



## Report Identification Number: BU-20-031

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

Issue Date: Mar 12, 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

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

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

**Date of Death:** 10/15/2020  
**Initial Date OCFS Notified:** 10/16/2020

## Presenting Information

On 10/15/20, Erie County Department of Social Services (ECDSS) learned of the death of the 2-month-old female subject child that occurred on the same day. The child was in relative foster care at the time of her death; however, had been hospitalized since her birth due medical concerns. On 10/16/20, ECDSS notified the Buffalo Regional Office via the 7065 Agency Reporting Form.

## Executive Summary

On 10/15/20, ECDSS became aware of the death of the subject child that occurred on the same day. ECDSS had an open foster care case at the time of the child fatality. The services case was opened in August 2019 after the mother admitted to causing a spiral fracture to the 1-year-old sibling's arm and the sibling was placed with the paternal grandmother via a 1017 placement. The grandmother subsequently became foster care certified. At the time of child's birth, ECDSS filed a Derivative Neglect petition regarding the subject child and family court remanded the child into foster care with the grandmother. The child was hospitalized from the time of her birth on 7/29/20 until her death. The grandmother also adopted a 7-year-old uncle in 2015. The 1-year-old surviving sibling and 7-year-old uncle were assessed to be safe with the grandmother.

ECDSS made all necessary contacts with the family and collaterals to gather information related to the fatality. It was determined that the subject child was born at 34 weeks gestation with significant medical concerns which required the child to be hospitalized in the intensive care unit. Medical professionals informed the parents that the child's quality of life would be poor and she would require several medical interventions and 24 hour care to survive. The parents and grandmother had initially decided to keep the child on life support and have her admitted to a long term residential care facility. After further discussions, the family reported they felt it was inhumane to allow the child to suffer and decided to remove her from life support. Medical Staff reported that the family's decision to remove life support was medically ethical; the child's condition was unlikely to improve.

It was learned through the historical case review and review of the open services case that the mother and father had developmental disabilities which affected their parenting abilities. ECDSS provided case management to the family, including a collaboration with community services. ECDSS made referrals for the parents to services that would best meet their specific needs relevant to the child welfare concerns. At the time this fatality report was written, ECDSS was compliant with foster care regulations and guidelines.

The family was offered bereavement and burial assistance in response to the fatality; however, the services were refused by the parents. The record reflected that the grandmother was in receipt of mental health counseling in relation to the death. At the time this report was written, the parents had pending family court petitions regarding the sibling's injury and continued to be in receipt of foster care services.

## 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:**

All required casework activity was completed and documented in Connections within the open foster care case. ECDSS gathered additional information when they were notified of the fatality. There was no SCR report made regarding the fatality as there was no reason to suspect the death was the result of abuse or maltreatment.

- 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:**

The family services case had supervisory consultation documented in the record. The foster care case remained open at the time this report was written.

**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:** 10/15/2020

**Time of Death:** 05:09 PM

**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?** No

**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 type="checkbox"/> Unknown                    |
| <input checked="" type="checkbox"/> Other: Hospitalized |                                  |   |

**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	Aunt/Uncle	No Role	Male	7 Year(s)
Deceased Child's Household	Deceased Child	No Role	Female	2 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	48 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Father	No Role	Male	29 Year(s)
Other Household 1	Mother	No Role	Female	25 Year(s)

**LDSS Response**

ECDSS learned of the premature birth and condition of the subject child on 7/29/20 and immediately began gathering information from medical staff. On 10/15/20, ECDSS was made aware of the parents' decision to remove the child from life support. The subject child's death occurred on 10/15/20 and ECDSS continued to gather necessary medical documentation and offered supportive services to the family in relation to the fatality.

The mother went to the hospital on 7/29/20 in cardiac arrest after her placenta moved which caused her aorta to burst and internal bleeding. The mother had received prenatal care and her pregnancy was classified as high- risk due to the mother's diagnosis of placenta accreta. On 7/29/20, the mother went into premature labor and gave birth to the subject child. The child was born with severe hypoxic ischemic encephalopathy and received whole body cooling treatment. After treatment, the parents were offered to remove the child from life support but refused. The child was transferred to another hospital and received a tracheotomy and feeding tube.

