



Report Identification Number: BU-23-018

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

Issue Date: Nov 15, 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: 1 year(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 06/01/2023
Initial Date OCFS Notified: 06/01/2023

Presenting Information

On 6/1/23, the death of the 1-year-old subject child was reported to OCFS by the Erie County Department of Social Services (ECDSS) through the required 7065 Agency Reporting Form. The child was hospitalized on 5/28/23 after his foster mother brought him to the emergency department due to a high fever. The child became unresponsive while at the hospital and was placed on life support. On 6/1/23, the child was determined to be brain-dead and removed from life support.

Executive Summary

This fatality report is regarding a 1-year-old male child who was in foster care at the time of his death. The child resided with the foster parents and their three children, ages 10, 8 and 7-years-old. The subject child had a 2-year-old sibling who lived in a separate foster home. On 5/28/23, the foster mother brought the subject child to the hospital due to a fever. Upon their arrival, the child went into cardiac arrest and was eventually placed on life support. On 5/29/23, ECDSS received an SCR report which alleged that the foster mother delayed obtaining timely medical care for the child.

ECDSS made all necessary contacts with the foster family and collaterals to gather information related to the fatality. It was learned that the subject child was born prematurely at 26 weeks gestation. He was diagnosed with bronchopulmonary dysplasia and intestinal issues, requiring the placement of a gastrostomy tube. The subject child was hospitalized after his birth until he was discharged into the foster parents' care on 9/14/22. The foster parents received specialized medical training regarding the child prior to his discharge. It was learned that on 5/27/23, the subject child developed a fever and the foster mother alternated administering Tylenol and Motrin which helped break the fever temporarily. On 5/28/23, the child's fever returned and was much higher, so the foster mother and her adult daughter brought the child to the hospital. Upon arrival at the hospital, the child went into cardiac arrest. Life-saving measures were administered, and the child was revived but placed on life support. The child underwent brain death testing, and on 6/1/23 at 12:24 PM, he was declared deceased.

An autopsy was performed; however, the record did not reflect the final results were available at the time this report was written. The record did not reflect that law enforcement investigated the death. ECDSS gathered preliminary information from the Medical Examiner. The Medical Examiner reported that the child had no injuries, other than to the ribs from the child's organ donation. The child had three viruses and an infection in his intestinal tract. It was believed the child's death was due to a complication of his illnesses and possible sepsis. The Medical Examiner was unable to say if it would have made a difference if the child had been brought for medical care sooner. The Medical Examiner stated that based on the child's medical records the foster parents acted appropriately and took the child for necessary medical care.

The biological parents, foster parents, and surviving children were offered bereavement counseling, and burial assistance was provided in response to the fatality. The 2-year-old sibling continued to be placed in foster care and the services case remained open. The CPS investigation open at the time of the child's death was unfounded. The information gathered following the death did not support there was a concern for abuse or maltreatment of the subject child by the foster parents that would have contributed to the death or that there was any delay in obtaining medical attention for him.

Findings Related to the CPS Investigation of the Fatality

**Safety Assessment:**

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

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

Explain:

It was determined the child's death was not the result of maltreatment by the foster parents, therefore there was no SCR report regarding the fatality and the completion of safety assessment tools was not required.

Was the decision to close the case appropriate? N/A

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

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

Explain:

ECDSS gathered information regarding the death and documented supervisory conferences. The foster care case remained open regarding a sibling who continued to be in foster care.

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: 06/01/2023

Time of Death: 12:24 PM

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

05/28/2023

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

11:00 AM

County where fatality incident occurred:

Erie

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

 Playing Eating Unknown Other: In the emergency room**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	No Role	Male	1 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	51 Year(s)
Deceased Child's Household	Foster Parent	No Role	Male	42 Year(s)
Deceased Child's Household	Other Child - Foster Parents' Child	No Role	Female	10 Year(s)
Deceased Child's Household	Other Child - Foster Parents' Child	No Role	Male	8 Year(s)
Deceased Child's Household	Other Child - Foster Parents' Child	No Role	Male	7 Year(s)

LDSS Response

On 5/29/23, ECDSS was notified by an SCR report that the child was hospitalized after he was brought to the emergency department by the foster parent for a high fever and shortly thereafter went into cardiac arrest. ECDSS contacted the hospital, interviewed the biological parents and foster parents, assessed the safety of the surviving children, visited the hospital, spoke with the pediatrician, and offered services in relation to the death. ECDSS notified the Buffalo Regional Office of the death via the OCFS 7065 reporting form.

