



Report Identification Number: BU-20-014

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

Issue Date: Dec 16, 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: 6 month(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 06/29/2020
Initial Date OCFS Notified: 06/29/2020

Presenting Information

Three SCR reports were received that alleged on 06/27/20, the father was the sole caregiver to the 6-month-old infant while the mother was at work. The father placed the infant in his crib and propped a bottle with blankets. When the father returned, he found the infant face down in the crib with the blankets wrapped around his torso. The infant was not breathing but had a pulse. The father contacted emergency services and the infant was taken to the hospital. CPR was attempted and the infant was placed on life support. On 06/29/20, the infant was taken off life support and passed away. The father failed to adequately supervise the infant when he left him alone in his crib with blankets and a bottle. As a result, the infant was found unresponsive and later passed away. The home was in deplorable condition and the 2-year-old sibling was locked in the bedroom alone for an unknown amount of time.

Executive Summary

On 6/29/20, the Erie County Department of Social Services (ECDSS) received an SCR report regarding the death of the 6-month-old male infant. Two previous SCR reports were received on 6/27/20, following the infant being found unresponsive in his crib by his father. The infant resided with the mother, father, 6-year-old sibling and 2-year-old sibling. The 6-year-old sibling's father was incarcerated for an unrelated matter and the sibling had not seen him in four years.

Through a joint investigation with law enforcement it was learned that the mother left for work at 10:30 AM. At some point after the mother left, the father placed the infant on his back in his crib and he propped a bottle for the infant using a blanket. The father left the bedroom for an undetermined amount of time and when he returned to check on the infant, he discovered the infant was face-down with the blanket wrapped around his torso and he was not breathing. The father brought the infant outside and he performed CPR while a neighbor called 911. The infant was transported to the hospital via ambulance, where he was placed on a ventilator. The parents withdrew care on 6/29/20, and the infant passed away.

An autopsy was performed and the manner and cause of death were undetermined. The final diagnosis was anoxic-ischemic encephalopathy of unknown etiology. The autopsy report showed that the infant had acute bronchopneumonia and it was unknown if the infant's bronchopneumonia was due to choking or due to being intubated in the hospital. The report further stated if not due to choking, the infant's cardiorespiratory arrest may have been related to positional asphyxiation as the infant was discovered face down, or a physiological cause such as cardiac arrhythmia or seizure. The status of the law enforcement investigation was unknown at the time this report was written.

ECDSS observed the home to be cluttered, it smelled of marijuana and it contained numerous safety hazards for the siblings. The 2-year-old sibling was locked in a bedroom and he was sleeping confined to a highchair when first responders arrived. The 6-year-old sibling used a pair of scissors to open the door when law enforcement asked where he was. The siblings received medical examinations and they were found to be healthy with no injuries.

Based on the condition of the home, concerns for supervision and the unknown circumstances surrounding the infant's death, a safety plan was initiated that the siblings reside with the paternal aunt and the aunt supervised the parents' contact with the siblings. An Article 10 Neglect Petition was filed on 7/2/20, and the siblings were placed in the custody of the paternal aunt under Article 1017. On 8/20/20, the 6-year-old sibling was transferred to the custody of the maternal grandmother under Article 1017 and the 2-year-old sibling remained with the paternal aunt.

ECDSS referred the parents for crisis mental health and grief counseling services, substance abuse services and parenting



skills training and they referred the 6-year-old sibling for mental health counseling. ECDSS appropriately substantiated the allegations against the parents and opened the case for ongoing CPS Services. There was credible evidence gathered that the father left the infant unsupervised in his crib for a period of time with a bottle propped using a blanket. The infant became unresponsive, resulting in him being placed on life support until 6/29/20, when he was pronounced deceased. The children were further placed at risk of harm by the condition of the home and lack of adequate supervision.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

ECDSS appropriately indicated and opened the case for ongoing CPS Services.

Was the decision to close the case appropriate? N/A

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 best casework practice.

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: 06/29/2020

Time of Death: Unknown

Time of fatal incident, if different than time of death:

Unknown

County where fatality incident occurred:

Erie

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used 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

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	6 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Other Household 1	Other Adult - Father of 6-year-old Sibling	No Role	Male	26 Year(s)

LDSS Response

ECDSS began their investigation into the incident upon receipt of the SCR report on 6/27/20. They searched SCR history and spoke to the source, law enforcement, DA's office and hospital staff. They interviewed the parents at the hospital, interviewed the sibling at the CAC and they assessed the parents' and paternal aunt's homes for safety.

The parents reported that the infant was healthy and developmentally on target. He recently just started holding his bottle on his own and they occasionally propped it up with a blanket. They said the infant was able to roll over on his own. They reported the door handle broke on the 2-year-old sibling's bedroom door and they used scissors or a screwdriver to open



the door.

The mother reported that she fed the infant a bottle around 10:00 AM. She said he was playing with his toys in his crib and he seemed fine when she left for work. She received a call around 2:20 PM from a neighbor telling her the infant was not breathing. A second neighbor picked her up at work and drove her to the hospital, where she learned about the incident.

