



Report Identification Number: BU-20-001

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

Issue Date: Jun 18, 2020

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

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		
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	
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	ASTO-Allowing Sex Abuse to Occur	



Case Information

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

Jurisdiction: Erie
Gender: Male

Date of Death: 01/01/2020
Initial Date OCFS Notified: 01/01/2020

Presenting Information

An SCR report alleged on the night of 12/31/19, the father fed the infant and put him down to sleep on a living room couch. The parents checked on the infant in the morning and he was not breathing and had no pulse. They contacted 911 at 10:06 AM and the infant was pronounced deceased at the hospital. The death was suspicious, as there was no explanation for the death and the infant had no pre-existing medical condition. Both parents were in the home at the time of the incident and were named as subjects.

Executive Summary

On 1/1/20, the Erie County Department of Social Services (ECDSS) received an SCR report regarding the death of the three-month-old male infant. At the time of the infant’s death, ECDSS had an open CPS Services case, which opened on 11/14/17, due to the parents' untreated drug use. The infant resided with the mother and two-year-old sibling and the father visited the children often. The father had a six-year-old child who resided with her mother and the father visited that child often.

The parents had a history of substance abuse which resulted in Family Court intervention and the two-year-old sibling being removed from the parents’ care. The parents engaged in substance abuse services and the sibling returned to the mother’s custody on 12/13/18. Court ordered supervision expired on 12/25/19, and the case remained open for Intensive Preventive Services.

ECDSS conducted a joint investigation with law enforcement and thoroughly investigated the infant’s death. It was learned that on the morning of 1/1/20, the infant was found unresponsive on the couch in the mother’s home. The infant was found to be lying on his back on top of a u-shaped pillow and he was blue. The mother called 911 at 10:06 AM, and she performed CPR until EMS arrived. The infant was transported to the hospital via ambulance. The emergency room physician pronounced the infant deceased at 10:17 AM.

An autopsy was performed, and the medical examiner reported there was no trauma, bruising or hemorrhaging and there was some fluid found in the infant’s lungs. The final report was pending at the time this report was written. Law enforcement reported that the infant’s death appeared to be an accident and their investigation remained open pending the final autopsy results.

ECDSS unsubstantiated the allegations against the parents as they found no evidence that the parents were co-sleeping with the infant or that anything was obstructing his airway at the time of the incident. There were no concerns gathered for the parents’ care of the children. The parents were referred for grief counseling and the mother engaged in mental health counseling following the infant's death. Both parents remained engaged in substance abuse treatment at the time the ongoing CPS Services case closed on 4/9/20.

PIP Requirement

This review resulted in a citation related to casework practice. In response, ECDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify what action(s) the ECDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, ECDSS will review the plan(s) and revise as needed.



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 decision to unfound and close the case was appropriate.

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: 01/01/2020

Time of Death: 10:17 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:

10:06 AM

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	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	31 Year(s)
Other Household 2	Other Adult - BM of 6yo Sibling	No Role	Female	32 Year(s)
Other Household 2	Other Child - 6yo Sibling	No Role	Female	6 Year(s)

LDSS Response

ECDSS began their investigation upon receipt of the SCR report on 1/1/20. They contacted the source of the report, reviewed SCR history, and spoke to law enforcement, EMS, the ME, the DA's office, and the pediatrician. They assessed the mother's and PGM's homes and spoke to the mother, father and PGM. The parents and sibling moved in with the PGM following the incident, and the sibling was assessed to be safe. The father's six-year-old child was assessed to be safe in her mother's care.

Through interviews with the parents, it was learned that the infant was healthy and not on any medication. The parents were aware of safe sleep guidelines and there was a portable crib in the home for the infant to sleep in. Due to the father's continued use of marijuana, his contact with the children was to be supervised by the mother or paternal grandmother (PGM) and he was not allowed to be in the home when the mother was sleeping.

