



Report Identification Number: BU-21-017

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

Issue Date: Nov 24, 2021

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: 7 month(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 05/30/2021
Initial Date OCFS Notified: 05/31/2021

Presenting Information

An SCR report alleged on 5/30/21, at about 7:45 PM, the foster parents put the 7-month-old male subject child to sleep on his back in a crib. At 8:15 PM, the foster mother checked on the child and found him face-down and unresponsive. The foster mother called 911 and performed CPR as instructed by the operator. EMS arrived and took over resuscitation efforts. EMS attempted to intubate the child; however, lifesaving efforts were unsuccessful. The child was transported to the hospital and was pronounced deceased at 9:02 PM. There was no explanation for the child's death.

Executive Summary

This fatality report concerns the death of the 7-month-old male subject child that occurred on 5/30/21. At the time of the child's death, he resided in a foster home with the foster mother, her two children (10 and 13-year-old) and two other foster children (ages 3 and 5 years). The child had a 6-year-old sibling who resided with the paternal grandmother. The sibling was placed with her through a 1017 placement in October 2020, when the sibling and the child were removed from the custody of the parents due to ongoing concerns for their untreated mental health diagnoses and drug addictions. The sibling resided with the grandmother informally at times prior to the child's death. The 6-year-old sibling and child were involved in an open services case due to their placements. The child had a 12-year-old sibling who resided with the paternal grandmother prior to the child's birth. The 12-year-old sibling did not have a relationship with the child; therefore, was not involved in the investigation. The other children were assessed to be safe with their caregivers throughout the course of the investigation.

Erie County Department of Social Services (ECDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. An autopsy was performed; however, the final report was pending at the time of this writing. The medical examiner stated the child did not have any trauma. Law enforcement noted they did not plan to file criminal charges.

The foster mother reported placing the child on his back in his crib around 7:40 PM. When she checked on the child around 8:15 PM, he had rolled over onto his stomach. He was unresponsive and not breathing. She called 911 and performed CPR until first responders arrived and took over resuscitation efforts. The child was transported to the hospital where he was pronounced deceased.

ECDSS made collateral contacts including first responders, relatives, the pediatrician, and the medical examiner. There were no concerns for the care the foster mother provided to the children in her care.

The Safety Assessments and required reports were completed timely and with accuracy. The allegations of Inadequate Guardianship and DOA/Fatality were unsubstantiated against the foster mother. ECDSS based their determination on the medical examiner's preliminary findings that suggested there was no wrongdoing by the foster mother. Additionally, law enforcement reviewed footage from a nanny cam that accurately reflected what the foster mother reported about the incident. The foster mother and children were offered grief services in response to the death, which were accepted.

PIP Requirement



ECDSS & CCDSS will submit PIPs to the Buffalo Regional Office within 30 days of the receipt of this report. The PIPs will identify action(s) the ECDSS & CCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ECDSS & CCDSS will review the plan and revise as needed to address ongoing concerns.

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 determined the investigation.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

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: 05/30/2021

Time of Death: 09:02 PM



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

08:00 PM

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? 35 Minutes

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: **In another room**

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	7 Month(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Other Child - Foster Child	No Role	Female	5 Year(s)
Deceased Child's Household	Other Child - Foster Child	No Role	Female	3 Year(s)
Deceased Child's Household	Other Child - Foster Mother's Child	No Role	Male	13 Year(s)
Deceased Child's Household	Other Child - Foster Mother's Child	No Role	Female	10 Year(s)
Other Household 1	Other Adult - Father to 13-year-old Child	No Role	Male	40 Year(s)
Other Household 2	Father	No Role	Male	38 Year(s)
Other Household 2	Mother	No Role	Female	36 Year(s)
Other Household 3	Other Adult - Mother to 3 and 5-year-old Children	No Role	Female	32 Year(s)
Other Household 4	Other Adult - Father to 3 and 5-year-old children	No Role	Male	27 Year(s)

LDSS Response

On 5/31/21, ECDSS received an SCR report alleging the child passed away without explanation on 5/30/21 while in the care of his foster mother. Within the first 24 hours of the investigation, ECDSS contacted law enforcement and the source of the report. A CPS history check was documented, a home visit was made, and the district attorney and medical



examiner's offices were made aware of the death.

On 5/31/21, the foster mother was interviewed. She reported the child had been displaying cold symptoms in the days prior to his death, and she was treating him with chest rubs and Motrin. The foster mother reported laying the child down on his back in his crib around 7:40 PM. The child was able to roll over and sit up on his own. She checked on the child around 8:15 PM and the child had rolled over and had his face turned to the side. The child had a substance coming from his nose and the foster mother cleaned it off. She noticed the child was not moving and was unresponsive. She picked the child up and ran downstairs with him. She called 911 and gave the child rescue breaths as instructed by the 911 operator. First responders arrived and took over resuscitation efforts.

Information was gathered from law enforcement, who was first to arrive at the home. The officers performed CPR until EMS arrived and transported the child to the hospital. Law enforcement provided information the foster mother had a nanny cam and they reviewed the footage from the night of the fatal incident. The video footage reflected the foster mother's recollection and law enforcement did not plan to take legal action.

