



Report Identification Number: BU-22-034

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

Issue Date: Jun 08, 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: 3 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 12/13/2022
Initial Date OCFS Notified: 12/13/2022

Presenting Information

On 12/13/2022, Erie County Department of Social Services (ECDSS) received an SCR report regarding the death of the 3-month-old subject child. The subject child was found blue and unresponsive by the mother on 12/10/2022. The mother contacted 911 and the subject child was transported to the hospital. The child was placed on life support; however, passed away at about 1:30 AM on 12/13/2022, when removed from life support systems. The roles of the father and the 17, 9, and 4-year-old, surviving siblings were unknown.

Executive Summary

This report regards the death of the 3-month-old subject child which occurred on 12/13/2022. Initial and subsequent SCR reports were received on 12/10/2022, after the subject child was found unresponsive, transported to the hospital, and placed on life support systems. A further subsequent SCR report was received 12/13/2022, after the subject child was pronounced deceased at the hospital. At the time of his death, the subject child resided with the mother and 19, 17, 9, and 4-year-old siblings. The subject child visited regularly with his father who resided elsewhere.

On the morning of 12/10/2022, the 19-year-old sibling discovered the subject child unresponsive and not breathing and called 911. Emergency Medical Services responded to the home and provided life saving measures to the subject child who was transported, along with the mother, to the hospital. ECDSS documented multiple discrepancies between the timelines of events provided by the family members who were interviewed during the investigation and those of law enforcement and emergency medical providers who responded to the home on the morning of 12/10/2022.

At the hospital, the subject child was placed on life support systems and a series of brain death examinations were completed which showed no brain activity. The subject child was removed from life support systems on 12/13/2022 and declared deceased at 1:18 AM. The hospital physician stated there was no evidence of abuse or trauma to the subject child and their initial impression was that the subject child died of SIDS.

An autopsy was completed on 12/13/2022. The medical examiner reported no concerns for abuse and stated the preliminary cause of death was poor cardiac function and poor oxygen to the brain. The medical examiner was unable to determine if an unsafe sleep environment was a factor in the death of the subject child. The official cause and manner of death, as well as the final autopsy report and death certificate, were pending at the time this report was written. Law enforcement conducted an investigation and found no evidence of abuse or criminality related to the death of the subject child.

The allegations of DOA / Fatality and Inadequate Guardianship were unsubstantiated against the mother. ECDSS noted in their investigation conclusion narrative that there was not a preponderance of evidence to support that the subject child's death was the result of abuse or neglect.

ECDSS offered services to the family regarding the fatality. The mother accepted grief counseling services for herself and on behalf of the surviving siblings. All other services were declined.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

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

Determination:

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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

ECDSS conducted an investigation that met regulatory requirements, assessed for safety as needed, and provided appropriate referrals.

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: 12/13/2022

Time of Death: 01:18 AM

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

12/10/2022

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

Unknown

County where fatality incident occurred:

Erie

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

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

No

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

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|--|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Female | 3 Month(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 35 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 19 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 17 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 9 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 4 Year(s) |
| Other Household 1 | Other Adult - father of the 17yo sibling | No Role | Male | 40 Year(s) |
| Other Household 2 | Other Adult - father of the 4yo and 9yo siblings | No Role | Male | 34 Year(s) |
| Other Household 3 | Father | No Role | Male | 34 Year(s) |

LDSS Response

ECDSS initiated an investigation immediately upon receipt of the initial SCR report. ECDSS coordinated their investigative efforts with law enforcement, interviewed family members and pertinent collateral sources, and gathered information related to the fatality.

ECDSS interviewed the mother on multiple occasions during the investigation. The mother stated she placed the subject child to sleep on her back in her bassinet around 10:00 PM on 12/9/2022. The mother reported she woke around 6:00 AM on 12/10/2022, fed the subject child, and placed her back to sleep. The mother stated she woke again between 8:30 AM and 9:00 AM, checked the subject child, and found that she was not breathing. The mother claimed she contacted 911 and attempted CPR on the subject child.

