



**Report Identification Number: BU-23-033**

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

**Issue Date: Feb 26, 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:** 1 year(s)

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

**Date of Death:** 09/19/2023  
**Initial Date OCFS Notified:** 09/19/2023

## Presenting Information

An SCR report was received on 9/19/23 alleging on 9/18/23, in the evening and continuing into early the morning, the subject child was experiencing difficulty breathing, congestion, and developed a cough. The subject child started to throw up, resulting in the mother calling for emergency medical services. The subject child was transported to the hospital and arrived around 8:45AM. At the hospital, a nasal treatment was started, and the subject child was intubated due to concerns with her breathing. At an unknown time, the subject child's condition began to decompensate rapidly, resulting in compressions which continued for 30 minutes. The subject child stopped breathing and no heart rate was found. The subject child was an otherwise healthy child, and the mother had no explanation for her death.

## Executive Summary

This report concerns the death of a 1-year-old female child that occurred on 9/19/23. Erie County Department of Social Services (ECDSS) received an SCR report on 9/19/23, regarding the fatality. The report contained allegations of DOA/Fatality and Inadequate Guardianship against the mother regarding the subject child. In addition, a subsequent report was received on 9/26/23 and merged into the initial report. The subsequent report contained allegations of Inadequate Guardianship and Lack of Supervision against the mother regarding the 3-year-old sibling. At the time of her death, the subject child resided with her mother and three siblings ages 3,6, and 11-years-old. In addition, there was a 6-year-old half-sibling that resided out of state. The subject child, 3-year-old sibling, and 6-year-old half-siblings' father resided in New York but had not had consistent contact with the children as the mother refused to allow visitation and there were no custody arrangements. ECDSS attempted communication with the fathers of the 11 and 6-year-old siblings; however, were unsuccessful. ECDSS immediately initiated their investigation and assessed the surviving siblings to be safe in the mother's care.

ECDSS learned on 9/18/23, the evening prior to the fatality, the subject child was being cared for by the mother. On 9/19/23, the subject child vomited and was having trouble breathing. The mother contacted emergency medical services and the child was transported to the hospital. While at the hospital, the child's condition worsened, life-saving efforts were attempted; however, were unsuccessful. The subject child was pronounced deceased on 9/19/23.

ECDSS spoke to the medical examiner who reported at the time of the preliminary autopsy, there was no definitive cause of death; however, there were no signs of trauma to the child's body. Information that the medical examiner received from the hospital indicated the child had a respiratory virus and the medical examiner stated that was most likely the cause of the child's demise. The subject child's lungs showed signs of infection, they were filled with fluid and were heavy with congestion. The medical examiner explained it appeared that the child had a rapid negative reaction to either a virus or bacterial infection. At the time this report was written, the final autopsy report was still pending. ECDSS communicated with law enforcement and learned there were no criminal charges brought against the mother.

ECDSS unsubstantiated all the allegations referenced above regarding the subject child as the mother immediately sought medical attention for the subject child when she observed her to be in distress. In addition, per the medical examiner, it appeared the child had a negative reaction to a virus or bacterial infection that contributed to her demise. Allegations regarding the 3-year-old surviving sibling were also unsubstantiated.

Safety and risk assessments were completed timely and accurately. Progress notes were entered timely, and all required notifications were provided. In addition, ECDSS gathered pertinent information from collateral contacts including the



hospital, fire department, medical examiner, family members and the children’s pediatrician.

ECDSS provided bereavement and grief counseling services to the mother and father of the subject child. In addition, ECDSS provided the mother with information regarding burial assistance.

### 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 decision to unsubstantiate the allegations based on evidence obtained throughout their investigation.

**Was the decision to close the case appropriate?** Yes

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

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

### Explain:

Casework activity was commensurate with case circumstances.

## Required Actions Related to the Fatality



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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 09/19/2023

Time of Death: 03:23 PM

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: Hospitalized

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	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)

### LDSS Response

On 9/19/23, ECDSS interviewed the mother regarding the fatality. During her interview, she explained the SC appeared fine in the evening on 9/18/23, the child ate dinner around 7:00PM and went to bed around 8 or 9:00PM. Around 12:00AM on 9/19/23, the subject child vomited, and the mother noted she had congestion but assessed the child and felt she was fine. Around 6:35AM, the mother woke to the subject child vomiting again and at that time, she noticed the child's breathing was not normal. The mother attempted clearing the subject child's nose by suctioning because she sounded congested. The child's breathing did not improve, so the mother contacted 911. The fire department arrived first and then shortly after the ambulance. First responders assessed the child was having difficulty breathing and sounded congested; she was then transported to the hospital. The mother explained upon arrival, hospital staff did not appear overly



concerned and gave the child a breathing treatment which did not aid the child’s breathing and she was subsequently intubated. The mother reported hospital staff initially believed the child had a seizure, and asked the mother to leave the room. The mother reported CPR was initiated and shortly after, the child was pronounced deceased.