ECDSS attended a planning meeting for the subject child at her medical facility to review care options on 10/15/20. ECDSS staff, the parents, the grandmother, medical staff and the parents' care coordinators were in attendance. It was reported by the child's doctor that her condition was not likely to improve. Once released from the hospital, the child would have required 24 hour care by two able caretakers. The child would likely have been non-verbal, non-ambulatory, limited neurologically, gastrostomy tube dependent, and with a poor quality of life. The care options presented to the family were in home care with two full time caretakers and assistance from nursing staff or a long term care facility. The parents and grandmother initially had decided to place the child in long term residential care. After further discussions, the parents decided to have the child removed from life support, as they did not want her to suffer. Due to the parents' cognitive disabilities, there was coordination between the parents' care coordinators and medical staff to explain their options for the child's care. The child was removed from life support on 10/15/20 at 4:47PM and she passed away on the same day at 5:09PM.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

**Explain:**  
 As there was no SCR report surrounding the fatality, ECDSS inquired of relevant collaterals and family members as to whether there was reasonable cause to suspect abuse or maltreatment with respect to the SC's death. ECDSS found there



# Child Fatality Report

to be no such reason. Although safety assessments in these instances are not required, ECDSS did assess and document the safety of the surviving sibling. This was done within 7 days, and 30 days of learning of the fatality.

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
The surviving sibling was in relative foster care prior to the fatality.

### Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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



<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**

The parents were in receipt of services prior to the fatality, including foster care, parenting and mental health. Family planning was addressed with the mother at the hospital. Funeral arrangements and grief counseling were discussed but declined by the parents.

## 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? 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

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**



Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/24/2019	Sibling, Female, 1 Months	Mother, Female, 24 Years	Choking / Twisting / Shaking	Substantiated	No
	Sibling, Female, 1 Months	Mother, Female, 24 Years	Fractures	Substantiated	
	Sibling, Female, 1 Months	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Months	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Months	Father, Male, 28 Years	Fractures	Unsubstantiated	
	Sibling, Female, 1 Months	Grandparent, Female, 47 Years	Fractures	Unsubstantiated	
	Sibling, Female, 1 Months	Grandparent, Female, 47 Years	Inadequate Guardianship	Unsubstantiated	

#### Report Summary:

ECDSS received an SCR report that stated the now 1yo sibling had a spiral fracture to her right humerous and no explanation for the injury. The mother, father and grandmother were the caretakers for the sibling and alleged subjects as a result. The now 7yo uncle had an unknown role.

**Report Determination:** Indicated

**Date of Determination:** 01/28/2020

#### Basis for Determination:

ECDSS substantiated the allegations against the mother after she admitted to twisting the sibling's arm when she was frustrated while changing her. The mother was charged criminally for the injury to the sibling. The father had seen the mother act aggressively while caring for the sibling before and failed to protect her. ECDSS substantiated the allegation of IG against the father as a result. An Abuse petition was filed and the sibling was removed from the parents' care.

#### OCFS Review Results:

ECDSS assessed safety of the siblings within 24 hours and implemented necessary safety plans as information became available to them. All casework activity was completed in a timely fashion, commensurate with case circumstances. ECDSS appropriately filed Abuse petitions against the parents and determined the allegations given the information obtained during the investigation. ECDSS documented coordinated efforts with services providers to complete relevant referrals for services.

**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)
07/08/2019	Sibling, Female, 7 Days	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 7 Days	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	



# Child Fatality Report

Aunt/Uncle, Male, 6 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Male, 6 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Male, 6 Years	Grandparent, Female, 46 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Male, 6 Years	Mother, Female, 24 Years	Lacerations / Bruises / Welts	Unsubstantiated

**Report Summary:**

ECDSS received an SCR report that alleged on 7/1/19 the mother gave birth to the now 1yo sibling. The mother and father were developmentally delayed and unable to provide adequate care for the sibling. The parents did not have provisions, or plans for food or clothing for the sibling. A subsequent report alleged that the grandmother engaged in sexual acts while the now 7yo uncle was present. In addition, there were allegations that the parents engaged in physical altercations while the siblings were present and the mother aggressively handled the 7yo uncle which left marks and bruises on him.

**Report Determination:** Unfounded**Date of Determination:** 08/22/2019**Basis for Determination:**

ECDSS unfounded the report. It was determined through interviews with collaterals and the family and home visits that there was lack of credible evidence to indicate the allegations. The parents were developmentally disabled; however, this did not impact their ability to care for the sibling. Law enforcement had no incident reports regarding altercations between the parents. The grandmother denied that she had sexual relations in the presence of the uncle or that she grabbed him forcefully and there was no evidence to suggest otherwise. The children were free of any visible marks or bruises.