The medical examiner provided the opinion that the child passed away from something medically related, such as a genetic defect or SIDS. The medical examiner added the child may have had a medical condition due to the mother's drug use during pregnancy.

ECDSS was unable to interview the mother as they did not have locating information for her. The father was interviewed while he was incarcerated for unrelated crimes. He had no information regarding the death. The children in the home were interviewed and expressed no concerns for their safety. The children did not provide information surrounding the death, but stated they have no concerns for their safety. The paternal grandmother was contacted and expressed the 6-year-old sibling was safe in her care. The services case remained open with the parents and the 6-year-old sibling; however, the parents continued to be noncompliant with their court-ordered services and ECDSS planned on requesting a default judgement from the court for the purpose of terminating the parents' rights to the sibling.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: The death was referred to an OCFS-approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058641 - Deceased Child, Male, 7 Mons	058642 - Foster Parent, Female, 38 Year(s)	DOA / Fatality	Unsubstantiated
058641 - Deceased Child, Male, 7 Mons	058642 - Foster Parent, Female, 38 Year(s)	Inadequate Guardianship	Unsubstantiated



CPS Fatality Casework/Investigative Activities

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

Additional information:

Although phone contact was made with the mother regarding funeral assistance, the record did not reflect she was seen face-to-face. ECDSS documented making diligent attempts to contact the mother throughout their involvement.

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"/>

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: The unrelated foster children remained in the foster home and were assessed as safe.				

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 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 3 and 5-year-old unrelated foster children were removed from their parents and placed in the foster home prior to the child's death. The foster children were in the process of being adopted at the time the investigation was determined. The 6-year-old surviving sibling remained in the care of the paternal grandmother.				

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Additional information, if necessary:

The foster mother and children accepted mental health and grief counseling referrals. The foster children in the home remained active with services and the foster mother planned to adopt the children. The children received health insurance benefits. The paternal grandmother remained the caregiver for the 6-year-old sibling.

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 children in the foster home were referred to mental health and bereavement services. It remained unknown if the 6-year-old sibling was provided with services in response to the fatality; however, the sibling was not noted to have a relationship with the subject child.

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

Explain:

The father declined services in response to the death. The foster mother accepted bereavement services. It remained unknown if the mother was offered mental health services in response to the fatality. The mother accepted funeral assistance.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was the child ever placed outside of the home prior to the death?** Yes
- 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?** Yes



Infants Under One Year Old

During pregnancy, mother:

- | | |
|--|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input checked="" type="checkbox"/> Used illicit drugs |
| <input type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record | |

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/18/2020	Sibling, Male, 6 Years	Mother, Female, 36 Years	Educational Neglect	Substantiated	No
	Sibling, Male, 6 Years	Mother, Female, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Father, Male, 37 Years	Educational Neglect	Substantiated	
	Sibling, Male, 6 Years	Father, Male, 37 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 10 Days	Mother, Female, 36 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 10 Days	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Male, 10 Days	Father, Male, 37 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 10 Days	Father, Male, 37 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged on 10/17/20, at approximately 7:00 PM, the mother and father were impaired on drugs, glassy-eyed and unable to adequately care for the 10-day-old child.

Report Determination: Indicated

Date of Determination: 12/29/2020

Basis for Determination:

The parents were substantiated for Parent Drug/Alcohol Misuse against the child. The father used drugs and was not in treatment. The mother used drugs while caring for the 6-year-old sibling and while she was pregnant with the child and on probation. Educational Neglect was added and substantiated against the parents regarding sibling who was not enrolled in school. Inadequate guardianship was added and substantiated against the parents for the children. A Neglect Petition was filed, and the sibling was placed with a relative. The child was placed in a foster home on a voluntary basis on 10/20/20.

OCFS Review Results:

The investigation was initiated timely, and a CPS history check was documented. Safe sleep practices were reviewed. The Safety Assessments were completed timely and accurately. Progress notes were entered timely. Safety concerns were



addressed, and protective action was taken. The parents agreed to a 72-hour voluntary placement on 10/20/20; however, the subject child and sibling were removed from the care of the parents and there was a court-ordered removal on 10/23/20 regarding both children. A Services Case was opened on 10/25/20.

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)
10/16/2019	Sibling, Male, 11 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 11 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report received by Chautauqua County Department of Social Services (CCDSS) alleged the father was the sole caretaker for the then 5 and 11-year-old siblings. While caring for the siblings, the father was under the influence of crystal methamphetamine. The father was high on 10/14/19. The mother was hospitalized at the time and had an unknown role.

Report Determination: Unfounded

Date of Determination: 12/18/2019

Basis for Determination:

The allegations of Inadequate Guardianship and Parent Drug/Alcohol Misuse were unsubstantiated against the father regarding the siblings. The father admitted to drug use but stated the siblings were with a sober caretaker at the time. The siblings did not observe the father under the influence of drugs. The case remained open for preventive services.

OCFS Review Results:

The source of the report was contacted. The 7-day Safety Assessment was completed timely. A home visit was made, and interviews were conducted. Collateral contacts were made. A CPS history check was documented untimely. The Risk Assessment Profile was completed with accuracy. Written notice of the SCR report was provided untimely.

