



**Report Identification Number: BU-23-026**

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

**Issue Date: Feb 02, 2024**

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:** Female

**Date of Death:** 05/21/2020  
**Initial Date OCFS Notified:** 08/08/2023

## Presenting Information

An SCR report was received on 8/8/23 and alleged on 5/21/20, the one-year-old subject child passed away as a result of the mother failing to provide necessary medications on a regular basis. The subject child was diagnosed at birth with sickle cell anemia and needed medication therapy twice a day. The subject child initially had a high fever that the mother failed to address in a timely manner which resulted in the subject child sustaining a severe bacterial infection causing her death. In addition, the 11-year-old surviving sibling had a medical condition and the mother was failing to provide appropriate care and seek medical assistance when needed.

## Executive Summary

This report concerns the death of a 1-year-old female child that occurred on 5/21/20. An SCR report was not generated at the time of the death; however, Erie County Department of Social Services (ECDSS) received an SCR report regarding the death on 8/8/23. The report contained allegations of DOA/Fatality, Lack of Medical Care, and Inadequate Guardianship against the subject mother regarding the subject child. In addition, allegations of Internal Injuries, Lack of Medical Care, and Inadequate Guardianship were listed against the subject mother regarding the surviving sibling, who at the time the SCR report was received, was 11 years old. At the time of her death in 2020, the subject child resided with her mother and six surviving siblings whose ages were at that time, 13,11,9,8 and twin 4-year-olds. In addition, the mother gave birth after the death of the subject child, and at the time the SCR report was received, there were seven siblings in the household. The father resided locally but had no contact due to an active stay away order of protection, in favor of the mother and siblings. The surviving siblings were immediately assessed to be safe in their mother's care.

ECDSS learned that on 5/14/20, the subject child was in the care of her mother when she was showing symptoms of being ill. The mother took the subject child to the hospital where she was admitted and despite efforts from the medical staff, the child was pronounced deceased on 5/21/20. The subject child's death was a result of culture negative sepsis and acute chest syndrome.

ECDSS communicated with law enforcement and learned at the time of the death, there was no criminal investigation related to the fatality. ECDSS notified law enforcement of the death and SCR report; however, they did not open an investigation into the death.

ECDSS learned that there was no autopsy performed and the death certificate was signed by the physician at the hospital who declared the subject child deceased. It was noted by the physician there was no trauma to the subject child. The medical examiner would not accept the case as there was a signed death certificate.

ECDSS appropriately unsubstantiated the allegation of DOA/Fatality. The mother brought the subject child to the hospital on 5/14/20 seeking medical treatment for the child. In addition, the subject child's hematologist reported the child died from sickle cell disease and the mother was not responsible for the death. ECDSS accurately substantiated the allegations of Lack of Medical Care and Inadequate Guardianship regarding the subject child. The mother was aware when the subject child was ill or had a fever, she needed to seek immediate medical attention. The mother was provided with a thermometer to take the child's temperature but failed to do so the day she was brought to the hospital, which delayed the child's needed medical treatment. In addition, the allegations regarding the 11-year-old surviving sibling were appropriately substantiated as his medical condition had progressed and he had suffered significant complications due to the mother's refusal to provide him with necessary medical treatment. After several meetings with medical providers the



mother gave consent for the sibling to have the medical procedure.

ECDSS safety and risk assessments were completed timely and accurately. Progress notes were entered contemporaneously, and all required notifications were provided. In addition, ECDSS gathered pertinent information from collateral contacts and utilized interpreter services to assist with any language barriers.

### 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 obtained throughout their investigation.

**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:

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: 05/21/2020

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?

No

Did EMS respond to the scene?

No

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

Unknown

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	Female	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Other Household 1	Father	No Role	Male	37 Year(s)

### LDSS Response

On 8/8/23, ECDSS received an SCR report regarding the death of the subject child. ECDSS initiated their investigation within 24 hours. ECDSS contacted the source of the report, reviewed prior CPS history, and notified law enforcement, the district attorney and the medical examiner. ECDSS immediately assessed the surviving siblings to be safe in the home and in the care of their mother.



