' home that morning. ECDSS had an open CPS Services case since 12/28/17. They contracted with Child and Family Services of Erie County to provide Preventive Services to the family, which began on 5/8/18. At the time of the child's death, she and her two siblings, ages three and four, were in the custody of the grandparents under Article 1017 and a Neglect Petition was pending in Family Court due to medical neglect.

The child had multiple medical diagnoses, including extreme prematurity, severe brain damage, lung issues and failure to thrive. She had a gastrostomy tube and a shunt that drained the excess fluid from her brain to her abdomen. The child was frequently hospitalized, and the parents had a difficult time meeting her medical needs while caring for the two siblings. The children were placed in the custody of the grandparents on 2/6/18, due to medical neglect. In May 2019, all medical intervention was stopped, as it was determined it was no longer working, and the child was provided with in-home hospice services. The build-up of fluid in the child's abdomen lead to organ failure and on 7/1/19, the mother and grandparents were with the child when she stopped breathing. Hospice was contacted and the child was pronounced deceased at 11:00 AM.

Due to the circumstances surrounding the child's death, an autopsy was not performed, and a law enforcement investigation was not conducted. The death certificate listed the manner of death to be natural causes. The cause of death was listed as acute respiratory failure with hypercapnia, and a significant condition contributing to the child's death was hydrocephalus.

Following the child's death, the siblings were assessed to be safe in the custody of the grandparents. The mother regularly visited with the children and she was spoken to about the child's death. The father was not cooperating with Preventive Services and he was not regularly visiting with the children. ECDSS attempted to speak to him about the child's death and were unsuccessful.

There was a finding of Neglect on 8/1/19 and the mother re-gained custody of the siblings on 11/19/19. ECDSS assessed the siblings to be safe in her care. The preventive services provided by Child and Family Services ended, and Gateway-Longview were providing intensive services to the family at the time this report was written.

PIP Requirement

For issues identified in the CPS Services case and in historical cases, ECDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) ECDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ECDSS will review the plan and revise as needed to address ongoing concerns.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The death of the child was not reported to the SCR.

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 investigated the facts and circumstances of the child's death and the case remained open for CPS 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: 07/01/2019

Time of Death: 11:00 AM

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

County where fatality incident occurred: Erie

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

Child's activity at time of incident:

- | | | |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input checked="" type="checkbox"/> Unknown |



Other

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	2 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	50 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	49 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Other Household 1	Mother	No Role	Female	20 Year(s)
Other Household 2	Father	No Role	Male	23 Year(s)

LDSS Response

On 7/1/19, Child and Family Services of Erie conducted a home visit to the grandparent's home and the grandmother notified them that the child passed away that morning. Child and Family Services provided the family with information on bereavement counseling and they immediately notified ECDSS about the death. ECDSS went to the grandparent's home on 7/3/19, and spoke to the mother, grandmother and siblings. There were no concerns for the siblings' care and the family had already made funeral arrangements.

ECDSS notified Family Court about the child's passing and they contacted hospice for more information about the child's death. It was not documented if hospice provided any details or if the records were received by ECDSS. It was also not documented if ECDSS contacted the child's pediatrician about her death. ECDSS obtained a copy of the child's death certificate and the child's medical records.

Based on information gathered, ECDSS determined the child's death was the result of natural causes and not due to abuse or maltreatment by a caretaker. The siblings engaged in bereavement counseling and it was unknown if the parents or grandparents utilized bereavement services.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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



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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" 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"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

It was not documented if ECDSS spoke to the pediatrician or hospice nurse to gather information about the child's death.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

A disposition was reached shortly after the child's death and the required services were court ordered.

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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

At the time of the child's death, the children were in the maternal grandparents custody under Article 1017.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
 Court ordered services were ordered on 9/12/19. The mother may have benefited from family planning 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 siblings engaged in bereavement counseling.