ECDSS spoke with an individual from the fire department that responded to the 911 call. It was learned that upon arrival, the mother appeared calm but was reporting she knew there was something wrong with the SC. The SC was observed sitting on the couch, she looked lethargic, and her breathing appeared labored or congested. The mother explained the child vomited in the evening and again in the morning and sounded congested. The individual observed a vomit stain on the couch. Shortly after, an ambulance arrived and advised the mother the SC should be taken to the hospital. There were no concerns noted for the siblings or the mother.

ECDSS spoke to the father of the subject child and 3yo sibling. During his interview, he explained he was not present during the incident or at the hospital where the subject child was pronounced deceased. The father was notified by phone of his daughter’s death. The father spoke to a physician at the hospital who explained what happened to the subject child. The father reported no concerns for the mothers recent parenting and stated she was a good mother. He did report having concerns in the past for the condition of the home and appropriate supervision of the children.

ECDSS interviewed the SSs at the residence. The 3yo sibling did not provide any information regarding the fatality but did not report anything of concern for the family. The 6yo sibling denied any concerns for the mother, her siblings, or the household. Regarding the morning of the fatality, she described the subject child as normal and that the subject child vomited and appeared sleepy. The 11yo SS reported the night prior to the fatality the SC appeared fine as she was playing and acting normal before everyone went to bed. In the morning, she explained the SC was not acting right because the SC was just sitting on the couch which was out of the norm for the SC. The 11yo reported her mother felt the SC was not herself and contacted 911. The 11yo SS did not report any concerns regarding the mother or household.

On 9/21/23 the 3, 6 and 11yo SSs were medically evaluated at the hospital. All the children’s immunizations were up to date, there were no concerns for the 3 and 11yo SSs physical health. The 6yo SS was diagnosed with an upper respiratory infection. The siblings were discharged home with the 6yo receiving supportive care from the mother.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

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

### Multidisciplinary Investigation/Review

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

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

**Comments:** Erie County Department of Social Services referred this case to an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066391 - Deceased Child, Female, 1 Year(s)	066393 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated



066391 - Deceased Child, Female, 1 Year(s)	066393 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
066397 - Sibling, Female, 3 Year(s)	066393 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
066397 - Sibling, Female, 3 Year(s)	066393 - Mother, Female, 30 Year(s)	Lack of Supervision	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional information:

ECDSS made diligent efforts to obtain the children's pediatric records; however, were unsuccessful.

## 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"/>



# Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 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:**  
 ECDSS provided bereavement and grief counseling services to the mother and father of the subject child. In addition, ECDSS provided the mother with information regarding burial assistance. The mother was offered preventive services but declined.

### 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input checked="" 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"/>

**Additional information, if necessary:**  
 ECDSS provided bereavement and grief counseling information to the mother and father of the subject child. In addition, ECDSS provided the mother with information regarding burial assistance and offered preventive services to the mother. The mother declined preventive services.

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

**Explain:**  
 The mother and father of the subject child were provided information regarding grief and bereavement services and burial assistance. In addition, ECDSS offered preventive services to the family which the mother declined.

### 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)
06/26/2023	Sibling, Female, 2 Years	Mother, Female, 30 Years	Other	Unsubstantiated	No



Deceased Child, Female, 1 Years	Mother, Female, 30 Years	Other	Unsubstantiated
Sibling, Female, 2 Years	Father, Male, 27 Years	Other	Unsubstantiated
Deceased Child, Female, 1 Years	Father, Male, 27 Years	Other	Unsubstantiated

**Report Summary:**

An SCR report was received and stated Erie County Family Court had ordered a 1034 court ordered investigation that was returnable on 7/24/23 at 11:45AM. The allegation of Other referred to the Court Ordered Investigation.

**Report Determination:** Unfounded**Date of Determination:** 08/18/2023**Basis for Determination:**

ECDSS did not find a fair preponderance of the evidence to substantiate the allegations. There were concerns for the conditions of the mother's home and that she did not appropriately supervise the children. In addition, there were concerns the mother threatened the father and his wife. The mother denied all the allegations and the children denied concerns relating to the mother. The home met minimal standards and there were no safety concerns noted. The mother was offered services and declined.

**OCFS Review Results:**

ECDSS initiated their investigation within 24 hours and completed a timely review of CPS history. The Risk Assessment Profile was completed accurately and reflected case circumstances. Notification letters were provided to all adults listed on the case. The 7-day Safety Assessment was not completed timely. The investigation was accurately determined.

