



Report Identification Number: BU-22-023

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

Issue Date: Mar 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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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		



Case Information

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

Jurisdiction: Erie
Gender: Male

Date of Death: 10/15/2022
Initial Date OCFS Notified: 10/15/2022

Presenting Information

The SCR report alleged that on 10/14/22, at 10:30PM, the mother and father went to bed in their bedroom. The parents put the SC in bed with them. The parents woke up at an unknown time and observed the SC to be pulseless. It was believed the unsafe sleep situation could have contributed to the SC's death. The father contacted 911 at 10:37AM and emergency medical services arrived at the home at 10:39AM. The SC was pronounced deceased at the home. The SC was in rigor mortis, which indicated the SC had passed at least several hours prior.

Executive Summary

This fatality report concerns the death of the 4-month-old male subject child that occurred on 10/15/22. The SCR report contained allegations of Inadequate Guardianship and DOA/Fatality against the mother and father. At the time of his death, the subject child resided with his mother, father, 1-year-old surviving sibling, and paternal grandfather in the grandfather's home.

Erie County Department of Social Services (ECDSS) completed collateral and casework contacts and learned that on 10/14/22, the mother and father put the subject child to sleep at the foot of their adult-sized bed around 10:00PM. The mother, father, and sibling were also sleeping in the parent's bed. The father awoke around 10:30AM on 10/15/22 and observed the subject child face-down on a pillow that was wedged into a crack between the wall and bed frame. The father picked the subject child up and noticed he was cold. The father began screaming, which woke the mother up. The mother and father called 911, and both attempted cardiopulmonary resuscitation. Emergency medical services arrived and continued life-saving measures; however, were unsuccessful and the subject child was pronounced deceased at the home.

An autopsy was performed, and the final cause and manner of death were pending at the time the CPS investigation was closed. The preliminary findings from the medical examiner showed no signs of trauma or injuries to the subject child. The medical examiner noted the subject child had a pulmonary stenosis in his heart, but this was unlikely to be related to the subject child's cause of death. The medical examiner, though unofficial, believed the fatality was related to unsafe sleep circumstances. Law enforcement did not suspect there was criminality related to the subject child's death, and no charges were pending.

Bereavement services were offered to the family and declined. The father was completing a mental health and substance abuse evaluation as a condition of his probation from a criminal charge unrelated to the fatality. The mother declined mental health and domestic violence services, as it was learned there was a history of domestic violence perpetrated by the father. The 1-year-old sibling was assessed to be safe in the mother and father's care. The allegations of Inadequate Guardianship and DOA/Fatality were substantiated against the mother and father. ECDSS determined the mother and father put the subject child in an unsafe sleep environment by placing the child on his stomach at the end of an adult-sized bed with a pillow. The CPS investigation was indicated and closed on 12/9/22.

PIP Requirement

For citations identified in historical cases, ECDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) ECDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ECDSS will review the plan and revise as needed to address ongoing concerns.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

ECDSS made an appropriate determination based on evidence gathered throughout the investigation.

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: 10/15/2022

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:

10:37 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested 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	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	62 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)

LDSS Response

Upon receipt of the SCR report, ECDSS coordinated their investigation with law enforcement, spoke with collateral sources, notified the DA's office, interviewed the parents and grandfather, and conducted a home visit to assess the 1yo SS.

ECDSS interviewed the SM and SF separately and learned that on 10/15/22, both children went to bed around 10:00PM. The SM stated the SC initially fell asleep next to the parents, but before the parents laid down to watch a movie, the SM moved the SC to the foot of the bed where he usually slept and placed the SC on his stomach. The SM stated the SC slept at the foot of the bed to prevent the parents from rolling onto him. The SM noted there was a space where the wall and bed did not touch, and the parents would put a pillow to fill the crack. The SM stated the parents and SS slept in the same bed as the SC. The SF was lying on the outside of the bed, the SM in the middle, and the SS against the wall. The SM and SF fell asleep around 11:00PM, and the SF awoke after 10:00AM on 10/15/22. The SF reported that the SS was awake and sitting up in bed. The SF stated the SC's body did not look right, and he was face-down on the pillow that was stuffed in the crack between the bed and the wall. The SF picked the SC up, felt that the SC was cold, and began screaming. The SM woke up from the SF screaming and observed the SC to be lifeless and pale. The SM called 911, and both parents attempted CPR. The SM stated she knew the SC was already deceased; however, she continued to attempt CPR until EMS arrived. The SM observed "orange stuff" coming from the SC's nose. EMS attempted life-saving measures; however, the SC was already in rigor mortis and was pronounced deceased at the home. The grandfather was interviewed but was not home at the time of the incident and therefore did not have any information regarding the circumstances surrounding the SC's death.

No safe sleep provisions were observed in the home by ECDSS, LE or EMS. The parents reported they had a crib when



they previously resided with the paternal grandmother but did not take it when they moved in with the grandfather. The SM and SF confirmed they were aware of safe sleep guidelines but did not think something like this could happen.

ECDSS learned through medical records and interviews with the parents that the SC had a heart murmur. The SC had been referred to a pediatric cardiologist, and the SM reported an appointment was scheduled with the cardiologist for 10/19/22. The SC had no other noted health conditions. After the death of the SC, the SS was evaluated by medical personnel, and no medical concerns were 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: Erie County referred this fatality to their OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
063075 - Deceased Child, Male, 4 Mons	063077 - Father, Male, 28 Year(s)	DOA / Fatality	Substantiated
063075 - Deceased Child, Male, 4 Mons	063077 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
063075 - Deceased Child, Male, 4 Mons	063076 - Mother, Female, 20 Year(s)	DOA / Fatality	Substantiated
063075 - Deceased Child, Male, 4 Mons	063076 - Mother, Female, 20 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

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 Risk Assessment Profile reflected a history of domestic violence perpetrated by the SF, substance use, and mental health diagnoses. The SM refused domestic violence and mental health services. The SF was in the process of



completing a substance abuse and mental health evaluation as part of his probation conditions.

