



**Report Identification Number: BU-21-031**

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

**Issue Date: Feb 25, 2022**

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:** 09/25/2021  
**Initial Date OCFS Notified:** 09/25/2021

## Presenting Information

An SCR report and a duplicate report were received that alleged on 9/25/21, the mother was sleeping with the 4-month-old infant in the mother's bed. Sometime prior to 5:20 AM, the mother rolled on the infant and the infant went into cardiac arrest. The infant was transported to the hospital and arrived at 5:20 AM. At 5:34 AM, the infant was pronounced deceased. The cause of death was cardiac arrest as a result of the mother sleeping in the same bed with him. The roles of the father and siblings, ages 8, 2, and 1, were unknown.

## Executive Summary

On 9/25/21, the Erie County Department of Social Services (ECDSS) received an SCR report and a duplicate SCR report alleging that the 4-month-old male infant went into cardiac arrest and died at 5:34 AM that morning, as a result of co-sleeping with the mother. At the time of the infant's death, he resided with his mother, father, and three siblings, ages 8, 2 and 1. The father of the three youngest children also had an 8-year-old daughter who resided with her mother and she visited the father often. The father of the oldest sibling lived nearby, and the sibling visited him every weekend.

ECDSS initiated their investigation timely, and they coordinated efforts with law enforcement. The investigation revealed that on the morning of 9/25/21, the mother was sleeping in her king-sized bed with the 2-year-old sibling. The father came home around 2:00 AM, and the mother woke up when he entered the bedroom. The infant started crying so the mother took him out of his crib and she handed him to the father, then the mother went back to sleep. The father laid in bed and fed the infant a bottle, then he placed the infant on the bed between himself and the 2-year-old sibling, and he fell asleep. The mother woke up around 4:00 AM and she discovered the infant was on the bed. He had foam with blood coming from his nose and mouth and he was not breathing. The mother called 911 at 4:08 AM and she performed CPR. First responders arrived and performed life-saving measures and transported the infant to the hospital via ambulance. Hospital staff were unsuccessful in their attempts to resuscitate the infant and he was pronounced deceased at 5:35 AM.

The final autopsy report was pending at the time this report was written. The medical examiner reported the preliminary results appeared to be positional asphyxiation since there was no other explanation for the death and no evidence of trauma. The medical examiner said the infant "had foam in the windpipe that went into the tracheal tube. Several things can cause this and this finding is often found in cases of unintentional overlay, which was consistent with how the infant was found co-sleeping with others". No criminal charges had been filed, and the law enforcement investigation remained open pending the final autopsy results. Law enforcement officers reported that the incident appeared to be accidental.

ECDSS implemented a temporary safety plan that the two youngest siblings stayed with the paternal grandmother and the oldest sibling stayed at his father's home until additional information could be gathered about the incident. The surviving children were assessed to be safe in the care of their parents and the safety plan was discontinued. ECDSS offered bereavement services and funeral assistance to the family, but they declined.

ECDSS substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the father. He was aware of safe sleep guidelines and that the infant usually slept in his crib. He failed to exercise a minimum degree of care by placing the infant in an unsafe sleep environment with blankets, pillows, two adults and the 2-year-old sibling, and the infant died as a result. ECDSS unsubstantiated the allegations against the mother. The mother was asleep and not aware that the father placed the infant in an unsafe sleep environment in the parents' bed and the infant usually slept in his crib. The case was closed on 11/22/21.



## 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:

Safety Assessments were completed timely and accurately. The case was appropriately indicated and 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: 09/25/2021

Time of Death: 05:35 AM

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

Unknown



County where fatality incident occurred: Erie  
 Was 911 or local emergency number called? Yes  
 Time of Call: 04:08 AM  
 Did EMS respond to the scene? Yes  
 At time of incident leading to death, had child used alcohol or drugs? N/A

**Child's activity at time of incident:**

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

Did child have supervision at time of incident leading to death? Yes  
 How long before incident was the child last seen by caretaker? 1 Hours  
 At time of incident was supervisor impaired? Not impaired.

**At time of incident supervisor was:**

- Distracted
- Absent
- Asleep
- 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	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Other Household 1	Other Adult - Oldest Sibling's Father	No Role	Male	28 Year(s)

### LDSS Response

ECDSS initiated their investigation into the infant's death upon receipt of the SCR reports on 9/25/21. They reviewed SCR history, notified the DA's office of the infant's death, and they spoke to the sources of the reports, law enforcement, the medical examiner, EMS, the pediatrician, daycare staff, and several relatives. Law enforcement, pediatrician, and hospital records were reviewed. ECDSS conducted home visits and they interviewed the parents, the oldest sibling, the oldest sibling's father, the father's 8-year-old child, and the 8-year-old child's mother. Fatality reports, Safety Assessments and the RAP were completed timely and accurately, and Notice of Existence was provided to all required adults timely.

