



Report Identification Number: BU-20-023

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

Issue Date: Feb 18, 2021

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: 1 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 09/04/2020
Initial Date OCFS Notified: 09/04/2020

Presenting Information

On 9/4/20, ECDSS received an SCR report stating that on 8/30/20, the mother placed the 2-month-old subject child on an adult bed to sleep. The mother returned to check on the child 10 minutes later and found the child unresponsive and not breathing. The mother called 911 and EMS transported the child to the hospital where she was placed on life support. On 9/4/20, the child was removed from life support and passed away. The roles of the father, 12-year-old sibling, 6-year-old sibling, and 5-year-old sibling were unknown.

Executive Summary

This report concerns the death of a 2-month-old child. Erie County Department of Social Services (ECDSS) received an SCR report on 8/30/20 identifying that the child had been found unresponsive and not breathing in an adult bed by her mother. EMS responded to the home and transported the child to the hospital where she was placed on life support. The child was pronounced dead on 9/2/20. The biological father, a 12-year-old sibling, 6-year-old sibling, and a 5-year-old sibling also lived in the home.

ECDSS conducted interviews with all family members. The mother disclosed that she had placed the child to sleep in the adult bed with pillows surrounding her. Approximately 40 minutes later, the mother returned to check on the child and found her unresponsive and not breathing. The mother called 911 and EMS and law enforcement responded to the home then transported the child to the hospital. The child was resuscitated, and after further testing was determined to be brain dead. The child was removed from life support on 9/2/20 and was pronounced dead shortly after at 8:16 PM. The surviving siblings were in the home and the father was at work at the time the SC was found unresponsive.

The final autopsy results were not available at the time this report was written. The preliminary results showed that the child died of a hypoxic brain injury with a contributing factor of an unsafe sleep environment. There were no other signs of abuse or trauma. Pediatrician records showed the child was otherwise healthy.

The safety of the surviving siblings was assessed throughout the investigation and they were deemed to be safe in the care of the mother and father. ECDSS substantiated the allegations of DOA, LS, and IG against the mother regarding the child. Services were offered to the family and referrals for grief counseling were completed by ECDSS. The investigation was closed prior to the family engaging in services.

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? 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:
ECDSS completed regulatory requirements for investigating the allegations and made a determination that there was credible evidence to substantiate the allegations. Services were offered in relation to the death of the child and the investigation was closed.

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: 09/04/2020

Time of Death: Unknown

Date of fatal incident, if different than date of death:

08/30/2020

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:

Unknown

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances



Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	No Role	Male	37 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Other Household 1	Other Adult - Biological father to 12-year-old sibling	No Role	Male	34 Year(s)

LDSS Response

ECDSS received an SCR report on 9/4/20 regarding the death of the SC that was named on a previously open investigation from 8/30/20. That report alleged that the SC was placed to sleep in an adult bed by the SM. The SM returned to check on the SC and found the child not breathing and unresponsive. The SC had been hospitalized since 8/30/20 and was removed from life support and subsequently passed away on 9/4/20.

ECDSS received the initial report on 8/30/20 and coordinated their response with LE. On 9/4/20, upon the SC's death, ECDSS notified the DA and ME. The ME reported that an autopsy had already been completed and the preliminary findings showed that the SC died of hypoxia due to the unsafe sleeping conditions.

Prior to the SC's death, ECDSS had interviewed the SM and the BF at the hospital. The SM disclosed during her interview that she had placed the SC to sleep in the adult bed with pillows surrounding her to prevent her from falling off the bed between 11:30 AM and 12:00 PM. The timeline of when the SM returned to check on the SC was unclear; however, the SM found the SC shortly after 1:00 PM not breathing and unresponsive. The SM called 911 and began CPR. Police took over CPR upon their arrival. A few minutes later, EMS arrived and transported the SC to the hospital. The SM and BF denied co-sleeping with the SC and stated the SC normally slept in a bassinet adjacent to the bed; the record did not reflect why the child was not placed in her bassinet this day. The BF was not home at the time the incident occurred. The safety of the SS's was assessed prior to and at the time of the SC's death and no concerns were noted.

The SS's were interviewed in the home after the SC's funeral. The 12-year-old SS disclosed that the SC often co-slept in the adult bed with the SM and BF. The surviving siblings did not disclose any further information regarding the SC's death. Prior to this home visit, LE records identified that the BF had been arrested in February 2020 on drug related offenses. The SM and the SS disclosed no knowledge of the BF using illicit substances or being arrested, and the BF contested the arrest record. During this home visit, ECDSS offered services to the family and a referral was made for services. It was unclear from the case record if the family utilized the services and the investigation was closed prior to engaging in the service.

