



## Report Identification Number: BU-23-031

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

Issue Date: Feb 09, 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

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services	DA-District Attorney	
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	SXTF-Sex Trafficking
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Erie  
**Gender:** Female

**Date of Death:** 08/27/2023  
**Initial Date OCFS Notified:** 08/28/2023

## Presenting Information

Erie County Department of Social Services received an SCR report on 8/28/2023 which alleged the 3-month-old subject child passed away while in her mother's care. The child was an otherwise healthy child, and the mother had no explanation for her death.

## Executive Summary

This fatality report concerns the death of a 3-month-old female subject child that occurred on 8/27/2023. There was an open CPS investigation and an open preventive services case at the time of the death. A subsequent SCR report regarding the fatality contained allegations of DOA/Fatality and Inadequate Guardianship against both the subject mother and subject father regarding the subject child and the allegation of Inadequate Guardianship against both parents regarding the 1-year-old surviving sibling. At the time of her death, the subject child resided with her mother and 1-year-old surviving sibling. The subject parents had CPS history.

Erie County Department of Social Services (ECDSS) collaborated investigative efforts with law enforcement and learned on 8/27/2023, the subject mother found the subject child with her eyes open and unresponsive in her bassinet at approximately 9:50AM. The subject mother reported having last saw the subject child alive at 2:00AM that morning when she fed the subject child a 5ml bottle of formula. The subject mother reported she then swaddled the subject child and placed her on her back on top of a u-shaped "boppy" pillow in her bassinet. When the mother checked on the subject child the next morning her skin was pale, and she was not moving despite the subject mother's efforts to rouse her. The mother alerted the subject father who was asleep in the living room that the subject child was unresponsive. The subject mother called 911 and then told the subject father to leave as there was an active order of protection against him in favor of the subject mother and the children due to domestic violence. The subject father left the home while the subject mother was speaking with the 911 dispatcher. Emergency medical services quickly arrived at the scene but struggled to gain entry to the home due to a locked door. The subject child and mother were reached within minutes. First responders initiated lifesaving efforts; however, were unsuccessful and the subject child was pronounced deceased. The record did not reflect the subject child was transported to the hospital. The 1-year-old surviving sibling was present and held by a police officer during the incident.

An autopsy was performed, and preliminary findings revealed the child was placed in an unsafe sleep environment which contributed to her death. The cause and manner of death were pending at the time this report was written. Law enforcement conducted a criminal investigation and the investigation remained open at the time this report was written.

ECDSS substantiated all allegations and indicated the investigation against both subject parents. The record reflected both parents knew the child was in an unsafe sleep environment and allowed it. The subject father violated two active stay-away orders of protection placed against the subject father in favor of the subject mother and children due to severe domestic violence. The father was in the home at the time the subject child was found as unresponsive. The 1-year-old surviving sibling was removed from the subject mother's care and placed in Foster Care on 8/30/2023 due to the violations of the orders of protection.

### PIP Requirement

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. 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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

**Explain:**  
Casework activity was not commensurate with case circumstances. ECDSS did not make diligent efforts to interview the biological father to the 1yo SS.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
<b>Summary:</b>	The BF to the 1yo SS was added to the CPS investigation as a parent, and notified about the investigation via mail to a historical address. Diligent efforts were not made to locate the BF even after the SS was removed and placed in foster care. ECDSS documented several addresses for the BF to the 1yo SS; however, only attempted one address which, did not appear to have been the most recent address found. Diligent locating efforts are important when a child is removed to foster care as the non-respondent parent is entitled to notification that an abuse/neglect proceeding is pending, or to visitation rights pursuant to section 1035 of the Family Court Act for a child to which they are a parent.
<b>Legal Reference:</b>	18 NYCRR 432.1 (o)
<b>Action:</b>	ECDSS will make efforts to make face-to-face contact with a child and/or a child's parents or



guardians and document efforts that were unsuccessful.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 08/27/2023

**Time of Death:** Unknown

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

Unknown

**County where fatality incident occurred:**

Erie

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Yes

**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	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	21 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Other Household 1	Other Adult - 1yo SS's BF	No Role	Male	28 Year(s)

### LDSS Response

Upon receipt of the subsequent SCR fatality report on 8/28/2023, ECDSS initiated their response within 24 hours and coordinated their investigation with law enforcement. ECDSS spoke with collateral contacts, interviewed family members, and immediately assessed the safety of the SS. There was an open CPS investigation at the time of the death from 8/6/2023 regarding concerns for domestic violence between the SM and SF. A preventive services case was also open at the time of death to provide services to the SM, SC, and 1yo SS to support the family related to concerns regarding the domestic violence.