ECDSS interviewed the foster mother who reported that at daycare on 5/26/23, the foster mother noticed the child had a dime size dark-colored spit up on his bib. The foster mother took one of her children to the pediatrician that same day and made mention of the spit-up. The foster mother was told to monitor the child and notify the gastroenterology doctor if it persisted. On the evening of 5/27/23, the child developed a fever which the foster mother managed with over-the-counter medication. The child did not seem like himself, was screaming, and would not let the foster mother hold him. On the morning of 5/28/23 around 6:00 AM, the child's fever had broken; however, when his temperature was checked at 9:00 AM it had gone up to 102 degrees. The foster mother administered medication. At 11:00 AM, the child's temperature had increased to 105 degrees. The foster mother and her adult daughter immediately brought the child to the hospital. The foster mother denied the child was vomiting blood as alleged in the SCR report. The foster mother reported that she did not seek medical attention on 5/27/23 because she thought the child was only sick; however, when his symptoms worsened the following day, she sought immediate care.

ECDSS interviewed the foster parents' children. The 10 and 8-year-olds disclosed no safety concerns. They were aware the child was sick and confirmed he was brought to the hospital on 5/28/23 when he had a high fever. The children denied the child was throwing up or was sick prior to the day he was brought to the hospital. The foster parents' 7-year-old child would not speak with ECDSS; however, his teacher reported no concerns for his care. The children received medical examinations following the fatal incident and there were no concerns for their conditions. The biological parents were interviewed and had no concerns for the foster parents' care of their child. The safety of the 2-year-old sibling was assessed through the foster care case.

ECDSS gathered information from the child's medical team regarding his care and requested information regarding his



death. The child had been hospitalized multiple times and had several surgical procedures since birth. On 5/28/23, the child arrived at the emergency department active and stable. Shortly after, the child became unresponsive and lethargic. The child was intubated and admitted to the intensive care unit. The child's pediatrician confirmed the foster mother made mention of the child's spit-up on 5/26/23, and she was advised to monitor it and call the GI specialist if it persisted. The pediatrician reported there had never been concerns for the foster parents and they displayed very appropriate care of the children. It was reported the child's death was expected due to his medical conditions. ECDSS learned from the child's gastroenterologist and dietician that the child had not missed any appointments and the foster mother followed through with all medical recommendations.

The child's daycare reported the foster mother took good care of the child and there were no concerns regarding his health in the week leading up to his death. The foster care agency overseeing the foster home reported the foster mother was organized regarding the child's medical appointments and denied any concerns about the foster parents' care of the child.

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 referred to an OCFS approved Child Fatality Review Team? Yes

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input 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"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				



Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
As there was no SCR report surrounding the fatality, the completion of safety assessments was not required; however, ECDSO documented an assessment of the surviving children's safety following the death.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes
 Was the child acutely ill during the two weeks before death? Yes

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)
05/29/2023	Deceased Child, Male, 1 Years	Foster Parent, Female, 51 Years	Inadequate Guardianship	Unsubstantiated	No



Child Fatality Report

Deceased Child, Male, 1 Years	Foster Parent, Female, 51 Years	Lack of Medical Care	Unsubstantiated
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Report Summary:

An SCR report was received that alleged the subject child had medical concerns and was gastrostomy tube dependent. For several days, the child had vomit with blood in it and the foster mother was aware and failed to seek immediate medical treatment. On 5/28/23, the foster mother sought medical treatment and upon arrival to the hospital the child went into cardiac arrest. Toxicology screens were completed and showed the child had high levels of alcohol. The foster mother failed to provide a reasonable explanation for the child's levels. The child had a poor prognosis but was stabilized and was on life support.

Report Determination: Unfounded	Date of Determination: 07/24/2023
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Basis for Determination:

Inadequate Guardianship and Lack of Medical Care against the foster mother were unsubstantiated. The child was born with significant medical issues. There were no concerns disclosed by the child's medical providers. The medical examiner reported that it appeared from medical records the foster parents acted appropriately and took the child to the hospital every time the child was sick and to all medical appointments. It was believed the child's death was a result of the child's medical diagnosis. The positive toxicology for alcohol was a lab error.

OCFS Review Results:

ECDSS completed interviews with the foster parents, biological parents, and surviving children. Collateral contacts were made with the daycare, medical specialists, pediatrician, school staff, relatives, hospital staff, contract agency staff, law enforcement, and the Medical Examiner. ECDSS notified the Buffalo Regional Office regarding the death. Medical records were requested and documented within Connections. Supervisory consultation was documented throughout the investigation. ECDSS documented a thorough investigation into the circumstances of the death and made an appropriate determination of the allegations with the evidence gathered.

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)
09/09/2022	Deceased Child, Male, 7 Months	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 7 Months	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report alleged that the mother and father had six other children who were removed from their care due to neglect. On 1/12/22, the mother gave birth the the subject child. The child was born premature and required medical attention and services. The parents had been noncompliant with education on how to care for the child.