Through interviews with the parents, it was learned that the infant was healthy and developmentally on target. Every night, the infant slept in his crib in the parent's bedroom. The three siblings usually fell asleep in their own beds and the two youngest siblings got into the parents' bed during the night. The parents' king-sized bed had a fitted sheet, several pillows and a blanket on it. On 9/24/21, the father left the home around 7:00 PM. Around 12:00 AM, the mother laid in bed with



the two youngest siblings, and they watched a movie until they fell asleep. At that time, the infant was sleeping in his crib and the oldest sibling was sleeping in his bedroom. The mother woke up when the father came home around 2:00 AM, and she noticed the 1-year-old sibling was no longer in the bed. The infant started crying so the mother took him out of his crib and handed him to the father, then the mother went back to sleep. The father laid in bed with the 2-year-old sibling between himself and the mother, and he watched television while he fed the infant a bottle. He laid the infant on the bed between himself and the sibling at 2:20 AM, and the father fell asleep around 2:45 AM. The mother woke up around 4:00 AM, and she saw that the infant was in the bed and he had foam with blood on his nose and mouth. The mother denied that she rolled over on the infant since she was a light sleeper. The mother woke the father up and she called 911. The 1-year-old sibling came into the bedroom while the mother was giving the infant CPR. The father went across the hall to the maternal aunt's apartment to inform her about the incident and the aunt watched the siblings while the parents went to the hospital.

The oldest sibling reported that the infant passed away since he was not breathing. He provided no additional details about the incident and he reported no concerns for himself or his siblings. The mother and the oldest sibling's father reported that the oldest sibling was crying and upset following the incident. They declined counseling services for the sibling at that time; however, they reported they would seek counseling services in the future if they deemed it necessary. The father's other child and her mother reported no concerns and they declined having any service needs.

Collateral contacts had no concerns for the parents' care of the children. Pediatrician records showed that the children were up to date with well-child visits and immunizations. The infant was last seen on 8/31/21, and there were no concerns noted.

**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 referred to an OCFS approved Child Fatality Review Team?** Yes

**Comments:** The fatality was referred to an OCFS approved Child Fatality Review Team.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059487 - Deceased Child, Male, 4 Month(s)	059488 - Mother, Female, 31 Year(s)	DOA / Fatality	Unsubstantiated
059487 - Deceased Child, Male, 4 Month(s)	059488 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
059487 - Deceased Child, Male, 4 Month(s)	059489 - Father, Male, 30 Year(s)	DOA / Fatality	Substantiated
059487 - Deceased Child, Male, 4 Month(s)	059489 - Father, Male, 30 Year(s)	Inadequate Guardianship	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

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



During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
The family was referred for bereavement services but they declined.

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No**

**Explain:**

The family declined services for the surviving children.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**

ECDSS referred the family for bereavement services and funeral assistance, but they declined needing any services at that time.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** No
- Was the child acutely ill during the two weeks before death?** No

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- 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 neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

## 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)
01/24/2021	Other Child - Other Child , Female, 7 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - Other Child , Female, 7 Years	Other Adult - Other Child's Mother , Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Other Child , Female, 7 Years	Father, Male, 29 Years	Sexual Abuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged that on more than one occasion, the father sexually abused his other child, 7-years-old at the time. The mother of the other child left her in the care of an adult who had sexually abused other children in the past.

**Report Determination:** Unfounded**Date of Determination:** 03/01/2021**Basis for Determination:**

The allegations were unsubstantiated due to a lack of credible evidence. An inappropriate photo of the other child was found on the other child's phone. The other child disclosed that the oldest sibling took the photo of her because he was curious. The oldest sibling confirmed this. ECDSS spoke to the father and the other child's mother about supervision based on previous concerns for the oldest sibling. The father and the other child's mother denied that the children were cared for by anyone inappropriate and the father denied sexually abusing the child. The law enforcement investigation was closed with no charges filed and both children were referred for mental health counseling.

**OCFS Review Results:**

ECDSS initiated the investigation timely and they contacted the source of the report. Home visits were conducted and the safety of the children was assessed at the father's home, the mother's home, and the other child's home. All adults and children were interviewed and Notice of Existence was provided timely. Safety Assessments and the RAP were completed timely and accurately. Relevant collaterals were contacted, including law enforcement, school staff and the children's pediatricians.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/02/2019	Sibling, Male, 5 Years	Other Adult - Oldest Sibling's Father , Male, 25 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 5 Years	Other Adult - Oldest Sibling's Father's Partner, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged that the oldest sibling's father had sex with his partner in the presence of the oldest sibling and on 12/20/18, the oldest sibling touched a female child's genitals on the outside of her clothes.

**Report Determination:** Unfounded**Date of Determination:** 04/02/2019**Basis for Determination:**

The allegations were unfounded due to a lack of credible evidence. The oldest sibling was suspended from school for acting out sexually towards another student. During a forensic interview, he disclosed that he saw his father and his father's partner having sex but he denied that the adults were aware he saw them. The sibling denied sexual abuse by an adult. The sibling's father and his partner denied knowledge of the sibling witnessing them engaged in sexual activity and they denied that the sibling had ever acted out sexually prior to the incident at school.

**OCFS Review Results:**

ECDSS conducted home visits at the mother's and sibling's father's homes. They interviewed the mother, maternal



grandmother, the sibling, his father, and his father's partner. The now 2-year-old sibling was born during the investigation and she was assessed to be safe. Safe sleep education was provided to the mother and a safe sleep environment was observed. ECDSS completed Safety Assessments and the RAP timely and accurately. Relevant collaterals were contacted.

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

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

An SCR report dated 3/19/18 was unsubstantiated against the mother (with the role as daycare provider) for the allegations of IG, L/B/W and LS regarding a child at the daycare.

### Known CPS History Outside of NYS

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

### 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