ECDSS interviewed the mother at her residence on 8/8/23 regarding the fatality. During her interview, she explained the subject child was diagnosed with sickle cell disease at birth. She denied the child had blood transfusions and explained she only took medication. The mother confirmed that on 5/14/20 the subject child had a fever, and she took the subject child to the hospital where she had her first blood transfusion. While at the hospital, it was discovered the subject child had blood that was not going through her vein, and due to that, surgery was performed. After the surgery, the mother fell asleep and awoke to doctors doing CPR. The subject child remained on life support until 5/21/20 when she was pronounced deceased.

ECDSS interviewed all the surviving siblings except the one-year-old due to his age. All the siblings reported feeling safe in their mother’s care. They denied any concerns for physical discipline, domestic violence, or substance abuse. The siblings confirmed their mother scheduled their medical appointments and took them for medical treatment when needed.

ECDSS spoke with the sibling’s pediatrician and learned all the siblings except two were up to date with their yearly physicals and there were no concerns noted. ECDSS discussed with the mother that the 17-year-old sibling needed an appointment scheduled for her yearly physical and reminded the mother that the 1-year-old had an appointment scheduled for his physical.

ECDSS participated in meetings with the hospital and the 11-year-old sibling's hematologist regarding the sibling's medical condition and needed medical care. Interpreter services were present at both meetings and a treatment plan was discussed for the surviving sibling. The mother consented to the 11-year-old sibling having the needed medical procedure on 11/15/23.

At the time this report was written, the family was engaged with preventive services to provide supportive services regarding the children’s medical care and educational needs.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Hospital physician

### 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?** No

**Comments:** Erie County referred the fatality to their OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066008 - Deceased Child, Female, 1 Year(s)	066009 - Mother, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
066008 - Deceased Child, Female, 1 Year(s)	066009 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Substantiated
066008 - Deceased Child, Female, 1 Year(s)	066009 - Mother, Female, 37 Year(s)	Lack of Medical Care	Substantiated
066014 - Sibling, Male, 11 Year(s)	066009 - Mother, Female, 37 Year(s)	Inadequate	Substantiated



# Child Fatality Report

	Year(s)	Guardianship	
066014 - Sibling, Male, 11 Year(s)	066009 - Mother, Female, 37 Year(s)	Internal Injuries	Substantiated
066014 - Sibling, Male, 11 Year(s)	066009 - Mother, Female, 37 Year(s)	Lack of Medical Care	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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harm, were the safety interventions, including parent/caretaker actions adequate?

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
The family was engaged with voluntary preventive services at case closure.

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





# Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

ECDSS provided information for grief counseling services.

## 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)
01/16/2020	Sibling, Female, 13 Years	Mother, Female, 34 Years	Educational Neglect	Substantiated	Yes
	Sibling, Female, 11 Years	Mother, Female, 34 Years	Educational Neglect	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 34 Years	Educational Neglect	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 34 Years	Educational Neglect	Substantiated	

### Report Summary:

The SCR report alleged that the BM was allowing the then twin 5yo SSs, the then 11yo SS, and the then 13yo SS to stay home from school. One of the twins had 5 days absent and 19 days late, the other twin had been absent 7 days and late 19 days. Both twins were failing Math and English. The 11yo SS had been absent 14 days and late 9 days and was failing English, Science and Social Studies. The 13yo SS had been absent 43 days and late 25 days and was failing Math. The



BM was keeping the 13yo SS home to baby sit the younger children. The BM was not doing anything to get the younger children to school on a regular basis.

**Report Determination:** Indicated

**Date of Determination:** 03/26/2020

**Basis for Determination:**

The allegation of Educational Neglect against the BM was substantiated regarding the then twin 5yo SSs, the then 11yo SS, and the then 13yo SS due to all of the children having excessive absences and doing poorly at school. The BM had made various excuses of illness and transportation issues.

**OCFS Review Results:**

ECDSS began the investigation within 24 hours and interviewed the siblings and the BM. The home was assessed, and collateral contact was initially made with the school. The determination was documented within the wrong section of the Investigation Conclusion Narrative. History was reviewed but not within 24 hours. There were no attempts to notify or speak with the BF. Medical providers were not contacted despite reports that the children were missing school due to illness. During the investigation the sibling's absences increased and preventive services were never discussed or offered.