Report Determination: Indicated	Date of Determination: 10/06/2022
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Basis for Determination:

ECDSS substantiated Inadequate Guardianship against the parents. The parents had no adequate supplies for the child. The child had been in the hospital for 7 months prior to being released due to complications at birth. The child had a feeding tube attachment. The parents failed to cooperate in training nor did they show an understanding of proper care for the medically fragile child. The parents repeatedly came to the hospital smelling of marijuana. This had a negative impact on the child's health, which was noted by the nurses and the child's oxygen levels. The child was removed from the parents' care and placed in foster care

OCFS Review Results:

ECDSS gathered information from the parents and hospital, and it was determined that while the subject child was hospitalized, the parents did not show they were able to properly care for the child's medical needs. ECDSS filed a



neglect petition, and the child was removed and placed in foster care with siblings who were freed for adoption. ECDSS provided the caregivers with safe sleep guidance, completed home visits, spoke to the source, and documented supervisory consultation regarding the investigation.

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)
01/18/2022	Deceased Child, Male, 6 Days	Father, Male, 26 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 6 Days	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report alleged that the mother gave birth to the subject child on 1/12/22. The mother did not obtain prenatal care and did not care for her own health while pregnant. The mother was severely underweight and malnourished. The child was born at 26 weeks gestation. The mother was homeless and had no provisions for the child. The mother had other children who were removed and remained out of her care. The mother had not engaged in any services to address the concerns which led to the removal of her other children.

Report Determination: Indicated

Date of Determination: 04/04/2022

Basis for Determination:

ECDSS substantiated Inadequate Guardianship against the mother and father. The parents had no stable income or housing. The mother had not completed her previously court-ordered services and her other children were not in her care. The child remained in the hospital at case closure and would continue being monitored through the open services case.

OCFS Review Results:

ECDSS completed a CPS history check, spoke to the source, interviewed the parents, and spoke to collateral contacts. The child remained in the custody of the parents while hospitalized and a plan was made for the child to go to a relative once he was discharged from the hospital. ECDSS spoke to the hospital throughout the investigation regarding the status of the child. The preventive caseworker and CPS caseworker completed joint contact with the parents to discuss the services that needed to be completed for reunification with their children.

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)
02/25/2021	Sibling, Female, 1 Days	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 1 Days	Father, Male, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Days	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged that the mother gave birth to the 2-year-old sibling on 2/24/21. At the time of the sibling's birth, both she and the mother tested positive for marijuana. On 3/2/21, a subsequent report was received which alleged the same concerns.

Report Determination: Indicated

Date of Determination: 04/12/2021

Basis for Determination:

ECDSS substantiated Inadequate Guardianship against the parents. The parents had a history of non-compliance with court-ordered services regarding the removal of their 5 other children. The parents did not plan for the care of the child and did not have any supplies or stable housing. ECDSS unsubstantiated Parents Drug/Alcohol Misuse against the



mother as the sibling had no withdrawal symptoms or delays in regards to her health. The sibling was placed with a relative via a 1017 Direct Placement. The sibling was doing well and gaining weight.

OCFS Review Results:

ECDSS interviewed the parents, completed home visits and spoke to collateral contacts. A Plan of Safe Care was completed with the mother and safe sleep guidance was reviewed and provided to all the applicable caretakers of the sibling. It was determined the sibling was unsafe in the care of the parents and she was removed and placed with a relative. The parents were referred to a substance abuse and mental health assessment and an early intervention referral was completed regarding the sibling. The 7-day safety assessment and RAP were completed with accurate information. Notification letters were provided the the parents regarding the report and determination.

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 NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 03/04/2021

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The FASP was due on 3/27/23 and completed two days late on 3/29/23.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foster Care at the Time of the Fatality

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

Date deceased child(ren) was placed in care: 09/12/2022

Date of placement with most recent caregiver? 09/14/2022

How did the child(ren) enter placement? Court Order

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

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

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

Casework Contacts

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

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 03/21/2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was a check completed through the State Central Register? Date: 01/26/2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 03/26/2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: The ongoing services case remained open to monitor the sibling's placement in foster care.				

Foster Care Placement History

In February 2021, the mother gave birth to the 2-year-old sibling. The parents had a history of non-compliance with court-ordered services regarding the removal of their other children who had been freed for adoption. The parents did not plan for the sibling's care, had unstable housing, and had no provisions for the sibling. ECDSS removed the sibling and she was placed with a relative through a 1017 Direct Placement. On 3/23/22, there was a finding of neglect against the parents. The parent did not show up for court. The parents' court-ordered services included mental health counseling, substance abuse treatment, parenting classes, domestic violence classes, and stable housing. The parents minimally engaged in services and rarely visited with the sibling. The sibling's 1017 placement resource became a certified foster parent. On 1/12/22, the subject child was born premature with significant medical issues and was hospitalized. The parents did not learn how to manage the child's medical needs and they had not completed their court-ordered services. The child was removed from the parents' care on 9/12/22 and was discharged from the hospital to the foster parents on 9/14/22.

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 open and ongoing CPS investigation was conducted appropriately and that there are no required actions related to that investigation, to the CPS investigations conducted during the three years preceding the fatality, or to the services case itself.

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