



**Report Identification Number: BU-23-037**

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

**Issue Date: Mar 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

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:** 27 day(s)

**Jurisdiction:** Erie  
**Gender:** Male

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

## Presenting Information

On 10/22/2023, Erie County Department of Social Services (ECDSS) received an SCR report regarding the death of the 27-day-old subject child. The SCR report alleged the mother placed the subject child to sleep in his bassinet around 10:00 PM on 10/21/2023. The mother checked on the subject child around 11:30 PM and noticed he felt cool and did not appear well. The mother contacted 911, and emergency medical services responded to the home and initiated resuscitative efforts. The subject child was transported to the hospital where he was pronounced deceased at 12:55 AM on 10/22/2023. The father, 7-year-old half-sibling, and 8-year-old half-sibling were listed on the SCR report with unknown roles.

## Executive Summary

This report concerns the death of a 27-day-old subject child which occurred on 10/22/2023. At the time of his death, the subject child resided with the mother, the father, and 7 and 8-year-old maternal half-siblings. The half-siblings were assessed to be safe in the care of the mother and father.

The subject child was born premature at 34 weeks and remained hospitalized for approximately 3 weeks after his birth. The subject child was discharged home to the mother and father on 10/17/2023. The subject child was seen at his pediatrician on 10/18/2023 for a well-visit and received preventive vaccinations. On 10/21/2023, the mother and father noted the subject child seemed uncomfortable and was whining more than usual. Around 9:30 PM, the mother fed the subject child formula and placed him to sleep swaddled, on his back, in a bassinet next to the parents' bed. Around 11:40 PM, the mother checked on the subject child, and he was cold to the touch. The mother woke the father and contacted 911.

First responders arrived at the home and initiated life saving measures. The subject child was transported to the hospital where lifesaving measures were continued; however, the subject child was pronounced deceased. First responders and hospital staff reported no signs of trauma or injury were observed on the subject child that would explain his death.

An autopsy was completed, and the medical examiner noted there were no injuries or out of the ordinary anatomical findings during the examination. The final autopsy report and death certificate remained pending at the time the CPS investigation was closed. The law enforcement investigation remained ongoing, awaiting the results of the final autopsy report and death certificate. At the time the CPS investigation was closed, there were no charges or arrests related to the law enforcement investigation.

The allegations of DOA / Fatality and Inadequate Guardianship were unsubstantiated against the mother and father. The Investigation Conclusion Narrative noted there was no official cause or manner of death at the time of the determination and no evidence found to show that the subject child's death was the result of an unsafe sleep environment.

ECDSS and hospital staff offered fatality related services to the mother, father, and surviving half-siblings; however, the mother and father declined all offered services. The mother reported she requested service referrals from the surviving half-siblings' pediatrician; however, declined to sign a release for ECDSS to confirm that information. The CPS investigation was unfounded and 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

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:**  
ECDSS initiated a timely investigation, gathered information from pertinent sources, and assessed for the safety of the surviving children as required. Casework activity was commensurate with case circumstances and the determination was made in congruence with the information gathered.

### 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:** 12:55 AM

**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:** 11:42 PM



**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	Male	27 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	53 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Other Household 1	Other Adult - father of the half-siblings	No Role	Male	42 Year(s)

### LDSS Response

Immediately upon receipt of the SCR report, ECDSS contacted the source, coordinated their investigation with law enforcement, and visited the family to assess the safety of the surviving half-siblings.

ECDSS interviewed the mother and father who reported the subject child had been congested in the days prior to his death but had no other medical issues. The parents reported the subject child was fed formula every 1.5 to 2 hours and was fed and placed to sleep around 9:30 PM on 10/21/2023. The subject child was always placed to sleep on his back in his bassinet, the parents denied co-sleeping with the subject child. The mother attempted to wake the subject child around 11:40 PM for a feeding and the subject child was unresponsive and cold. The mother alerted the father and contacted 911. The 911 dispatcher instructed the mother to initiate CPR and the mother moved the child downstairs where EMS was already arriving. The parents had no information as to what may have caused the death of the subject child.