**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)
02/20/2023	Sibling, Female, 2 Years	Grandparent, Female, 55 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 2 Years	Grandparent, Female, 55 Years	Lacerations / Bruises / Welts	Substantiated	

**Report Summary:**

An SCR report was received and alleged, while in the care of the paternal grandmother, the 2yo SS sustained bruising to her buttocks and back. These injuries were suspicious in nature, as there was no reasonable explanation for how the injuries were sustained.

**Report Determination:** Indicated**Date of Determination:** 05/12/2023**Basis for Determination:**

ECDSS found a fair preponderance of the evidence that while in the care of PGM the 2yo SS sustained bruising to her lower torso and buttocks. The PGM provided several different explanations for how the sibling sustained the injuries. The mother took the child to the hospital to be medically evaluated and medical staff indicated to the mother the explanations were not consistent with the injuries sustained. The mother refused to allow the children back to the PGM's home during the investigation and at case closure.

**OCFS Review Results:**

ECDSS initiated their investigation within 24 hours and contacted the source of the report. A history review was completed untimely. The 7-Day Safety Assessment was completed accurately and timely. Several progress notes were entered more than 30 days after their corresponding event date. ECDSS spoke with several collaterals. The Risk Assessment Profile was completed accurately. The investigation was closed untimely and was open for 80 days. Notices of existence and notices of indication were provided to all adults.

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

Review of CPS History

**Summary:**



A CPS history check was completed untimely. The SCR report was received on 2/20/23; however, the history check was completed on 2/24/23.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within one business day, ECDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/27/2021	Sibling, Female, 9 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 9 Years	Mother, Female, 28 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 28 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 11 Months	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 11 Months	Mother, Female, 28 Years	Lack of Supervision	Unsubstantiated	

**Report Summary:**

An SCR report was received and alleged the mother slept all day and failed to attend to the 11-month-old, 9yo, and 4yo children. The children fended for themselves during the day. The 4yo leaned out of the second story window which had no screen. The mother stabbed the father, while she was caring for the children.

**Report Determination:** Unfounded

**Date of Determination:** 09/24/2021

**Basis for Determination:**

ECDSS unsubstantiated the allegations as they did not find some credible evidence. The mother denied all the allegations and the father was inconsistent in his recollection of events. The 9 and 4yo SSs were interviewed and denied being present during the altercation and the 11-month-old was unable to be interviewed as she was too young and therefore, could not corroborate the allegations. The 4yo sibling denied hanging outside of the window and both the 9 and 4yo denied the mother slept all day or that they had to prepare their own food. In addition, the siblings reported being appropriately supervised. The father moved out of the residence and obtained an OP from family court.

**OCFS Review Results:**

ECDSS initiated their investigation within 24 hours and spoke to the source of the report. A history review was completed timely. The 7-day Safety and Investigation Determination assessments were completed accurately and timely. The Risk Assessment Profile was completed accurately and reflective of case circumstances. Notice of existence letters were provided to all adults. ECDSS communicated with collaterals such as medical, school and law enforcement. Law enforcement records confirmed an incident occurred between the parents; however, there was no evidence this occurred in front of the children. The parents were referred to MH treatment but did not engage. Safe sleep was also discussed.

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

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

ECDSS received an SCR report on 4/11/14 and unsubstantiated allegations of Sexual Abuse and Inadequate Guardianship against the biological father of the 11-year-old sibling. The investigation was regarding the 11-year-old sibling.

ECDSS received an SCR report on 9/27/17 and unsubstantiated allegations of Inadequate Guardianship against the father and biological mother of the 6-year-old half-sibling. Allegations of Parents Drug Alcohol Misuse were also



unsubstantiated against the father.

ECDSS received an SCR report on 1/29/19 and unsubstantiated allegations of Inadequate Guardianship against the father, biological mother of the 6-year-old half-sibling, and other adult. In addition, allegations of Lacerations/Bruises/Welts and Lack of Supervision were also unsubstantiated against the biological mother and other adult regarding the 6-year-old half-sibling.

ECDSS received an SCR report on 8/5/19 and unsubstantiated allegation of Inadequate Guardianship against three daycare staff members. The investigation was regarding the 6-year-old sibling.

### Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

### 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. With respect to the investigations conducted during the three years preceding the fatality, we must unfortunately concur with the compliance issue that was identified in the investigation dated February 20, 2023. Namely, we agree that the CPS history check for said investigation was not completed in a timely manner. Although the SCR report was received on February 20, 2023, the history check was not completed until February 24, 2023, three days past the required deadline of one business day. The required action related to the above finding continues to be part of a consolidated Program Improvement Plan (PIP) currently being reviewed and addressed with the assistance and support of the OCFS Buffalo Regional Office. As an additional corrective action, the identified compliance concern will be reviewed and addressed with the investigating caseworker and their supervisor, as well as with all CPS supervisors at an upcoming Team Leader meeting.

### 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