



Report Identification Number: BU-23-036

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

Issue Date: Mar 29, 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: 14 year(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 10/22/2023
Initial Date OCFS Notified: 10/22/2023

Presenting Information

The parent substitute (PS) arrived home and found the 14-year-old child (SC) unresponsive in her bedroom. The parent substitute called 911 at 1:45 AM. Emergency responders arrived to the home and determined the child was deceased and did not perform any lifesaving measures. The child was otherwise healthy, and the parent substitute and father (BF) had no explanation for the child’s death. The role of the mother (BM) was unknown.

Executive Summary

This report concerns the death of a 14-year-old child which occurred while in the care of the parent substitute. Erie County Department of Social Services (ECDSS) coordinated their response with law enforcement who had responded to the home. Law enforcement informed ECDSS the parent substitute left the home at approximately 10:30 PM to go to work and returned home at approximately 1:30 AM. The parent substitute found the child unresponsive in her bedroom with blood around her body. The parent substitute called 911 and emergency responders arrived and pronounced the child dead upon arrival. Law enforcement initially investigated the child’s death as a homicide due to the suspicious nature of the child’s death.

ECDSS interviewed the parent substitute. The parent substitute stated the child was sent home sick from school on 10/10/2023, and she brought the child to the hospital. The child was diagnosed with strep throat at the hospital. The parent substitute stated she wanted a second opinion and brought the child to a second hospital where the child was diagnosed with mononucleosis and given steroids. The parent substitute was informed the child’s symptoms would worsen before improving and she needed time to get better. The parent substitute stated the child’s symptoms did worsen and included coughing up blood on at least one occasion 2 days prior to her death. The parent substitute confirmed leaving for work and returning to find the child unresponsive at home.

ECDSS interviewed the medical examiner. The medical examiner confirmed the child was seen at two hospitals on 10/10/2023. The child was diagnosed with strep throat at the first hospital and mononucleosis at the second. The autopsy showed the child was positive for strep throat and had an abscess in her throat which eroded the lining of her carotid artery causing her to bleed to death internally. The medical examiner stated there was no criminality in the child’s death by the parent substitute or father.

The allegations of DOA/Fatality and Inadequate Guardianship against the parent substitute and father were unsubstantiated. Services in relation to the death of the child were accepted by the father and parent substitute on behalf of her child and the investigation was closed.

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:

The determination was made in congruence with the evidence gathered during the 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:

There was detailed documentation in the case record of supervisory consult and the decision to close the case was made commensurate with the 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: 10/22/2023

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? No

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	14 Year(s)
Deceased Child's Household	Other - Parent substitute	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Other Child - PS's child	No Role	Female	7 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	36 Year(s)
Other Household 2	Mother	No Role	Female	35 Year(s)

LDSS Response

ECDSS received the SCR report and coordinated their investigation with LE. LE informed ECDSS the home was closed as a crime scene and the death was being investigated initially as a homicide. LE informed ECDSS the PS returned home from work and found the SC undressed and unresponsive on the floor of the SC's bedroom. The BF did not live in the home and was not present at the time of death. The SC was found in full rigor. There was blood leading up the stairs and into the bedroom where she was found by the PS.

ECDSS interviewed the PS. The PS stated the SC was sent home sick from school on 10/10/2023. The PS stated she brought the SC to the hospital where she was diagnosed with strep throat. The PS brought the SC to a second hospital for a second opinion and the SC was diagnosed with mononucleosis and prescribed steroids. The PS stated she informed both the BF and BM the SC was sick and in the hospital. The PS stated she was informed by the hospital the SC would get worse before getting better and the only course of treatment was to give the SC time to get better. The PS stated the SC was sluggish, not eating much, and had a sore throat. The PS stated the SC did cough up blood within 2 days prior to her death. The PS stated she checked on the SC and spoke with her briefly before she left the home at approximately 10:00 PM to go to work. The PS stated she was informed upon her arrival at work that she was not scheduled that night, and she stayed longer to talk with coworkers and then returned home at approximately 1:30 AM. The PS stated she went to check on the SC and found her unresponsive.

ECDSS interviewed the BF. The BF stated the SC was staying with the PS while he searched for a new home for them. The BF stated he was aware the SC had been sick and had spoken with her during the day before she passed away. The BF stated the SC told him she had been feeling better. The BF had no further knowledge of the fatal incident. ECDSS attempted to interview the BM throughout the investigation. The BM refused to discuss the SC's death and stated she was unaware the SC had been sick prior to her death.

ECDSS interviewed the OC. The OC had knowledge the SC was sick and was aware the PS had taken the SC to the hospital. The OC was not home at the time of the fatal incident and had no further knowledge of the SC's death.

