



Report Identification Number: BU-19-039

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

Issue Date: Feb 21, 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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 10/14/2019
Initial Date OCFS Notified: 10/16/2019

Presenting Information

On 10/16/2019, Erie County Department of Social Services (ECDSS) received a report from the SCR alleging on 10/14/19, the 4-month-old child passed away. The child was sleeping in bed with her father. The 7-year-old sibling went into the room to wake them and found the father's leg over the infant's face and the infant was dead. There was blood around the infant. Both the mother and father were intoxicated at the time they put the infant to bed with the father. Neither parent was able to care for the sibling while intoxicated. The sibling was traumatized as a result of the death.

Executive Summary

Erie County Department of Social Services (ECDSS) received a report from the SCR on 10/16/19, concerning the death of the 4-month-old infant that happened on 10/14/19. The infant was sleeping on the couch with the father when he became unresponsive. The subject child resided at home with the mother, father, and 7-year-old surviving sibling.

During the investigation, it was learned the mother fell asleep on the couch, with the infant on her chest. The father returned home around 1AM and placed a couch cushion on the floor next to the couch and placed the infant on his belly on the cushion, with a blanket up to the middle of his back. The mother and father slept together on the couch. The mother woke around 4AM as that was the time the infant typically ate. The mother observed the infant to be lying on the couch cushion with his head on the cushion and his legs hanging off the cushion. The mother picked up the infant and found him unresponsive. The mother noted the infant's lips were blue and his tongue was black/blue in color. The mother woke the father who called 911. First responders arrived and brought the infant to the hospital where he was pronounced deceased. Both mother and father denied the infant had any medical issues prior to his death.

ECDSS received the report from the SCR after law enforcement had commenced their investigation. ECDSS conducted a joint investigation with Buffalo Police Department and no criminal charges were filed. An autopsy was performed, but the findings were not yet available at the time of this writing.

ECDSS contacted all necessary collateral sources. ECDSS determined there was credible evidence to substantiate the allegations of inadequate guardianship and DOA/fatality against the mother and father. ECDSS learned the mother and father regularly co-slept with the infant despite receiving safe sleep education. Additionally, the mother's niece died only a couple months prior as a result of unsafe sleep. Despite being educated on safe sleep practices and having access to a safe mechanism to sleep in for the infant, the parents failed to exercise a minimum degree of care for the child. ECDSS unsubstantiated the allegation of PD/AM against the mother and father as there was no credible evidence that the parents were intoxicated at the time of the incident. LE found them to be sober during interviews and initial contact after receiving the 911 call. ECDSS offered a multitude of services to the mother and father to which they were receptive. At the time of the investigation closing, the mother was engaged in mental health counseling through her primary care physician. Grief counseling services were offered, but it was unknown if they were being utilized. The father had moved out of the home and refused to engage in services at the time of this writing.

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:

ECDSS gathered sufficient information to substantiate the allegations and, after appropriate services were offered to the family, the case was appropriately closed.

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:

Casework activity was commensurate with best casework practice.

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: 10/14/2019

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: 04:45 AM

Did EMS respond to the scene? Yes



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

No

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 3 Hours

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	24 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	7 Year(s)
Other Household 1	Other Adult - Sibling's Father	No Role	Male	27 Year(s)

LDSS Response

ECDSS received the report from the SCR on 10/16/2019 and coordinated with LE, reviewed the CPS history, and notified the DA's office about the death. Throughout the investigation, collateral contacts were made with the source of the report, personal collaterals for the family, and first responders.

ECDSS interviewed the mother and father regarding the death. ECDSS learned both parents had been drinking alcohol the night prior to the death. The mother said she arrived home from running errands earlier in the night than the father. She fell asleep with the infant on her chest. When the father arrived home around 1AM, he took the infant off the mother's chest and placed him in a face-down position on a couch cushion on the floor. The father reported he was at the grandmother's house prior to returning home and consumed alcohol while there. The mother and father fell asleep on the couch. The mother woke at what she believed to be around 4AM. The mother picked up the infant who was lying on his belly on the couch cushion, with his legs hanging off the side. The mother found the infant was unresponsive and woke the father who called 911. The infant was transported to the hospital where he was pronounced dead. Additionally, while speaking to the mother and family collaterals, it was learned the mother's niece passed away in March as a result of unsafe sleep conditions. The mother reported she continued to co-sleep with the infant despite having access to a safe sleep area.

ECDSS assessed the safety of the surviving sibling within the required timeframe. ECDSS requested the mother bring the sibling to the CAC for a medical examination, which the mother did willingly. The mother was provided a multitude of



resources and counseling material while at the CAC. There were no medical concerns for the child. The father of the sibling was interviewed briefly upon receipt of the report, further attempts to see and interview him were made to no avail.