**OCFS Review Results:**

ECDSS assessed safety of the children within 24 hours and found there to be no immediate safety concerns for them. ECDSS completed all casework activity in a timely fashion, commensurate with case circumstances. ECDSS appropriately determined the allegations given the information obtained during the investigation and made relevant referrals for services.

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

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

In 2017 there was one unfounded CPS investigation with an unsubstantiated allegation of IG against the mother, father and paternal grandmother regarding the now 7-year-old uncle.

**Known CPS History Outside of NYS**

There was no known CPS History outside of NYS.

**Family Assessment and Service Plan (FASP)**

	Yes	No	N/A	Unable to Determine
<b>Was the most recent FASP approved on time?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**If not, how many days was it overdue?**

The FASP was due on 3/24/20 and approved on 4/17/20.

**Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?**



### Preventive Services History

In August 2019, the parents were opened to voluntary preventive services after a CPS report was received with concerns about an injury to the 1-year-old sibling while in the care of the mother. ECDSS developed a safety plan with the family which required the grandmother to supervise contact between the parents and the sibling. In addition, intensive home services were put in place for the family. During the CPS investigation the mother admitted to twisting the sibling's arm and causing a spiral fracture. ECDSS determined that the father was aware the mother had been aggressively handling the sibling and failed to intervene. ECDSS filed Abuse petitions against the parents and the sibling was placed with the paternal grandmother through a 1017 placement. ECDSS requested the parents engage in supervised visitation, mental health, anger management, a substance abuse evaluation and parenting classes. An order of supervision was given to the parents in family court on 11/18/19. In January 2020, the grandmother completed her foster care certification and the sibling's placement changed to foster care.

### Foster Care at the Time of the Fatality

**The deceased child(ren) were in foster care at the time of the fatality? Yes**

**Date deceased child(ren) was placed in care:**

08/13/2020

**Date of placement with most recent caregiver?**

08/13/2020

**How did the child(ren) enter placement?**

Court Order

### Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
<b>Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the placement comply with the appropriateness of placement standards?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the most recent placement stable?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the agency comply with sibling placement standards?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the child AWOL at the time of death?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Visitation

	Yes	No	N/A	Unable to Determine
<b>Was the visitation plan appropriate for the child?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was visitation facilitated in accordance with the regulations?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there supervision of visits as required?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 10/28/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 12/14/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 11/22/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The family services case remained open at the time this report was written. The surviving sibling continued to be placed in relative foster care with the paternal grandmother.

### Foster Care Placement History

On 1/13/20, the sibling's placement was transferred from a 1017 placement with the paternal grandmother to relative foster care after the grandmother completed her foster care certification. The parents completed substance abuse evaluations and



were not recommended for treatment. The parents engaged in mental health counseling and anger management services. The parents were receiving supervised visits and there were concerns reported by the supervising agency with the parents' care of the sibling. ECDSS and the involved contract agencies provided the family with case management services, transportation, holiday meals and gifts, referrals for services and phone calls and home visits. At the time of the birth of the subject child, ECDSS filed a Derivative Neglect and the child was placed in foster care with the grandmother. At the time this report was written, the family remained open with foster care services and the parents had requested to surrender their parental rights of the sibling and were in agreement with the permanency plan of adoption by the grandmother.

### 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:
09/05/2019	There was not a fact finding	Order of Supervision
<b>Respondent:</b>	056504 Mother Female 25 Year(s)	
<b>Comments:</b>		

#### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
09/05/2019	There was not a fact finding	Order of Supervision
<b>Respondent:</b>	056505 Father Male 29 Year(s)	
<b>Comments:</b>		

#### Criminal Charge: Endangering the welfare of a child Degree: NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
09/02/2019	Mother	Unknown	Probation
<b>Comments:</b>	The mother admitted to twisting the sibling's arm while frustrated with her which caused a spiral fracture. The mother was charged with endangering the welfare of a child and sentenced to 5 years probation.		

#### Have any Orders of Protection been issued? Yes

**From:** 09/05/2019 **To:** Unknown

**Explain:**  
The mother and father are required to have supervised visits with the 1-year-old sibling.

#### 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 there are no required actions related to the death of the child, to the CPS investigations conducted during the three years preceding the death or to the services case open at the time of the death.

**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