The father reported that after the mother left for work, he gave the 2-year-old a shower while the infant laid in his crib. He said around 1:48 PM, the infant cried so he laid the infant on his back and propped a bottle up on the side of his head with a balled-up blanket. He reported he was in the bathroom for 5-8 minutes and he asked the 6-year-old sibling to check on the infant. The sibling told him the infant was sleeping and he checked on the infant around 2:05 PM. He found the infant face down on the mattress, with his right arm extended out and the blanket wrapped around his torso and left arm. When the father flipped the infant over, he saw that his lips were purple, and his eyes rolled back. He brought the infant outside and screamed for help from the neighbors. He started CPR and a neighbor called 911.

The 6-year-old sibling reported that her father was playing video games and she went to check on the infant. He was in his crib with a bottle in his mouth, he was coughing up milk and his head was covered with a blanket. She said she tried moving the blanket off his head. The second time she checked on the infant the father was in the bathroom and he asked her to check on him. She said she saw that the blanket was on his arm, he wasn't breathing, and he was turning black. She told the father the infant wasn't breathing, and the father went to check on him. She reported that the 2-year-old sibling often slept in the highchair in his bedroom and he was locked in his room because he touched a lot of stuff. She said she sometimes watched the two younger children when her mother was at work and her father went to the store.

The home was assessed to be cluttered with garbage, clothing, scissors, knives and other items strewn throughout. The infant's crib was observed in the parent's bedroom and there were stuffed animals, a shoe, clothing, a blanket and a package of wipes inside. ECDSS discussed safe sleep recommendations with the parents.

ECDSS contacted numerous collaterals and thoroughly investigated the infant's death. The pediatrician reported the siblings were up to date with well visits and immunizations. The infant was last seen in March and there were no concerns for his health at that time. The pediatrician reported that the infant missed several appointments that were scheduled for his four-month well visit. First responders reported that the infant was not breathing, and he was still warm when they arrived. They said they suctioned a lot of formula from the infant's lungs and they did not notice any obvious trauma. Hospital records showed the infant arrived in cardio/respiratory arrest and was placed on a ventilator. The records stated that the infant had an anoxic brain injury likely secondary to asphyxiation or questionable trauma, which resulted in multiorgan failure.

Official Manner and Cause of Death

Official Manner: Undetermined

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
055823 - Deceased Child, Male, 6 Mons	055824 - Mother, Female, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
055823 - Deceased Child, Male, 6 Mons	055825 - Father, Male, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
055823 - Deceased Child, Male, 6 Mons	055825 - Father, Male, 27 Year(s)	Inadequate Guardianship	Substantiated
055823 - Deceased Child, Male, 6 Mons	055825 - Father, Male, 27 Year(s)	DOA / Fatality	Substantiated
055823 - Deceased Child, Male, 6 Mons	055825 - Father, Male, 27 Year(s)	Lack of Supervision	Substantiated
055826 - Sibling, Female, 6 Year(s)	055824 - Mother, Female, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
055826 - Sibling, Female, 6 Year(s)	055825 - Father, Male, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
055826 - Sibling, Female, 6 Year(s)	055825 - Father, Male, 27 Year(s)	Inadequate Guardianship	Substantiated
055826 - Sibling, Female, 6 Year(s)	055825 - Father, Male, 27 Year(s)	Lack of Supervision	Substantiated
055827 - Sibling, Male, 2 Year(s)	055824 - Mother, Female, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
055827 - Sibling, Male, 2 Year(s)	055825 - Father, Male, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
055827 - Sibling, Male, 2 Year(s)	055825 - Father, Male, 27 Year(s)	Inadequate Guardianship	Substantiated
055827 - Sibling, Male, 2 Year(s)	055824 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
055827 - Sibling, Male, 2 Year(s)	055824 - Mother, Female, 25 Year(s)	Lack of Supervision	Substantiated
055827 - Sibling, Male, 2 Year(s)	055825 - Father, Male, 27 Year(s)	Lack of Supervision	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input 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 checked="" type="checkbox"/>	<input 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 an Article 10 Neglect Petition was filed to obtain court ordered 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The siblings were placed with the paternal aunt under Article 1017. On 8/20/20, the 6-year-old sibling was transferred to the custody of the maternal grandmother under Article 1017.				

Legal Activity Related to the Fatality

Was there legal activity as a result of 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:
07/02/2020	There was not a fact finding	There was not a disposition
Respondent:	055824 Mother Female 25 Year(s)	
Comments:	An Article 10 Neglect Petition was filed against the mother and father. The siblings were placed in the custody of relatives under Article 1017 and the petition was pending at the time this report was written.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
07/02/2020	There was not a fact finding	There was not a disposition
Respondent:	055825 Father Male 27 Year(s)	
Comments:	An Article 10 Neglect Petition was filed against the mother and father. The siblings were placed in the custody of relatives under Article 1017 and the petition was pending at the time this report was written.	

Have any Orders of Protection been issued? Yes

From: 07/02/2020 To: Unknown

Explain:

On order of protection was issued that barred the parents from unsupervised contact with the siblings.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 siblings received medical examinations and the 6-year-old sibling engaged in counseling.

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 crisis mental health and grief counseling 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?

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

There is no CPS investigative history in NYS within three years prior to the fatality.

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

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

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.

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