The BF of the 12-year-old SS was interviewed by ECDSS. He disclosed no concerns for the care of the SS by the SM and expressed appropriate concern for the SS receiving grief counseling to deal with the death of the SC.



EMS and hospital records were reviewed for the SC. The records showed that EMS responded to the home at 4:12 PM. The SC was unresponsive, not breathing, and in cardiac arrest upon EMS arrival at the home. EMS transported the SC to the hospital at 4:19 PM. The hospital records showed that the SC showed an anoxic brain injury and no other signs of trauma. The SM reported she had put the SC in an adult bed surrounded by pillows to sleep and had not checked on her in approximately 40 minutes prior to finding her unresponsive. Following testing, the SC was removed from life support and pronounced dead on 9/2/20 at 8:16 PM.

ECDSS obtained pediatric records for the children. Records showed that the SC had been referred to a cardiologist due to family history. There were no other medical concerns identified in the records for the SC or SS's.

The final autopsy report was not available at the time this report was written. Preliminary results showed that the child died of a hypoxic brain injury with a contributing factor of an unsafe sleep environment. LE informed ECDSS that no criminal charges would be pursued as the ME disclosed that the SM's story was consistent with the SC's injuries.

ECDSS made the determination to substantiate the allegations of DOA/FATL, IG, and LS against the SM regarding the SC due to the preliminary autopsy results.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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

Comments: Erie County has an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056090 - Deceased Child, Female, 1 Mons	056091 - Mother, Female, 32 Year(s)	DOA / Fatality	Substantiated
056090 - Deceased Child, Female, 1 Mons	056091 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
056090 - Deceased Child, Female, 1 Mons	056091 - Mother, Female, 32 Year(s)	Lack of Supervision	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input 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 assessed risk throughout the investigation. Services were offered to and accepted by the family in relation to the child's death.

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"/>

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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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"/>				

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

Infant was born:

- | | |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> 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)
08/30/2020	Deceased Child, Female, 1 Months	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Months	Mother, Female, 32 Years	Internal Injuries	Substantiated	
	Deceased Child, Female, 1 Months	Mother, Female, 32 Years	Lack of Supervision	Substantiated	
	Deceased Child, Female, 1 Months	Father, Male, 37 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Months	Father, Male, 37 Years	Internal Injuries	Unsubstantiated	
	Deceased Child, Female, 1 Months	Father, Male, 37 Years	Lack of Supervision	Unsubstantiated	

**Report Summary:**

The SCR report alleged that on 8/30/20, the mother and the father left the 1-month-old child unsupervised on the adult bed for an unknown amount of time. The child was found with blood in her nose and mouth and was unresponsive. The child was transported by EMS to the hospital and was on a ventilator at the time the report was registered. There was no explanation for the child's injuries.

Report Determination: Indicated**Date of Determination:** 11/02/2020**Basis for Determination:**

ECDSS determined that the mother had placed the child in an adult bed surrounded by pillows to sleep. The child subsequently passed away from her injuries and the preliminary cause of death was identified as hypoxia due to an unsafe sleep environment. The father was not home at the time the child was placed to sleep and allegations against him were unsubstantiated. The safety of the surviving siblings was assessed throughout the investigation and services were offered in relation to the child's death.

OCFS Review Results:

ECDSS met all regulatory requirements while conducting their investigation. Relevant collaterals were interviewed throughout the investigation period and it was determined that there was credible evidence to substantiate the allegations against the mother.

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)
08/29/2017	Sibling, Female, 1 Days	Father, Male, 35 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 1 Days	Father's Partner, Female, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Days	Father's Partner, Female, 28 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

The report alleged that the father's former partner gave birth to a child. The mother of the child and the child each tested positive for marijuana. The father had an unknown role.

Report Determination: Indicated**Date of Determination:** 11/21/2017**Basis for Determination:**

ECDSS initiated their investigation and performed announced and unannounced home visits. The parents denied drug use to ECDSS. During two unannounced home visits the home smelled of marijuana. During one home visit a marijuana pipe was observed with marijuana residue in it. The mother of the child and the father provided false contact information for collateral parties with information relevant to the investigation. The parents were referred to services and declined to participate. The child appeared well cared for and ample supplies were observed during home visits.

OCFS Review Results:

ECDSS met regulatory requirements during the investigation of the allegations. The parents were educated on safe sleep and referred to services which were agreed to by the parents. The parents later declined to participate in preventative services and the investigation was closed. ECDSS determined that there was credible evidence to substantiate the allegations against the mother and father and the investigation was closed.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

The mother and father were named as perpetrators in 3 historical cases which contained allegations of drug use, domestic



violence, and not providing proper supervision of the children. In each of these investigations, there was no credible evidence found and the allegations were unsubstantiated.

Known CPS History Outside of NYS

There is no known history outside of NYS.

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 CPS investigations conducted during 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