ECDSS interviewed the 17-year-old sibling who stated she placed the subject child to sleep between 10:00 PM and 11:00 PM on 12/9/2022 and was the only person up with the child at that time. The 17-year-old sibling reported she placed the subject child to sleep on her back in her bassinet. She was awoken around 10:00 AM on 12/10/2022 by the sound of her 19-year-old sibling screaming and saying that the subject child was unresponsive. She reported she brought the subject child from the living room to the mother's bedroom and placed the child on the mother's bed. The 19-year-old sibling had called 911 and the operator directed the 17-year-old sibling to perform CPR. The 17-year-old sibling reported her mother was asleep in her bed, and was awoken by the commotion, but did not participate in the events as she was in shock.

ECDSS exhausted efforts to locate, contact, and interview the 19-year-old sibling. The 19-year-old sibling agreed to and subsequently canceled multiple appointments, left the home, and would not provide his locating information.



ECDSS interviewed the 9 and 4-year-old siblings at the home of their father. Neither child was present at the mother’s house at the time of the incident. The 4-year-old sibling reported the subject child would regularly sleep on a pillow in the mother’s bed with the mother. The 9-year-old sibling reported the subject child slept in her bassinet.

ECDSS interviewed law enforcement and emergency medical responders regarding the morning of 12/10/2022. The 17-year-old sibling told first responders she did not know what happened as she had been asleep and then asked first responders where her mother was. First responders stated the mother arrived at the home about 5 minutes after their arrival. The 19-year-old sibling’s phone was the origin of the 911 call. When first responders arrived, the subject child was found on the mother's bed along with comforters, a circular baby pillow, and a diaper bag. There was a wet spot on the bed and similarly, a wet spot was found on the floor of an adjacent room, next to an air pump. First responders noted the bassinet was filled with items and did not appear to be in use.

ECDSS questioned the mother regarding the discrepancies between her account and the accounts of the 17-year-old sibling and first responders. The mother changed her account and reported the 18-year-old sibling was the person that discovered the subject child unresponsive. The mother was adamant the subject child slept on her back in her bassinet overnight prior to her death. The mother reported she was in the home when first responders arrived and stated she believes the first responders saw a maternal aunt arrive, and mistook her for the mother.

ECDSS gathered information from schools and medical providers and learned there were no specific concerns for the subject child or surviving siblings in the care of the mother.

The father of the subject child was interviewed. The father did not reside in the home and was not in the home at the time of the fatality. The father reported no concerns for the mother’s care of the subject child and no knowledge of any issues for the subject child prior to her death.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

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 the Erie County Child Fatality Review Team.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|-------------------------------------|-------------------------|--------------------|
| 063528 - Deceased Child, Female, 3 Mons | 063529 - Mother, Female, 35 Year(s) | DOA / Fatality | Unsubstantiated |
| 063528 - Deceased Child, Female, 3 Mons | 063529 - Mother, Female, 35 Year(s) | Inadequate Guardianship | 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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"/> |

Additional information:

The 19-year-old sibling who was present in the home and was believed to be the person that discovered the subject child unresponsive declined to meet with or be interviewed by ECDSS. ECDSS made diligent efforts to engage the 19-year-old sibling.

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"/> |

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 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| | | | | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other, specify: Appliances

Additional information, if necessary:

ECDSS provided bereavement counseling and a referral for assistance with obtaining appliances for the family's new apartment.

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:

Bereavement services were provided to the family.

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

Explain:

Bereavement services were provided to the family.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

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) |
|--------------------|---------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 10/05/2021 | Sibling, Female, 16 Years | Mother, Female, 33 Years | Inadequate Guardianship | Unsubstantiated | No |

Report Summary:

The SCR report alleged the mother was unable to control the behaviors of the then 16-year-old sibling. As a result, the sibling was not consistently staying at the mother's home.

Report Determination: Unfounded**Date of Determination:** 12/10/2021**Basis for Determination:**

The investigation conclusion narrative noted the mother acted appropriately in attempting to plan for the safety of the sibling. The mother remained in contact with the sibling via telephone when she left the home and contacted the police when warranted. There was a warrant for the sibling and she was assigned a probation officer. The allegation of Inadequate Guardianship was unsubstantiated against the mother.