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 as a result of information uncovered during the fatality investigation?	<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 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 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"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

Grief services were offered to the family; however, due to the age of the SS, services were not determined to be necessary.

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

Explain:

Bereavement services and mental health counseling were offered to the family, but declined. The SF was in the process of completing an evaluation for mental health services as part of his probation requirements.

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

Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none 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)
12/08/2021	Sibling, Female, 11 Months	Father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 11 Months	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The SCR report alleged the SF had a history of perpetrating physical altercations against the SM in the presence of the



then 11-month-old SS. On 12/7/21, the family returned home from a local restaurant, the SF went into the bathroom, and when the SF came out he physically assaulted the SM and charged toward her. The SM grabbed the SS and went outside. The SF locked the SM and SS out of the home for an unknown length of time in cold weather. The SM had to plead for the SF to have a relative pick her and the SS up.

Report Determination: Unfounded **Date of Determination:** 12/28/2021

Basis for Determination:
ECDSS unsubstantiated the allegations noting that through home visits, interviews with relative parties and collateral sources, there was no credible evidence to support the allegations. The SM and SF denied a physical altercation took place between them and denied the SF kicked the SM out of the home. The SM, SF, and SS were staying with paternal grandparents and looking for an apartment. SS appeared safe and appropriately cared for. The pediatrician had no concerns for the SS.

OCFS Review Results:
ECDSS completed the investigation and met all regulatory requirements.

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)
01/11/2021	Sibling, Female, 25 Days	Mother, Female, 18 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Female, 25 Days	Mother, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 25 Days	Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 25 Days	Father, Male, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 25 Days	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 25 Days	Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:
The SCR report alleged the home posed a health and safety risk to the then 15-day-old SS. There were 12 dogs that urinated and defecated in the home, which was not cleaned timely and caused an odor. The floors were exposed hardwood, and there was hazardous material. Multiple rooms ceilings were unfinished, with no coverings and exposed wire. The front door was broken and unable to be locked. The SF sold drugs from the home, which the SM knew and did not intervene. The SM and SF abused alcohol and marijuana daily in the presence of and while being the sole caretakers for the SS. The SM blacked out and could not adequately care for the SS when impaired, and the SF became violent with others.

Report Determination: Unfounded **Date of Determination:** 02/24/2021

Basis for Determination:
ECDSS determined the home met minimal standards. The SF admitted the family's 10 dogs defecated in a spare room, but he cleaned it and the SS did not have access to the room. Kitchen tiles were missing from the ceiling; however, did not pose a safety risk. The family used the stove and an electric heater to heat the home; this was addressed, and the heat was fixed. The front door was kicked in by the SF's ex, but it was able to lock. The SF was on house arrest for a pending weapon charge and had criminal history, but there was no record the SF sold drugs from the home. The SF used marijuana in the past, but SF and SM denied current substance use or DV. The collaterals had no concerns.

OCFS Review Results:



ECDSS initiated their investigation within 24 hours, contacted collateral sources, and interviewed the SM and SF. ECDSS completed a CPS history check and conducted home visits. While safety was assessed during the investigation for the SS, ECDSS noted in their Safety Assessments that there were safety factors present, despite the record reflecting that there were not safety concerns for the SS. ECDSS learned that the SF possibly had another child; however, there was no documentation that this was further discussed with the SF to determine if the SF had contact with that child and if it was necessary for ECDSS to assess for that child's safety.

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

Issue:
Timely/Adequate Seven Day Assessment

Summary:
The 7-Day Safety Assessment and Investigation Determination Safety Assessment documented safety factors existed related to substance use and the condition of the home; however, the record reflected that there were no safety concerns for the SS. The SF denied current substance use and the home was assessed to be safe for the SS.

Legal Reference:
SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:
ECDSS will document and approve all assessments and accurately reflect the safety factors that are present, along with any safety plan that has been devised.

Issue:
Pre-Determination/Assessment of Current Safety/Risk

Summary:
Interviews with the SF lacked key safety-related questions. ECDSS learned that the SF possibly had another child outside of the home; however, the record did not reflect that this was further explored with the SF to determine if the safety of that child needed to be assessed during the investigation.

Legal Reference:
18 NYCRR 432.2 (b)(3)(iii)(b)

Action:
ECDSS will incorporate key safety-related questions as they pertain to case circumstances. The victim child(ren) and every other child in the household should be interviewed prior to closing the investigation.

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.

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. Unfortunately, we must concur with the reviewer's findings relative to the SCR report dated 1/11/2021. Specifically, we acknowledge that the 7-Day Safety Assessment and the Investigation Determination Safety Assessment documented safety factors that were not then supported within the content of the investigation or progress notes. Additionally, ECDSS acknowledges that the interviews with the subject father did not fully explore the existence of and access to another child outside of the home and the safety of that child. We do, note, however, that information in the SCR report stated that the mother of this other child reported that the father had no access to the other child by virtue of an Order of Protection, and nothing in the subsequent investigation reflected that there were any other children residing in the father's home or having access to the home. All of the above identified required actions are currently being reviewed and addressed through a consolidated Program Improvement Plan (PIP) with the assistance and support of the Buffalo Regional Office of OCFS. Additionally, the specifics of these citations will be addressed with the investigating caseworker and their supervisor.

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