ECDSS interviewed the ME. The ME stated the SC had strep throat and an abscess in the throat that eroded the blood vessels to the carotid artery and the SC bled to death internally. The ME stated the SC was misdiagnosed by the second hospital and the SC received medical treatment which would not have treated her condition. The ME stated the PS was not



at fault in the death of the SC and had the SC received proper medical treatment, the SC would have lived.

ECDSS interviewed LE after speaking with the ME. LE stated the initial homicide investigation was closed following the preliminary autopsy results and there was no criminality in the death of the SC.

The allegations against the PS regarding the death of the SC were unsubstantiated. ECDSS offered services to all parties in response to the death of the SC which were accepted by the BF and PS on behalf of the OC and the investigation was closed.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

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 has an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066587 - Deceased Child, Female, 14 Year(s)	066589 - Father, Male, 36 Year(s)	DOA / Fatality	Unsubstantiated
066587 - Deceased Child, Female, 14 Year(s)	066589 - Father, Male, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
066587 - Deceased Child, Female, 14 Year(s)	066588 - Other - Parent substitute , Female, 31 Year(s)	DOA / Fatality	Unsubstantiated
066587 - Deceased Child, Female, 14 Year(s)	066588 - Other - Parent substitute , Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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:
 Risk was assessed throughout the investigation and appropriate services in relation to the death of the SC were offered to the family.



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"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input 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 siblings or other children in the household to address any immediate needs and support



their well-being in response to the fatality? Yes

Explain:
The PS accepted services on behalf of the OC, though it was unclear from the case record if the services were being utilized at the time the investigation was closed.

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

Explain:
The BF accepted services which were offered, though it was unclear from the case record if the services were being utilized at the time the investigation was closed.

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)
03/02/2023	Other Child - PS's child, Female, 7 Years	Other Adult - Parent substitute , Female, 30 Years	Lack of Supervision	Unsubstantiated	No

Report Summary:
The SCR report alleged the PS left the 7-year-old OC home alone for extended periods of time. It was unknown if the OC sustained any injuries as a result of being left home alone, though the OC was fearful. The BF to the OC had an unknown role.

Report Determination: Unfounded **Date of Determination:** 05/04/2023

Basis for Determination:
ECDSS interviewed all family members and relevant collateral contacts. All parties denied the OC was left home alone and no concerns were identified for the OC. During the investigation, concerns were identified for the SC's drug use. The BF enrolled the SC in treatment services and there were no immediate health or safety concerns identified for her at the time the investigation was closed.

OCFS Review Results:
ECDSS conducted an investigation which met regulatory requirements and a determination of the allegations was made in congruence with the evidence gathered.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/16/2021	Deceased Child, Female, 12 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	No



Child Fatality Report

Deceased Child, Female, 12 Years	Father, Male, 33 Years	Inadequate Guardianship	Substantiated
Deceased Child, Female, 12 Years	Mother, Female, 33 Years	Lacerations / Bruises / Welts	Substantiated

Report Summary:

The SCR report alleged the BM physically assaulted the then 12-year-old SC during a physical altercation. The BM punched the SC in the back then used a taser on the SC's chest. As a result of the altercation, the BM was arrested.

Report Determination: Indicated**Date of Determination:** 09/20/2021**Basis for Determination:**

ECDSS initiated their investigation and interviewed all family members and relevant collateral contacts. The BM admitted to the physical altercation as reported. ECDSS removed the SC from the care of the BM and placed her with the BF. During the investigation, an additional allegation was added against the BF due to concerns for the SC not being properly supervised while in his care and misusing marijuana while unsupervised. The BF enrolled the SC in treatment services to address her substance use and to address her mental health needs.

OCFS Review Results:

ECDSS conducted an investigation which met regulatory requirements. The SC was removed from the care of the BM, a neglect petition was filed against the BM, and a long-term supervision case was opened to provide reunification services.

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

The SC was named in one investigation from 12/2011 in which a court ordered investigation was opened as the maternal grandmother filed for custody of the SC while the BM was homeless. Housing assistance was provided to the BM and the court ordered investigation was closed.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Preventive Services History

Prevention services were provided to the BM, BF, and SC from 7/27/2021-1/11/2023 following a physical incident between the BM and the SC. The services focused on teaching appropriate forms of discipline, assisting the SC with her behaviors at home and in school and MH needs, and ensuring the SC was provided with appropriate levels of supervision.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity.

Additional Local District Comments

We at the Erie County Department of Social Services appreciate the opportunity given us to review the draft report in advance. We find that the facts, as written, describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality or to the CPS investigations conducted during the three years preceding the fatality.



Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No