



**Report Identification Number: BU-22-019**

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

**Issue Date: Jan 24, 2023**

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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 14 day(s)

**Jurisdiction:** Erie  
**Gender:** Male

**Date of Death:** 08/23/2022  
**Initial Date OCFS Notified:** 08/23/2022

## Presenting Information

An SCR report alleged on 8/23/22, around 8:00 AM, the mother fed the 2-week-old infant, put him down in his bassinet, and left the room. The mother placed the infant on his back and there was nothing else in the bassinet. The mother returned at some point and found the infant unresponsive. The mother and maternal grandmother attempted CPR and called 911. Emergency medical technicians responded and transported the infant to the hospital. The infant was later pronounced dead and the mother and grandmother had no explanation for why the otherwise healthy infant died. The role of the 4-year-old sibling was unknown. A second SCR report was received regarding the infant's death on 8/24/22. The SCR report additionally alleged the mother abused medication such as Suboxone, Xanax, and anxiety medications while the sibling was in her care. The mother took the sibling to various stores while she was impaired and she committed larceny. The fathers of the sibling and infant had unknown roles.

## Executive Summary

The Erie County Department of Social Services (ECDSS) received SCR reports on 8/23/22 and 8/24/22 regarding the death of the 2-week-old male infant. In addition to concerns regarding the unexplained death of the infant, it was also alleged the mother used illegal drugs, misused prescription medication, and committed larceny in the presence of the 4-year-old sibling. At the time of the infant's death, he resided with his mother, 4-year-old sibling and maternal grandparents. The sibling was assessed to be safe in the mother's care. The infant's father did not reside in the home, and he had only seen the infant once since his birth. The father had additional children, ages 9, 7, and 2, who resided with their mother and a 14-year-old child that resided with her mother. The four children were assessed to be safe, and they denied having had any contact with the infant. The sibling's father did not visit the home or have current visitation with the sibling.

Through a joint investigation with law enforcement it was learned, on 8/23/22, the mother awoke around 8:00 AM and she breastfed the infant. She then swaddled the infant and placed him on his back in a bassinet for 10-15 minutes while she used the bathroom. When she returned to the bedroom, she found the infant unresponsive. The mother brought the infant downstairs to the maternal grandmother, they immediately called 911 at 8:34 AM, and performed CPR until first responders arrived and took over. The infant was transported to the hospital via ambulance, where efforts to revive the infant were unsuccessful and he was pronounced deceased.

An autopsy was performed, and the results were pending at the time this report was written. The medical examiner reported there was no trauma found. The infant was determined to be dehydrated with no milk in the infant's stomach or gastrointestinal tract, but he was not in starvation. The medical examiner reported concerns the mother may have fallen asleep while feeding the infant or the infant may have been in an unsafe sleep environment at the time of the incident. The law enforcement investigation remained open pending the final autopsy results.

ECDSS unsubstantiated the allegations against the mother based on a lack of evidence that the mother's actions caused the infant's death and as the final cause of death had not been determined. There was no evidence gathered to support that the mother was co-sleeping with the infant at the time of the incident or that she had committed larceny in the presence of the sibling. The mother's treatment providers confirmed that the mother was engaged in mental health treatment and compliant with medication assisted treatment for opiate dependence. Records showed the mother tested positive for a nonprescribed medication and fentanyl in April 2022, but she had not tested positive since that date. ECDSS referred the family for grief services. The mother remained engaged in mental health and drug treatment services and the sibling



engaged in play therapy. It remained unknown if the father engaged in grief services at the time the case closed.

## 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:

The case was appropriately unfounded and closed based on evidence gathered.

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 case circumstances.