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

Explain:
 The parents and grandparents were referred for bereavement services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? Yes
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? Yes

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)
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Child Fatality Report

12/20/2018	Sibling, Male, 3 Years	Other Adult - Daycare Provider , Female, 21 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Years	Other Adult - Daycare Provider , Female, 21 Years	Internal Injuries	Unsubstantiated	

Report Summary:

An SCR Report alleged that the daycare provider punched the three-year-old sibling in the face. As a result, he sustained a bloody nose and he was afraid of the daycare provider.

Report Determination: Unfounded

Date of Determination: 02/22/2019

Basis for Determination:

It was determined the sibling may have gotten a nose bleed from dry air. The sibling had a history of making up stories and the daycare staff denied that the child was hit in the nose. The siblings no longer attended the daycare.

OCFS Review Results:

ECDSS interviewed the daycare staff, siblings and parents. They contacted the necessary collaterals and assessed the children to be safe in the custody of their grandparents.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/25/2018	Deceased Child, Female, 1 Years	Mother, Female, 18 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Female, 1 Years	Father, Male, 22 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Mother, Female, 18 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 18 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 22 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 22 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The SCR report alleged that the parents were aware that the one-year-old child had multiple neurological and medical needs. The child had reflux and vomiting issues which resulted in failure to gain weight. In spite of this, the parents taped a pacifier covering the child's mouth, which was a serious choking hazard.

Report Determination: Indicated

Date of Determination: 06/21/2018

Basis for Determination:

The parents were inconsistent with scheduling and keeping medical appointments for the child and were not cooperating with service providers. The mother spilled the child's medication and did not refill it right away, causing the child's health to decline. The child was in the hospital and she was seen with a pacifier taped over her mouth and there was old adhesive residue on the child's mouth, indicating it wasn't the first time. The siblings were overdue for well-visits. An Article 10 Neglect Petition was filed in Family Court and the children were placed with the maternal grandparents under Article 1017. The parents were given supervised visitation with the children.

OCFS Review Results:

Safety assessments and the RAP were completed accurately and timely. ECDSS appropriately filed a Neglect Petition and placed the children in the custody of the grandparents. Notice of Existence letters were not provided to the mother and father.



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

Issue:

Failure to provide notice of report

Summary:

Notice of Existence letters were not provided to the mother and father.

Legal Reference:

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

Action:

ECDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/27/2017	Deceased Child, Female, 9 Months	Mother, Female, 18 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Deceased Child, Female, 9 Months	Mother, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 9 Months	Mother, Female, 18 Years	Malnutrition / Failure to Thrive	Unsubstantiated	

Report Summary:

The SCR Report alleged the child suffered from a number of medical issues. On 9/25/17, the child was admitted to the hospital for failure to thrive. The child gained weight and was sent home. On 10/24/17, the child lost weight and was admitted again. While in the hospital the child again gained weight. The child consistently lost weight while in the mother's care and there was no known organic reason why. It was further alleged the mother gave the child a medication longer than prescribed. It was unknown if this caused harm to the child. There was concern for the mother's ability to care for the child.

Report Determination: Unfounded

Date of Determination: 01/22/2018

Basis for Determination:

The child had severe medical issues and was in and out of the hospital since birth. She was unable to maintain her weight, even while hospitalized. The mother denied giving the child medication longer than prescribed. The parents had a hard time caring for three young children due to the child's severe medical needs. The parents were engaged with early intervention, visiting nurses, and they accepted Preventive Services.

OCFS Review Results:

Safety assessments and the RAP were completed timely and accurately. The parents were interviewed and the home was assessed to be safe. ECDSS contacted multiple collaterals, including the visiting nurse, hospital staff and the pediatrician. ECDSS appropriately opened the case for Preventive Services. Notice of Existence letters were not provided to the parents.

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

Issue:

Failure to provide notice of report

Summary:

Notice of Existence letters were not provided to the mother and father.

Legal Reference:

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

Action:



ECDS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/05/2017	Deceased Child, Female, 5 Months	Mother, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 5 Months	Father, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The SCR Report alleged the 5 1/2 month old child was born at 23 weeks gestation and had very complex medical needs. The mother and father were referred to medical trainings that would assist them in caring for the child. The parents disengaged with services and were not following through with plans for the child's medical care. The two siblings had unknown roles.