OCFS Review Results:

ECDSS initiated an investigation immediately upon receipt of the SCR report. ECDSS visited the home, interviewed the mother, and assessed the then 3 and 8-year-old sibling to be safe in the care of the mother. ECDSS interviewed the then 16-year-old sibling over a video-chat as she refused to meet in person or disclose her location to ECDSS. The then 16-year-old sibling reported she was safe and stated she refused to return home or attend school as she believed there was a warrant for her arrest and her probation officer had warned her she would be sent to jail. ECDSS made efforts to contact and interview the fathers of the siblings. Collateral sources were contacted as appropriate.

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) |
|--------------------|---------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 06/02/2020 | Sibling, Female, 15 Years | Mother, Female, 32 Years | Inadequate Guardianship | Substantiated | No |
| | Sibling, Female, 15 Years | Mother, Female, 32 Years | Lack of Medical Care | Unsubstantiated | |

Report Summary:

The SCR report alleged the mother kicked the then 15-year-old sibling out of the home in May of 2020 and did not make a plan for her care. The sibling remained out of the home and her whereabouts were unknown. The report further alleged the mother did not seek a mental health evaluation for the sibling.

Report Determination: Indicated**Date of Determination:** 07/22/2020**Basis for Determination:**

The allegation of Inadequate Guardianship was substantiated against the mother. ECDSS found that the sibling was previously in a placement facility and was returned to the mother under house arrest. The sibling left the home and was gone for over 2 weeks and the mother did not alert the probation department or other service providers. The allegation of Lack of Medical Care was unfounded against the mother. ECDSS found that the mother did schedule a mental health appointment for the sibling; however, the sibling refused to attend the appointment.

OCFS Review Results:

ECDSS initiated their investigation immediately upon receipt of the SCR report. Interviews were completed with the mother and the father of the then 15-year-old sibling. ECDSS met with and assessed for the safety of the then 17, 7, and 2-year-old siblings. Interviews were completed with appropriate collateral sources including the then 15-year-old sibling's probation officer. ECDSS made exhaustive efforts to meet with then 15-year-old sibling; however, sibling did not return to the mother's home and declined to meet with ECDSS. A legal consultation was completed and family court action was not pursued as the sibling was already on probation.

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



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

The mother was listed as a subject on a 10/16/2007 SCR report for substantiated allegations of IG and LSUP regarding the now 17 and 19-year-old siblings. The mother was arrested and charged with endangering the welfare of a child when law enforcement found the siblings (then 4 and 2-year-old) home alone. Law enforcement searched the neighborhood and could not locate the mother. The mother did not provide a credible explanation for her whereabouts. The case was indicated and the mother agreed to voluntary preventive services.

The mother was listed as a subject on 4 investigations from 2017 to 2019 for unsubstantiated allegations of IG, LS, IF/C/S, and L/B/W.

A 2014 SCR report listed the mother with no role. The allegation of IG was substantiated against a person unrelated to this report regarding the now 9-year-old sibling.

Known CPS History Outside of NYS

There was no known history outside of NYS.

Preventive Services History

A services case was opened 11/16/2007. The mother agreed to voluntary preventive services for herself and the then 4 and 2-year-old surviving siblings after an incident where she was arrested for leaving the children home alone and unsupervised. Daycare and case management services were provided to the family. The mother cooperated with service providers and there were no concerns for the children being unsupervised throughout the preventive services case. The mother requested the to end the services case and the case was closed 09/29/2008.

A services case was opened 12/14/2009. The mother requested voluntary preventive services for herself and the then 6 and 4-year-old surviving siblings. The mother was living with a relative due to issues with housing. ECDSS provided housing assistance and helped the family obtain necessities. The case was closed 06/17/2010.

A services case was opened 6/15/2018. The mother was having difficulty controlling the behaviors of the now 17-year-old sibling. Family support services were provided as well as wraparound and PINS services for the 17-year-old sibling. The case was closed 03/15/2019.

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