The parents reported the father spent the night at the mother's home on 12/31/19, and they denied using any drugs or



alcohol. The mother and sibling fell asleep on the right side of the sectional couch around 11:00 PM. The father fed the infant a bottle around 12:00 AM, then he laid the infant down to sleep on the middle cushion of the couch. He placed the infant on his back on a u-shaped pillow and covered his bottom half with a blanket. The father said he then fell asleep on the left side of the couch. The parents reported they were afraid to get in trouble for the father spending the night, and their accounts of the events on the morning of 1/1/20 were contradictory. They both reported that they were the one who first discovered the infant to be unresponsive. Both parents were consistent in their report that the infant was cold, purple and he had blood coming out of his nose. They said he was still positioned on his back on the u-shaped pillow and there were no items obstructing his airway. The mother called 911 at 10:06 AM, and she followed instructions for CPR until EMS arrived and took over.

Hospital records showed the infant appeared to be well-developed and well-nourished. He arrived with no pulse and was in the beginning stages of rigor mortis. He was pronounced deceased at 10:17 AM and the doctor's clinical impression was Sudden Infant Death Syndrome.

The parents' substance abuse treatment providers reported they were active in treatment and there were no concerns. First responders denied concerns that either parent was under the influence on the morning of the incident and no drugs or paraphernalia were found in the home. The pediatrician reported the infant and sibling were up to date with medical care and they had no concerns.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or 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 reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053241 - Deceased Child, Male, 3 Mons	053242 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
053241 - Deceased Child, Male, 3 Mons	053242 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
053241 - Deceased Child, Male, 3 Mons	053244 - Father, Male, 31 Year(s)	DOA / Fatality	Unsubstantiated
053241 - Deceased Child, Male, 3 Mons	053244 - Father, Male, 31 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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:
Risk was adequately assessed and the family was referred for the necessary services.

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 checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input checked="" 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 checked="" type="checkbox"/>	<input 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 two-year-old sibling received a full medical examination and she was found to be healthy.

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

Explain:

The parents were referred for grief services and the mother engaged in mental health services.

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?** Yes
- Was the child acutely ill during the two weeks before death?** No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- 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 fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/18/2019	Sibling, Female, 1 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 1 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 53 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 53 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged on a daily basis, the mother, the father and PGM were abusing alcohol and drugs to impairment while the sole caregivers for the sibling.

Report Determination: Unfounded

Date of Determination: 12/24/2019

Basis for Determination:

The adults denied the allegations and they appeared to be sober at all contacts. There was an open ongoing CPS Services case and the parents were engaged in substance abuse and mental health services. The father was using marijuana so he continued to have supervised visitation with the children.

OCFS Review Results:

The family was interviewed and the home was assessed to be safe. The infant was born during the investigation and he was appropriately added to the court orders. Safe sleep was discussed with the family. Safety assessments and the RAP were completed timely and accurately and Notice of Existence letters were provided to the required persons. The necessary collaterals were contacted and the pediatrician had no concerns for the children.

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)
03/21/2018	Sibling, Female, 4 Months	Other Adult - PGM's Partner, Male, 30 Years	Inadequate Guardianship	Substantiated	No

Report Summary:

An SCR report alleged the PGM's partner physically assaulted her in the presence of the sibling.

Report Determination: Indicated

Date of Determination: 04/12/2018

Basis for Determination:

The sibling resided in the home and was in the custody of the PGM under Article 1017. The PGM's partner damaged the door to her home and pushed in the door to the bedroom, almost hitting the mother and sibling. The mother called the police and the PGM's partner was charged with menacing and criminal mischief. The sibling was removed from the PGM's home and placed with another relative.

OCFS Review Results:

ECSS interviewed the parents, PGM and her partner. Safety assessments and the RAP were completed accurately and timely and Notice of Existence Letters were provided to the required persons. The sibling was appropriately moved to a new placement after the incident.



Child Fatality Report

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)
11/08/2017	Sibling, Female, 1 Days	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Substantiated	No
	Sibling, Female, 1 Days	Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 1 Days	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report alleged on 10/7/17, the mother gave birth to the sibling and they both tested positive for buprenorphine that is not prescribed to the mother. The mother had a history of substance abuse and she was not in treatment.

Report Determination: Indicated

Date of Determination: 12/18/2017

Basis for Determination:

The mother and sibling tested positive for buprenorphine and opiates at the time of the sibling's birth. The mother and father both had a history of drug abuse and neither parent were engaged in treatment. An Article 10 Neglect Petition was filed and the sibling was placed in the PGM's custody under Article 1017.