The mother allowed ECDSS to observe the surviving half-siblings at the office of their pediatrician; however, did not permit ECDSS to interview the children. ECDSS verified the pediatrician had no concerns for the health and safety of the surviving siblings and further verified the subject child was seen for his 2-week well visit with no concerns noted.

ECDSS made attempts to locate the father of the surviving half-siblings; however, the attempts were unsuccessful. The mother reported the children had no contact with their father.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Unknown



### 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: The case record reflected the fatality was referred to Erie County's Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066528 - Deceased Child, Male, 27 Day(s)	066529 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated
066528 - Deceased Child, Male, 27 Day(s)	066529 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
066528 - Deceased Child, Male, 27 Day(s)	066530 - Father, Male, 53 Year(s)	DOA / Fatality	Unsubstantiated
066528 - Deceased Child, Male, 27 Day(s)	066530 - Father, Male, 53 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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:**

The parents did not permit ECDSS access to the family's home, nor did they allow ECDSS to interview the surviving half-siblings.

### Fatality Safety Assessment Activities



# Child Fatality Report

	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:**

Services were offered to the mother and father, but were 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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? No

**Explain:**

The parents declined referrals and information regarding grief counseling when offered by ECDSS and the hospital. The mother reported she was provided a list of grief counselors by the children's pediatrician; however, it was unknown if the family utilized those resources.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

**Explain:**

The parents declined referrals and information regarding grief counseling when offered by ECDSS and the hospital. The mother reported she was provided a list of grief counselors by the children's pediatrician; however, it was unknown if the family utilized those resources.





## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** No

**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)
09/08/2021	Other Child - unrelated child, Female, 4 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	No

#### Report Summary:

Niagara County Department of Social Services (NCDSS) received an SCR report that alleged the mother had guardianship of a 4-year-old unrelated child and was unwilling to care for the child or make a plan for her care. The mother dropped the other child off at a DSS building and left; as a result, the child had nowhere to go and no one to care for her.

**Report Determination:** Unfounded

**Date of Determination:** 12/15/2021

#### Basis for Determination:

The allegation of Inadequate Guardianship was substantiated against the mother regarding the unrelated child. The Investigation Conclusion Narrative noted the mother left the unrelated child at a DSS building with her belongings and refused to cooperate with NCDSS or ECDSS to plan for the safety of the child. A neglect petition was filed against the mother but was later dismissed. The indication was later overturned at administrative review.

#### OCFS Review Results:

NCDSS initiated a timely investigation and immediately transferred the unrelated child to an appropriate foster care placement. NCDSS made multiple attempts to visit the mother's home to assess the safety of the now 7 and 8-year-old surviving siblings; however, the mother refused to cooperate with NCDSS, allow access to her home, or allow access to her children.

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



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

The mother was the subject of an unfounded CPS case in April of 2019. The SCR report alleged the mother assaulted the father of the surviving half-siblings in the presence of the half-siblings.

The father of the surviving half-siblings was the subject of an indicated CPS case in April of 2016. The SCR report alleged the father took part in a drug deal in the presence of the now 8-year-old surviving sibling. The allegations of Inadequate Guardianship and Parent's Drug / Alcohol Misuse were substantiated against the father while the allegation of Inadequate Guardianship was unsubstantiated against the mother.

The father of the subject child was the subject of indicated CPS cases in 2013 and 2016. The respective SCR reports alleged violence from the father toward a child and mother unrelated to this report. The allegations of Inadequate Guardianship, Excessive Corporal Punishment, Lacerations / Bruises / Welts, and Swelling / Dislocations / Sprains were substantiated against the father. The father was the subject of an unsubstantiated case in 2016 which concerned allegations he was physically violent towards a child unrelated to this report.

### Known CPS History Outside of NYS

There was no known 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 or the CPS investigation 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