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

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

The record did not reflect that ECDSS made attempts to notify or make contact with the BF regarding the report.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

ECDSS will make casework contacts per the following regulation: Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

**Issue:**

Failure to Offer Appropriate Services

**Summary:**

Case conference notes reflected the family was to be offered a community health program and refugee services. There was no documentation that these services were offered to the BM. At the close of the investigation, it was documented that the concerns had increased however, no preventive services were offered, and the case was closed without the family receiving assistance.

**Legal Reference:**

SSL §424(10);18 NYCRR 432.3(p)

**Action:**

Based on the investigation and evaluation conducted, ECDSS will offer to the family such services for its acceptance or refusal as appear appropriate for a child, family, or both.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

There was no documentation that ECDSS attempted to contact the source. In addition, the BM reported that several of the children were missing school due to illness and stated that the oldest child had a medical condition but there was no documentation of follow up on these concerns.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**



ECDSS will contact, or make diligent efforts to contact, the source of all SCR reports so as to verify adequacy of report and possibly glean additional information. (or, including) LDSS will document the contact or attempts at contact.

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

ECDSS documented no casework activity from 1/23/20-2/24/20, despite case conference notes documenting tasks to be completed. There was no casework completed after 2/27/20 and the case was closed on 3/26/20 with no follow up with the family. The determination stated that the sibling's attendance worsened during the investigation, and it was unclear how that information was obtained.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

ECDSS must continue to gather information to reassess safety of the child(ren), throughout the time child welfare staff are involved with the family and until the case is closed, because safety is not static.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/18/2019	Sibling, Female, 12 Years	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 10 Years	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Father, Male, 33 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

An SCR report was received and alleged on 05/18/19, law enforcement was called the home due to the BF violating an order of protection. The BF fought three law enforcement officers in the presence of the children.

**Report Determination:** Indicated

**Date of Determination:** 08/02/2019

**Basis for Determination:**

The BF violated a stay away OP by knocking on the door in the middle of the night and attempting to enter the mother's home. The children were present in the home during the incident. Law enforcement was contacted and when they arrived, the BF began fighting them and was arrested.

**OCFS Review Results:**

ECDSS began the investigation within 24 hours, contacted the source and interviewed all the family members. A history review was completed; however not within 1 business day. The home and children were assessed, safety assessments and the RAP were completed adequately and there was documentation of supervision throughout the investigation. Though the record provided evidence that all the children were maltreated due to the incident, the then 7yo SS and the SC did not have allegations added or substantiated regarding them.

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

**Issue:**

Pre-Determination/Nature, Extent and Cause of Any Condition

**Summary:**

The record noted all the children were maltreated but the then 7yo SS and subject child were listed as no role and allegations were never added regarding either child, despite them being present at the time of the incident.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(c)

**Action:**



ECDSS will accurately reflect the children and adults involved in events of suspected abuse or maltreatment when determining each allegation.

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

In case conference notes it was documented that ECDSS would follow up regarding the OP, the BF's criminal court proceedings and with the CHN's school. There was no documentation that there were attempts to contact or follow up with these collaterals.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

ECDSS will make diligent efforts to contact collaterals to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/22/2018	Sibling, Female, 12 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 10 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 12 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 12 Years	Father, Male, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 10 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 10 Years	Father, Male, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 6 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Father, Male, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 4 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
Sibling, Female, 4 Years	Father, Male, 32 Years	Parents Drug / Alcohol Misuse	Substantiated		



Years		Misuse	
Sibling, Female, 4 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 4 Years	Father, Male, 32 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Female, 12 Years	Father, Male, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Female, 10 Years	Father, Male, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 8 Years	Father, Male, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 6 Years	Father, Male, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Female, 4 Years	Father, Male, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Female, 4 Years	Father, Male, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated

**Report Summary:**

Two SCR reports were received and alleged that on 9/22/18, the BF drank alcohol to the point of impairment and became aggressive. The BF slapped the SM on her face, punched her in her stomach, and pushed her to the ground. The SM was 5 months pregnant, and because of the BF's actions, the mother was badly injured needing hospitalization. The father hit the mother while the children were in the room. There were no visible injuries to the children. A subsequent report was received on 9/26/18 and alleged after the SM was released from the hospital, the SF attempted to break into the home. The SF was arrested and there were additional concerns the BF physically abused the siblings.