ECDSS interviewed the SM and collateral contacts and learned that on 8/26/2023 the SM was at her home with the SC, SS and SF. The subject parents were aware that they were in violation of two stay away orders of protection by the SF being in the presence of the SM and children. The SM left the SC and the 1yo SS at her home in the care of the SF at approximately 1:30PM. The SM went to a restaurant and then to a friend’s house and later checked in with the SF via cell phone at around 6:30PM. The SF reported things were going well with the children. The SM returned to her home at approximately 1:15AM where she found the SC and 1yo SS asleep on her adult bed and the SF awake in another room. The SM moved the 1yo SS to her toddler bed and then picked up the SC to feed her. The SM reported the SC was swaddled and laying on her back on the bed when she picked her up. The SM fed the SC 5ml of a formula bottle, burped her and then swaddled her back up. The SM then laid the SC, asleep, swaddled on top of a u-shaped "boppy" pillow inside of her bassinet and then went to sleep herself. The SM woke up at 9:53AM and went to check on the SC. The SM found the SC with her eyes half open, pale in color, and not moving. The mother picked the child up to see why she was not moving and noticed she was not breathing either. The SM yelled for the SF, who was in the living room, to bring his phone so she could call 911. The SF ran the phone to the SM who made the call to 911. The SM then told the SF to leave so he would not get into trouble for being in violation of the order of protection. The SF left the home while the SM was on the phone with the 911 dispatcher. As the SM was on the phone with the 911 dispatcher, EMS arrived at the home but could not get inside because the door was locked. The SM was tending to the SC and trying to follow instructions when EMS was able to gain access to the home a short time later and take over lifesaving efforts. Despite efforts to revive the child, she was pronounced deceased. The record did not reflect the child was transported to the emergency room.

The record reflected the 1yo SS was removed from the SM’s care and placed in foster care. The SS was removed after ECDSS learned the subject parents had violated the orders of protection placing the 1yo SS at harm or the potential for harm. The 1yo SS had been placed with a relative at the time this report was written with supervised contact regarding the SM. The SF, who was not the 1yo SS’s biological father, was not allowed access to the child. Although ECDSS did all safety assessments on time, the safety assessments specifically related to the fatality, were incorrectly labeled in CONNECTIONS. The preventive services case remained open at the time this report was written. The family was offered fatality-related services, and the CPS case was indicated and closed on 10/31/2023, while the foster care case remained open with a goal of return to parent.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
065728 - Deceased Child, Female, 3 Month(s)	065729 - Mother, Female, 21 Year(s)	DOA / Fatality	Substantiated
065728 - Deceased Child, Female, 3 Month(s)	065729 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
065728 - Deceased Child, Female, 3	065730 - Mother's Partner, Male, 21	DOA / Fatality	Substantiated



# Child Fatality Report

Month(s)	Year(s)		
065728 - Deceased Child, Female, 3 Month(s)	065730 - Mother's Partner, Male, 21 Year(s)	Inadequate Guardianship	Substantiated
065731 - Sibling, Female, 1 Year(s)	065729 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
065731 - Sibling, Female, 1 Year(s)	065730 - Mother's Partner, Male, 21 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 SF and the BF to the 1yo SS were not interviewed face to face. Diligent efforts were made to locate and interview the SF; however, those efforts were not made with respect to the 1yo SS's BF.

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



<b>siblings/ other children in the household within 24 hours?</b>				
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> ECDSS removed the 1yo SS and placed her in foster care after it was learned that the subject father violated the stay away order of protection multiple times and the subject mother failed to keep the SS safe.				

### Legal Activity Related to the Fatality

**Was there legal activity as a result of the fatality investigation?**

Family Court

Criminal Court

Order of Protection

**Family Court Petition Type:** FCA Article 10 - CPS

**Date Filed:**

**Fact Finding Description:**

**Disposition Description:**





08/30/2023	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	065729 Mother Female 21 Year(s)	
<b>Comments:</b>		

<b>Criminal Charge:</b> Other - Violating order of protection <b>Degree:</b> NA			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
Unknown	Subject Father	Unknown	unknown
<b>Comments:</b>	The Subject father was arrested for violating an order of protection due to him being present in the home at the time of the fatality and at the time the 1yo SS was removed despite there being multiple stay away orders of protection against him in favor of the 1yo SS.		