Report Determination: Unfounded

Date of Determination: 08/17/2017

Basis for Determination:

The child was born premature and she had severe medical issues. The parents had the two siblings to care for and they visited the child in the hospital when they had childcare. The parents took the training required and the child was discharged home with services in place, including visiting nurses. Preventive Services were offered to the family and the case was opened for services.

OCFS Review Results:

Safety assessments and the RAP were completed timely and accurately. The parents were interviewed and the home was assessed to be safe for the children. The parents were engaged with multiple service providers and the case was appropriately opened for Preventive Services.

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

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

10/20/15 SCR report was unsubstantiated against the mother and paternal grandmother for allegations of inadequate guardianship and lack of medical care regarding the four-year-old sibling.

Known CPS History Outside of NYS

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

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 12/28/2017

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 12/28/2017

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The FASP was approved 36 days past the due date of 12/27/18.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

Child and Family Services of Erie provided Preventive Services to the family.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Issue:	Timeliness of completion of FASP
Summary:	The initial, comprehensive and reassessment FASPs were completed and approved past their due dates.
Legal Reference:	18 NYCRR428.3(f)
Action:	ECDSS will complete, or see to the completion of FASPs by service providers when applicable, in a timely fashion when ECDSS maintains a case management role.

Preventive Services History

A Preventive Services case was opened 7/10/17-10/4/17 to assist the parents with service coordination after the child was discharged home from the hospital. The case closed when the children's medical needs were being met. A visiting nurse continued to monitor the child's health and Early Intervention continued to provide services to the child.

A Preventive Services case opened on 12/28/17, to assist the parents with service coordination for the child after she was discharged home from the hospital. On 2/6/18, an Article 10 Neglect Petition was filed and the children were placed with the maternal grandparents under Article 1017 due to medical neglect of the child and the siblings' missed medical appointments. The parents were referred for parent training, mental health and substance abuse evaluations and domestic violence programs. The parents separated and the father did not comply with services or regularly visit with the children. The neglect proceedings were pending and the CPS Services case remained opened at the time of the child's death.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to 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:
02/06/2018	Adjudicated Neglected	Return to Parent
Respondent:	052415 Mother Female 20 Year(s)	



Comments:	ECDSS filed an Article 10 Neglect Petition against the mother and father on 2/6/18 and the children were placed in the custody of the maternal grandparents under Article 1017. The children were adjudicated neglected on 8/1/19, and on 9/12/19 the disposition was ordered. The siblings were returned to the mother's custody on 11/19/19, with an order of supervision issued.
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Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
02/06/2018	Adjudicated Neglected	Return to Parent
Respondent:	052416 Father Male 23 Year(s)	
Comments:	ECDSS filed an Article 10 Neglect Petition against the mother and father on 2/6/18 and the children were placed in the custody of the maternal grandparents under Article 1017. The children were adjudicated neglected on 8/1/19, and on 9/12/19 the disposition was ordered. The siblings were returned to the mother's custody on 11/19/19, with an order of supervision issued.	

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 response to the fatality was appropriate and that there are no required actions related to the fatality. Unfortunately, we must concur with the compliance issue cited with respect to two CPS investigations conducted within the three-year period preceding the fatality: namely, the failure to provide Notice of Existence letters to the parents during investigations initiated on October 27, 2017 and January 25, 2018. We must also concur with the compliance issue cited with respect to the open preventive services case: namely, the fact that the initial, comprehensive and reassessment FASPs were completed and approved past their due dates. We note that the timely completion of CPS investigatory paperwork (such as the generation of Notices of Existence) and the timely completion of Services paperwork (such as the completion and approval of FASPs) are part of a consolidated Program Improvement Plan (PIP) that ECDSS recently implemented in conjunction with the Buffalo Regional Office of OCFS. We further note that the citations listed in this fatality report precede the date of the implemented PIP.

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