



## Report Identification Number: BU-19-008

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

Issue Date: Jul 03, 2019

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 has an open 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		
<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	
<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 month(s)

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

**Date of Death:** 02/21/2019  
**Initial Date OCFS Notified:** 02/21/2019

## Presenting Information

The SCR report alleged on 2/20/19, the mother gave the infant a bottle and put him to sleep in his crib. It was unknown if the mother checked on the infant throughout the night. At 8:00 AM on 2/21/19, the mother went into the infant's room and found him face down on his blanket in his crib. He was not breathing and his arm was stuck in between the rails of the crib. The mother called 911, EMS responded and worked on the infant for about 40 minutes before transporting him to the hospital. The infant was pronounced deceased at 9:07 AM. The crib was cluttered with items including a jar of coconut oil and ointment. The infant was an otherwise healthy child and his body was free from visible marks and bruises. It was additionally alleged the home was in deplorable condition and was a health hazard to the children.

## Executive Summary

On 2/21/19, the Erie County Department of Social Services (ECDSS) received an SCR report regarding the death of the one-month-old male infant. The infant was healthy, with no pre-existing medical condition, therefore his death was considered suspicious.

Through a joint investigation with law enforcement, it was learned on 2/21/19 around 8:00 AM, the mother discovered the infant was face down on a blanket and unresponsive in his crib. The mother called 911 and performed CPR until EMS arrived. The infant was transported to Oishei Hospital via ambulance, where resuscitation efforts were not successful. The infant was pronounced deceased by the ER physician at 9:07 AM. The 8yo, 5yo, 4yo and 1yo siblings, as well as a 6yo child (other child) whom the mother was babysitting, were sleeping in the upstairs bedrooms at the time of the incident.

The mother's home was assessed to contain no safety hazards for the siblings. There was a crib observed in the infant's bedroom with a fitted crib sheet and an infant quilt tucked into the mattress. There was a stuffed animal, leave-in hair conditioner, coconut oil, A&D ointment, baby wipes and a comb at the opposite end of the crib from where the child slept on the night of the incident. The mother stated the infant slept in bed with her every night and 2/20/19 was the first night the infant slept in his crib. The other child's home was assessed to be safe and her mother was provided with information on bereavement services.

An autopsy was conducted and the cause and manner of death were pending at the time this report was written. The ME reported the infant had no injuries, marks or bruises and he was leaning toward a determination the infant died from an unsafe sleep environment. The law enforcement investigation remained opened pending the final autopsy results and no criminal charges had been filed.

ECDSS substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the mother. She placed the infant in his crib on his stomach at 8:30 PM. He was placed on top of an infant quilt, which was tucked into the mattress, as well as a "fluffy" infant blanket that was placed on top of the quilt and there were multiple additional items in the crib. There were discrepancies with how many times the mother checked on the infant between 8:30 PM and 8:00 AM when she found him face down on the blanket and unresponsive. Hospital and pediatrician records showed the mother was provided with safe sleep education upon the birth of the infant and at follow up medical appointments. Allegations regarding the condition of the home were unsubstantiated as the home was found to contain no safety hazards.

ECDSS referred the mother for a substance abuse evaluation as she admitted to drinking a glass of wine on the night of



2/20/19. The mother was also referred for bereavement services, funeral assistance and Preventive Services, although she declined all services and the case 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 case was appropriately indicated and closed.

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 notes a consultation took place, but no details noted.

### 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: 02/21/2019

Time of Death: 09:07 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:**

Unknown

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

N/A

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**Did child have supervision at time of incident leading to death? Yes**

**How long before incident was the child last seen by caretaker? 9 Hours**

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

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	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	8 Year(s)
Other Household 1	Other Adult - Other Child's Mother	No Role	Female	25 Year(s)
Other Household 1	Other Child - Other Child	Alleged Victim	Female	6 Year(s)
Other Household 2	Other Adult - Other Child's Father	No Role	Male	25 Year(s)
Other Household 3	Other Adult - 5yo Sibling's Father	No Role	Male	29 Year(s)
Other Household 4	Father	No Role	Male	28 Year(s)
Other Household 5	Other Adult - 8yo Sibling's Father	No Role	Male	27 Year(s)
Other Household 6	Other Adult - 4yo and 1yo Sibling's Father	No Role	Male	23 Year(s)

### LDSS Response



ECDSS initiated their investigation within 24 hours of receipt of the report. They spoke to hospital staff, the ME, LE and the source. ECDSS searched SCR history, met with the mother and siblings, and met with the other child and her mother. The children received a medical examination at the CAC and they were assessed to be safe.