## 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: 08/23/2022

Time of Death: Unknown

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

Unknown



County where fatality incident occurred: Erie  
 Was 911 or local emergency number called? Yes  
 Time of Call: 08:34 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

**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	14 Day(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	60 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	59 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Other Household 1	Father	No Role	Male	33 Year(s)
Other Household 2	Other Adult - Sibling's Father	No Role	Male	23 Year(s)

**LDSS Response**

ECDSS investigated the infant's death by reviewing SCR history, notifying the District Attorney's office of the death, and speaking to the sources of the reports, law enforcement, fire department staff, hospital staff, the medical examiner's office, and the mother's medical doctor, mental health counselor, and drug treatment provider. Home visits were conducted, and the mother, grandparents, sibling, father, and the father's other children were interviewed. Safety Assessments and fatality reports were completed timely, and the case was determined within the required timeframe.

The mother's home was assessed to be safe. A bassinet was observed in the mother's bedroom, which contained a fitted sheet. Attempts to conduct a full interview with the sibling were unsuccessful; however, the sibling reported that he slept in his bedroom and the infant slept in a bassinet in the mother's bedroom.

The mother stated that the infant was healthy, and he was solely breastfed. She was aware of safe sleep guidelines, and she said the infant always slept in the bassinet in her bedroom. She denied falling asleep while feeding the infant or co-sleeping with the infant at any time. The mother additionally denied that she used illegal drugs, misused prescription medication, or committed larceny in the presence of the sibling. The mother stated that she and the children arrived home around 11:00 PM on 8/22/22 and she put the sibling to bed. She then breastfed the infant, swaddled him with an infant swaddle blanket and placed him on his back to sleep in the bassinet with no other items. She woke up and breastfed the infant at 3:00 AM, changed his wet diaper, then swaddled him and returned him to the bassinet to sleep. She awoke



between 7:30-7:45 AM and she breastfed the infant but did not change his diaper since it was not wet at that time. She swaddled the infant and placed him back in the bassinet while she used the bathroom. She returned 10-15 minutes later, and she saw that the infant's chest was not rising. She rushed the infant downstairs, and the grandmother began CPR.

The grandparents had no concerns for the mother's mental health, and they confirmed the mother was engaged in counseling. They denied that the mother used illegal drugs or misused prescription medication and they had no concerns for her care of the children. They said the mother was the primary caretaker of the infant, and the infant always slept in the bassinet in the mother's bedroom. The grandmother said that on 8/22/22, the mother and children got home around 11:00 PM and both children appeared fine at that time. The mother came downstairs around 8:00 AM and said the infant was not breathing. She and the mother called 911 and followed the dispatcher's instructions for CPR until EMS arrived. She said the sibling slept through the incident.

The grandfather said he left the house around 5:00 AM to go to work and the other household members were still sleeping. He received a text message from the mother around 8:15 AM asking if the sibling could come to work with him as usual and he replied that he couldn't come on that date. About 10 minutes later he saw an ambulance parked in front of the home. He ran home and found out the infant was not breathing. The mother and grandmother went to the hospital, and they later contacted him and told him the infant had passed away.

Pediatrician records showed the infant was in the Neonatal Intensive Care Unit for one day after birth for fluid concerns with his lungs. He was discharged home in good health. The infant was seen for his first well visit on 8/18/22 and there were no concerns. Law enforcement stated that when they arrived, the mother appeared sober and there were no injuries or trauma noted. The officer said the mother made comments that she laid down with the infant after breast feeding him, she got up to use the bathroom, then she found the infant unresponsive.

### 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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
062430 - Deceased Child, Male, 14 Days	062431 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
062430 - Deceased Child, Male, 14 Days	062431 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
062430 - Deceased Child, Male, 14 Days	062432 - Grandparent, Female, 60 Year(s)	DOA / Fatality	Unsubstantiated
062430 - Deceased Child, Male, 14 Days	062432 - Grandparent, Female, 60 Year(s)	Inadequate Guardianship	Unsubstantiated
062430 - Deceased Child, Male, 14 Days	062433 - Grandparent, Male, 59	DOA / Fatality	Unsubstantiated



Days	Year(s)		
062430 - Deceased Child, Male, 14 Days	062433 - Grandparent, Male, 59 Year(s)	Inadequate Guardianship	Unsubstantiated
062434 - Sibling, Male, 4 Year(s)	062431 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
062434 - Sibling, Male, 4 Year(s)	062431 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated

## 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
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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:**  
 Risk was adequately assessed and the family was referred for grief services. The mother remained engaged in mental health and drug treatment services.