**Have any Orders of Protection been issued?** No

**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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**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:**  
Foster care services were provided to the 1yo SS as a result of the fatality. The 1yo SS was removed from the SM's care due to multiple violations of current stay away orders of protection in favor of the SM and CHN against the SF. The SF was in the home at the time of the fatality.

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

**Explain:**  
Foster care services were provided to the SM for the 1yo SS as a result of the fatality. The 1yo SS was removed from the SM's care due to multiple violations of current stay away orders of protection in favor of the SM and CHN against the SF. The SF was in the home at the time of the fatality.

### 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?** 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)
08/06/2023	Deceased Child, Female, 3 Months	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	



# Child Fatality Report

Deceased Child, Female, 3 Months	Father, Male, 21 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 1 Years	Father, Male, 21 Years	Inadequate Guardianship	Substantiated

**Report Summary:**

An SCR report dated 8/06/2023 alleged the SF hit the SM during a dispute in the presence of the children.

**Report Determination:** Indicated**Date of Determination:** 08/31/2023**Basis for Determination:**

ECDSS learned through case work and collateral contacts that the SF was violating orders of protection put in place prior to CPS involvement. The SC died during this open CPS investigation. The SF was present during the fatality despite a stay away order of protection against him. Both the SM and SF failed to protect the SC and SS resulting in ECDSS removing the 1yo SS and placing her in FC.

**OCFS Review Results:**

ECDSS offered appropriate services to the SM and children prior to the fatality including intensive preventive services and DV services. Diligent efforts were documented showing efforts to involve the SF and BF; however, were unsuccessful. ECDSS made the appropriate decision to file in family court and request the removal of the surviving sibling after it was learned that the subject father had violated the orders of protection multiple times and the subject mother failed to protect the children.

**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:** 08/08/2023**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Casework Contacts**



# Child Fatality Report

	Yes	No	N/A	Unable to Determine
<b>Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<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
<b>Was the most recent FASP approved on time?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the FASP consistent with the case circumstances?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Closing

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

### Preventive Services History

ECDSS opened a preventive services case on 08/08/2023 as a result of a CPS investigation alleging domestic violence that was reported on 08/06/2023. The SM and SF had violated stay away orders of protection resulting in the potential of harm to the children. Goals of the services case were to support the mother in moving to a new residence, ensure the children were safe and not allowed around the SF, ensure the SM maintains financial means to support herself and to link the SM with mental health services and continue with domestic violence services.

### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?**



# Child Fatality Report

Family Court

Criminal Court

Order of Protection

<b>Criminal Charge:</b> Endangering the welfare of a child <b>Degree:</b> NA			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
08/06/2023	Subject Father	Unknown	unknown
<b>Comments:</b>	The record reflected on 08/06/2023 the SM had a laceration on her face which required medical attention after the SF hit her in the presence of the SC and 1yo SS while violating a stay away OP. The SF was arrested for violating an order of protection, endangering the welfare of a child, assault and harassment.		

<b>Have any Orders of Protection been issued? Yes</b>	
<b>From:</b> 07/14/2023	<b>To:</b> 01/14/2024
<b>Explain:</b> Stay away OP against the SF, favoring the SM and CHN. Order #: 2023-002835	
<b>From:</b> 06/16/2023	<b>To:</b> 12/16/2023
<b>Explain:</b> Stay away OP against the SF, favoring the SM and CHN. Order #: 2023-001925	

**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 there are no required actions related to the CPS investigation conducted during the three years preceding the fatality. We must respectfully disagree with the characterization of the required action relating to the fatality, specifically “ECDSS will make efforts to make face-to-face contact with a child and/or a child’s parents or guardians and document efforts that were unsuccessful.” In addition to notifying the biological father of the 1-year-old surviving sibling about the investigation via mail, which the reviewer acknowledges, the investigating caseworker also attempted to call the biological father of the surviving sibling on September 2, 2023. The telephone of the surviving sibling’s biological father was not accepting calls, and the caseworker was unable to leave a voicemail message. The caseworker then sent the surviving sibling’s biological father a text message, also on September 2, 2023. Finally, on September 3, 2023, the caseworker attempted a home visit to the home of the surviving sibling’s biological father, whereby no face-to-face contact was made but a business card was left at the door requesting contact. These efforts, although unsuccessful, were contemporaneously documented in the Connections progress notes.

**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