Joint interviews were conducted with LE and ECDSS. It was learned the infant was developmentally on target and healthy. The mother stated that she was aware of safe sleep guidelines and usually placed the infant on his back, although she co-slept with the infant nightly in her bed. On 2/20/19 at 8:30 PM, she placed the infant on his stomach on top of a "fluffy" infant blanket in his crib to sleep for the first time. She stated she had things she needed to do and did not want to wake the infant. The mother drank a glass of wine after getting the other children to bed and she gave varying accounts of how many times she checked on the infant. The mother stated the last time she checked on him was around 11:30 PM, before she went to bed. The 1yo sibling woke the mother up around 6:00 AM and she gave the sibling a drink, then the mother went back to bed. She woke up at 8:30 AM and realized the infant had not cried for a bottle as usual. She checked on the infant and found him face down on the blanket and his left arm was stretched outward between the crib rails, although she denied that it was wedged. When she picked him up, she realized he was blue and he was not breathing. She called 911, placed the infant on the floor and followed instructions for CPR until EMS arrived.

The siblings and the other child reported no concerns for the infant and each stated he was sleeping when they went to bed on 2/20/19. ECDSS spoke to the biological fathers of the 8yo sibling, 5yo sibling, and other child. They reported they visited their children often and had no concerns for the mother's care of the children. Reasonable attempts were made to speak to the father of the 4yo and 1yo siblings, although were unsuccessful. The father of the deceased infant was spoken to briefly, although he refused to provide his address and he would not discuss the investigation.

ECDSS contacted all necessary collaterals. Hospital staff, first responders and the ME reported they observed no signs of trauma on the infant's body and he appeared to be well taken care of. The children's pediatrician reported the children were healthy and had no concerns. The home was observed to have no safety hazards and the siblings were determined to be safe in the mother's care. ECDSS appropriately provided the mother with safe sleep education and referrals to the applicable services. The mother declined all services and the case was appropriately indicated and closed.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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 reviewed by an OCFS approved Child Fatality Review Team?** No

**Comments:** Erie County's Child Fatality Review Team had not yet reviewed the case.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050463 - Deceased Child, Male, 1 Mons	050464 - Mother, Female, 25 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated



# Child Fatality Report

050463 - Deceased Child, Male, 1 Mons	050464 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
050463 - Deceased Child, Male, 1 Mons	050464 - Mother, Female, 25 Year(s)	DOA / Fatality	Substantiated
050465 - Sibling, Female, 8 Year(s)	050464 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
050465 - Sibling, Female, 8 Year(s)	050464 - Mother, Female, 25 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
050466 - Sibling, Female, 5 Year(s)	050464 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
050466 - Sibling, Female, 5 Year(s)	050464 - Mother, Female, 25 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
050467 - Sibling, Female, 4 Year(s)	050464 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
050467 - Sibling, Female, 4 Year(s)	050464 - Mother, Female, 25 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
050468 - Sibling, Female, 1 Year(s)	050464 - Mother, Female, 25 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
050468 - Sibling, Female, 1 Year(s)	050464 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
050469 - Other Child - Other Child, Female, 6 Year(s)	050464 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
050469 - Other Child - Other Child, Female, 6 Year(s)	050464 - Mother, Female, 25 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:





Attempts to contact the father of the 4yo and 1yo sibling were unsuccessful. The father of the deceased infant refused to meet with ECDSS face to face.

### 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 adequately assessed and the necessary services 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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 surviving children received a medical exam at the CAC following the infant's death. Information on bereavement services was provided to both mothers.



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

**Explain:**

Multiple services were offered and the parents declined.

### History Prior to the Fatality

#### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? 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
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

### 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)
02/28/2017	Other Child - Other Child, Female, 5 Years	Other Adult - Other Child's Mother , Female, 23 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - Other Child, Female, 5 Years	Other Adult - Other Child's Mother , Female, 23 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

An SCR report was received by Niagara County Department of Social Services (NCDSS) that alleged on 2/28/17, the other child's mother punched the other child in her right eye, causing a black eye.

**Report Determination:** Unfounded

**Date of Determination:** 05/15/2017

**Basis for Determination:**

The other child had a mark on her right eye that was not consistent with being punched. The child disclosed she made up the story about being punched. The other child's mother denied using physical discipline and there were no concerns for the child.

**OCFS Review Results:**

NCDSS interviewed the other child at school, then assessed the home and interviewed her mother. SCR history was reviewed, the required persons were provided with Notice of Existence letters, and the necessary collaterals were contacted. There were no concerns expressed for the child and the case was appropriately closed.

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

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

An SCR report dated 3/13/14 was unsubstantiated for the allegations of Inadequate Guardianship and Lack of Supervision against the mother regarding the 8yo and 5yo siblings. The mother declined Preventive Services and she was referred to community based services.

An SCR report dated 1/26/15 was substantiated for the allegations of Inadequate Guardianship and Lack of Supervision against the other child's mother regarding the other child.

**Known CPS History Outside of NYS**

There was no known CPS history outside of New York State.

**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 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