OCFS Review Results:

ECDSS interviewed the parents, assessed the parent's and the PGP's home for safety and safe sleep education was provided to the family. Safety assessments and the RAP were completed timely and accurately and Notice of Existence letters were provided to the required persons. The necessary collaterals were contacted and a Neglect Petition was appropriately filed.

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

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

There was no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

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

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 11/14/2017

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 11/14/2017

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

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

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The FASP was due to be completed by 12/7/19 and was not approved until 3/17/20.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Provider

	Yes	No	N/A	Unable to Determine



Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information, if necessary:
 Gateway-Longview provided Preventive Services to the family.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Issue:	Timeliness of completion of FASP
Summary:	The Comprehensive FASP and four Reassessment FASPs were approved past their due dates.
Legal Reference:	18 NYCRR428.3(f)
Action:	ECDSS will complete timely and accurate FASPs.

Preventive Services History

An ongoing CPS Services case opened on 11/14/17, following an indicated CPS report regarding the parents' untreated drug use. On 11/13/17, ECDSS filed an Article 10 Neglect Petition and the sibling was placed with the PGM under Article 1017. An Order of Supervision was obtained and the mother engaged in substance abuse treatment. The sibling was transferred to Foster Care on 5/24/18, when the 1017 placement did not work out. The sibling was returned to the mother's custody on 12/13/18. The father continued to use marijuana and he continued to have supervised visitation. ECDSS filed a violation petition on 3/18/19, due to the parents not fully complying with services. Court orders were extended through 12/25/19. On 9/17/19, a Derivative Neglect Petition was filed regarding the infant. The infant passed away on 1/1/20, and the petition was withdrawn. The family received Intensive Preventive Services from Gateway-Longview until the case closed on 4/9/20, when the parents requested their case be closed.

Foster Care Placement History

ECDSS filed an Article 10 Neglect Petition due to the parents untreated drug use, and on 11/13/17, the sibling was placed with the PGM under Article 1017. The sibling was transferred to Foster Care on 5/24/18, when the 1017 placement did not work out. The mother engaged in substance abuse treatment and the sibling was returned to the mother's custody on 12/13/18.

Legal History Within Three Years Prior to the Fatality

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

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
11/13/2017	Adjudicated Neglected	Order of Supervision
Respondent:	053242 Mother Female 27 Year(s)	



Comments:	An Article 10 Neglect Petition was filed and the two-year-old sibling was placed in the custody of the PGM on 11/14/17. An Order of Supervision was issued on 5/14/18 and the sibling remained in placement.
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Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
11/13/2017	Adjudicated Neglected	Order of Supervision
Respondent:	053244 Father Male 31 Year(s)	
Comments:	An Article 10 Neglect Petition was filed and the two-year-old sibling was placed in the custody of the PGM on 11/14/17. An Order of Supervision was issued on 5/14/18 and the sibling remained in placement.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
09/17/2019	There was not a fact finding	Withdrawn
Respondent:	053242 Mother Female 27 Year(s)	
Comments:	A Derivative Neglect Petition was filed after the infant was born. The petition was withdrawn after the infant passed away.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
09/17/2019	There was not a fact finding	Withdrawn
Respondent:	053244 Father Male 31 Year(s)	
Comments:	A Derivative Neglect Petition was filed after the infant was born. The petition was withdrawn after the infant passed away.	

Additional Local District Comments

We at the Erie County Department of Social Services (ECDSS) 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. With respect to the required actions related to the provision of preventive services, we must unfortunately concur that the Comprehensive FASP and four Reassessment FASPs were approved past their due dates. Although the untimely FASPs were completed by a purchase of service agency, we recognize that it is ultimately the responsibility of ECDSS to ensure the timely completion of work which we contract out to purchase of service agencies. This matter has been discussed with the ECDSS Case Manager and her chain of command. In addition, we note that the timely completion of FASPs is part of a recent comprehensive Program Improvement Plan (PIP) developed in conjunction with the Buffalo Regional Office of OCFS; this PIP is currently in the process of being implemented throughout ECDSS.

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