ECDSS interviewed all first responders present on the day of the incident. When first responders arrived, the infant was exhibiting no signs of life and was blue in color. Resuscitation efforts were made, and the infant was transported to the hospital where he was pronounced deceased.

ECDSS interviewed all relevant collateral sources regarding the events leading up to the death and immediately following the death. After a thorough investigation, it was determined there was credible evidence to substantiate the allegations. The investigation was indicated and closed once all case objectives were met. ECDSS provided the mother with a multitude of bereavement referrals as well as referrals for mental health counseling for her and the surviving sibling. ECDSS provided resources to the father, who moved out of the home and declined all referrals.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052851 - Deceased Child, Male, 4 Month(s)	052989 - Father, Male, 24 Year(s)	DOA / Fatality	Substantiated
052851 - Deceased Child, Male, 4 Month(s)	052989 - Father, Male, 24 Year(s)	Inadequate Guardianship	Substantiated
052851 - Deceased Child, Male, 4 Month(s)	052988 - Mother, Female, 25 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
052851 - Deceased Child, Male, 4 Month(s)	052989 - Father, Male, 24 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
052851 - Deceased Child, Male, 4 Month(s)	052988 - Mother, Female, 25 Year(s)	DOA / Fatality	Substantiated
052851 - Deceased Child, Male, 4 Month(s)	052988 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
052990 - Sibling, Female, 7 Year(s)	052989 - Father, Male, 24 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
052990 - Sibling, Female, 7 Year(s)	052989 - Father, Male, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
052990 - Sibling, Female, 7 Year(s)	052988 - Mother, Female, 25 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated



Child Fatality Report

052990 - Sibling, Female, 7 Year(s)	052988 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input 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:
 ECDSS offered the family a multitude of services. At the time of this writing, the mother and father were no longer residing together. The mother was agreeable to mental health counseling and was working with a provider.

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:
 There was no removal of the surviving sibling.

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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 ECDSS provided a multitude of resources to the parents and surviving sibling. At the time of this writing, the mother was engaged with mental health counseling.

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:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections
<input type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input type="checkbox"/> Used illicit drugs |
|---|--|

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> Drug exposed
<input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> With fetal alcohol effects or syndrome |
|---|---|

CPS - Investigative History Three Years Prior to the Fatality



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/05/2017	Sibling, Female, 5 Years	Other Adult - Bio Father of the sibling, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Female, 5 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 5 Years	Other Adult - Bio Father of the sibling, Male, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	

Report Summary:

A report was received from the SCR alleging on 9/28/17, at about 4AM, the mother and father of the surviving sibling got into a physical fight. The parents were punching each other and other adults became involved. Car windows were broken during the incident. The surviving sibling was present. The mother was not providing sufficient food for the sibling and the child was begging outside of the home as a result. The adult siblings had been known to sexually abuse children in the past and had access to the sibling.

Report Determination: Indicated**Date of Determination:** 12/11/2017**Basis for Determination:**

ECDSS determined there was credible evidence that the mother and father of the sibling engaged in a physical altercation in the presence of the child. The parents both had a history of DV prior to the incident where they had physically assaulted each other. There was a prior safety plan that they would stay away from one another, but the mother allowed the father back into the home and the physical altercation ensued. The father was arrested and remained in jail at the time the investigation was closed. Services were offered, but declined.

OCFS Review Results:

ECDSS assessed safety of the children within the required time frame and made an appropriate safety plan. ECDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. ECDSS appropriately determined the allegations given the information obtained during the investigation. ECDSS entered 5 of the 21 notes two months after their event date.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

ECDSS entered 5 of the 21 notes 2 months after the event date.

Legal Reference:

18 NYCRR 428.5

Action:

All progress notes will be entered as contemporaneously as possible to their event dates.

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

4/16/13-8/15/13 UNF IG against the biological father of the sibling regarding the surviving sibling.

Known CPS History Outside of NYS

There is no known history outside of New York.



Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

We at the Erie County Department of Social Services (ECDSS) appreciate the opportunity given us to review the draft response in advance. We find that the facts, as written, describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. Unfortunately, we must concur with the reviewer’s citation regarding one of the CPS investigations conducted within the three year period preceding the fatality. Namely, we agree that the SCR report dated October 5, 2017 contained multiple progress notes that were entered approximately two months after the respective event dates. Please be advised that a comprehensive Performance Improvement Plan (PIP) developed in conjunction with the OCFS Buffalo Regional Office covers the above identified compliance issue, and the cited issue pre-dates the development of the 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