### 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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The sibling engaged in play therapy following the infant's death.

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

Explain:

The mother engaged in grief therapy through her established mental health treatment provider.

### 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
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



# Child Fatality Report

- Had a positive toxicology at the time of delivery     Used prescription drugs  
 Used marijuana     Was not noted in the case record to have any of the issues listed

**Infant was born:**

- With a positive toxicology     With fetal alcohol effects or syndrome  
 Exhibiting withdrawal symptoms     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)
07/25/2022	Sibling, Male, 4 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 4 Years	Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the father assaulted the mother and the parents engaged in sexual activity in the presence of the sibling. The family's living situation was not stable and they had lived out of the car from time to time with the sibling. The mother suffered from anxiety and depression and was not taking her prescribed medication due to being pregnant. The mother was mentally unstable and recently threatened to kill herself in the sibling's presence.

**Report Determination:** Unfounded

**Date of Determination:** 09/09/2022

**Basis for Determination:**

The investigation revealed the mother did have a mental health diagnosis that she was receiving treatment for and it was managed without medication. There was no evidence the mother was suicidal. The mother and father said they separated in April, therefore the father was no longer considered a person legally responsible for the sibling. The parents denied the father was aggressive towards the mother and there had been no law enforcement involvement. The mother and sibling resided with the maternal grandparents and the home was assessed to be safe. The infant was born during the investigation and passed away. The infant's death was subsequently reported and investigated.

**OCFS Review Results:**

Safety Assessments and the RAP were completed timely and accurately. A home visit was conducted, the mother and maternal grandparents were interviewed, and attempts to interview the sibling were unsuccessful. Safe sleep guidelines were discussed with the mother and grandparents and baby supplies were observed. The sibling's father, his partner, and the father were interviewed. Attempts were made to see the infant after discharge from the hospital and prior to his death; however, the mother said she was busy attending doctor's appointments for herself and the infant. Relevant collaterals were spoken to, including the mother's mental health counselor, the pediatrician, and law enforcement.

**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)
02/06/2022	Sibling, Male, 3 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Years	Father, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 27 Years	Lack of Supervision	Unsubstantiated	

**Report Summary:**

Two SCR reports alleged the mother had severe mental health issues. She medicated the oldest sibling with Benadryl and left him in the home unsupervised for extended periods when she had a mental breakdown. The mother and father engaged in sexual acts in the presence of the sibling. As a result of witnessing the sexually inappropriate behavior, the



sibling was touching himself in a sexual manner. The mother stole from department stores and brought the sibling with her to participate in the illegal criminal activity. The father was physically and verbally abusive towards the mother in the presence of the sibling.

**Report Determination:** Unfounded

**Date of Determination:** 03/10/2022

**Basis for Determination:**

The investigation found that the mother did not have severe mental health issues as alleged and she had been engaged in counseling since January 2021. There was no evidence the mother left the sibling in his bedroom for long periods, that the parents were engaging in sexual activity in the presence of the sibling, or that the sibling displayed sexual behavior. The mother did not have any prior arrests regarding stealing from stores. There was no evidence the father was physically violent toward the mother; however, the father was found to have a history of physically assaulting the mother of his other children and he had been arrested for assaulting her and violating an order of protection.

**OCFS Review Results:**

The parents were interviewed and the sibling was minimally verbal. The mother would not allow ECDSS into the apartment and a legal consultation was done. Notices of Existence were provided to the parents and sibling's father and the sibling's father was interviewed. The mother and sibling moved into the maternal grandparent's home, which was assessed to be safe. The mother was offered services and she declined. Relevant collaterals were contacted, including the pediatrician, law enforcement, the sibling's preschool staff, the mother's mental health provider and the father's parole officer. The mother was provided with safe sleep education regarding the unborn infant.

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

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

There was no CPS investigative history more than three years prior to the fatality.

**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