**Report Determination:** Indicated

**Date of Determination:** 11/18/2018

**Basis for Determination:**

ECDSS substantiated the allegations of IG and PD/AM against the BF regarding all the SSs. The BM and SSs confirmed the allegations. The BM reported that BF choked her, punched her and kicked her in the lower back and stomach. The four older SSs reported observing the incident. The oldest child contacted the police, and the BF was arrested. A complete stay away order of protection was in place at the time of case closure. ECDSS unfounded the allegations of IG against the BM regarding all the children and unfounded the allegations of L/B/W against the BF regarding all the children. The CHN did not have any marks or bruises and the BM was appropriate.

**OCFS Review Results:**

ECDSS began their investigation within 24 hours, completed a history review, and contacted the source and interviewed family members. The children and home were observed. All casework activity was completed, and the investigation was closed in a timely manner. ECDSS maintained in person contacts and provided a variety of resources throughout 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)
07/06/2018	Sibling, Female, 11 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 9 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Father, Male, 32 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

An SCR report was received and alleged on 7/6/18 at approximately 3AM, the father was screaming at mother and degrading her. The father proceeded to punch mother twice about the face in the presence of the 11 and 5-year-old siblings. The children attempted to intervene to stop the father. This incident occurred in close proximity to the other the other siblings ages 9, 7, and the 3-year-old twins. There were ongoing concerns for domestic violence in the home with the father being the aggressor.

**Report Determination:** Indicated**Date of Determination:** 09/16/2018**Basis for Determination:**

The SM confirmed the father physically assaulted her by punching her which caused her to fall. The incident took place in front of the 6yo SS, and the other children were present in the home.

**OCFS Review Results:**

ECDSS initiated their investigation within 24 hours and contacted the source of the report. A history review was completed; however, was not done until 12 days after the case was received. Interviews were completed with all family members and the home was observed. ECDSS discussed safe sleep with both parents. ECDSS provided the BF with a referral for substance abuse treatment and provided the mother with a referral for a DV advocate. The investigation was completed adequately and timely.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**CPS - Investigative History More Than Three Years Prior to the Fatality**

On 9/25/12, Erie County received an SCR report and substantiated the allegations of Inadequate Guardianship against the father regarding the 17, 15, 13 and 11-year-old surviving siblings.

On 6/22/15, Erie County received an SCR report and substantiated the allegation of Inadequate Guardianship and Lack of Medical Care against the father and subject mother regarding the 11-year-old surviving sibling.

On 3/18/16, Erie County received an SCR report and substantiated the allegations of Inadequate Guardianship and Lack of Medical Care against the father and subject mother regarding the 11-year-old surviving sibling.

**Preventive Services History**

During the 3/18/16 investigation a Preventive Services Case was opened on 4/18/16, due to the parents not being compliant with the 11-year-old sibling's medical care. The 11-year-old sibling had a medical condition requiring weekly medical appointments, the parents made progress and became consistent with the child's medical care. The case was closed on 4/27/17.

**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. However, we must unfortunately concur with the compliance issues that were identified by the reviewer with respect to two investigations conducted during the three years preceding the fatality, namely the investigations commenced on May 18, 2019, and on January 16, 2020. The required actions related to the reviewer's findings continue to be part of a comprehensive, consolidated Program Improvement Plan (PIP) currently being reviewed and addressed with the assistance and support of the OCFS Buffalo Regional Office. Additionally, the identified compliance concerns will be reviewed and addressed at an upcoming CPS Team Leader meeting, and the CPS Team Leaders will be directed to review said issues with their team members in individual team meetings and to ensure the implementation of appropriate best practices and required actions when conferencing cases with their staff members and when reviewing cases for advancement and for closure.

### 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