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

Issue:

Review of CPS History

Summary:

A CPS history check was completed untimely on 12/12/19.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, CCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, CCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

PIP Requirement:

CCDSS will submit a PIP to the Buffalo Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the CCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, CCDSS will review the plan and revise as needed to address ongoing concerns.

Issue:

Failure to provide notice of report

Summary:

Although the mother was provided with written notice of the SCR report timely, the father was not provided with written notice. Written notice was provided to the eldest minor sibling in error.



Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

CCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/05/2019	Sibling, Male, 11 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 11 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 11 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 35 Years	Fractures	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Father, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 35 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

An SCR report received by Chautauqua County Department of Social Services (CCDSS) alleged the father was paranoid, anxious and had delusions. The father could not adequately care for the then 4-year-old and 11-year-old siblings. The mother had a history of drug use. On a regular basis, the mother was impaired by methamphetamines while being the sole caretaker of the children. The mother left the drug accessible to the children. In years prior, the mother was impaired and failed to adequately supervise the then 4-year-old sibling. As a result, the sibling fell out of a window on the second floor and sustained a broken leg.

Report Determination: Unfounded

Date of Determination: 09/13/2019

Basis for Determination:

The allegation of Inadequate Guardianship was substantiated against the parents regarding the siblings. The mother was unsubstantiated for Lack of Supervision, Fractures, and Parent Drug/Alcohol Misuse. Investigation revealed the father was mentally ill which caused delusions and resulted in the parents arguing. The father's delusions included the mother abusing drugs, the children being injured and unsupervised. The mother continued to expose the children to the father's outburst and mentally unstable behaviors.

OCFS Review Results:

The investigation was initiated timely. The source of the report was contacted, and the parents were interviewed. The 7-day Safety Assessment was completed timely and with accuracy. The investigation revealed the then 4-year-old sibling was injured while the mother was impaired while being the caretaker; however, the allegation were unsubstantiated. A CPS history check was documented untimely. Progress notes were entered timely and preventive services were offered to and were accepted by the family. The Preventive Services Case was opened on 7/26/19. Written Notice of Indication was provided to the parents.

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

Issue:



Review of CPS History

Summary:

A CPS history check was documented untimely on 7/12/19.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, CCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, CDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

Issue:

Appropriateness of allegation determination

Summary:

Although the investigation revealed the mother previously was under the influence of marijuana while caring for the then 4-year-old sibling, the allegations of LS and PD/AM were unsubstantiated against the mother. The record reflected the mother was arrested for EWOC as a result of the incident.

Legal Reference:

FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)

Action:

CCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations and will consult with the Buffalo Regional Office if further guidance is needed.

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

Although the children were interviewed and some information regarding assessments of safety and risk was documented, the children were not interviewed regarding the allegations in the report including supervision, drug use or the father's mental health.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

CCDSS will make face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/07/2019	Sibling, Male, 10 Years	Mother, Female, 34 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 10 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 34 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Years	Father, Male, 35 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	



Sibling, Male, 10 Years	Father, Male, 35 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 4 Years	Father, Male, 35 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 4 Years	Father, Male, 35 Years	Inadequate Guardianship	Unsubstantiated

Report Summary:

An SCR report received by CCDSS alleged the then 4 and 10-year-old siblings resided in deplorable conditions. The parents were aware of the ongoing concern yet did not take the necessary steps to adequately assess the condition of the home. As a result, the family was evicted. The concern was ongoing as the family had a history of being homeless and they continuously lost temporary housing assistance due to various violations.

Report Determination: Unfounded**Date of Determination:** 07/09/2019**Basis for Determination:**

The allegations of Inadequate Food/Clothing/Shelter and Inadequate Guardianship were unsubstantiated against the parents regarding the siblings. The investigation revealed the parents had a chronic history of unstable housing; however, during the investigation, the family stayed in a room that met minimal standards and safe sleeping environments were observed. The family was considered to have secured suitable and stable housing.

OCFS Review Results:

The investigation was initiated timely, and a home visit was made. The source of the report was contacted. The children were observed. The interviews with the father and then 10-year-old sibling were lacking key safety and risk related information. The record did not reflect the then 4-year-old sibling was interviewed. The record did not reflect relevant collateral contacts were made. The home where the then 10-year-old sibling resided was not assessed. The 7-day Safety Assessment and CPS history check were completed untimely. Written notice of the SCR report was provided untimely.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-day Safety Assessment was documented and approved untimely on 5/22/19.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

CCDSS will document and approve all Safety Assessments within the required timeframes.

Issue:

Review of CPS History

Summary:

A CPS history check was documented untimely on 5/16/19.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, CCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, CCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:



Although the then 10-year-old sibling was spoken to, the record did not reflect he was interviewed regarding overall safety and risk factors, or about the allegations. The record did not reflect then 4-year-old sibling was interviewed. The record did not reflect a reason why he was not interviewed.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

CCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

Although CCDSS requested attendance records, the record did not reflect relevant collateral contacts were made who may have had information on the family's living environment and family functioning.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

CCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

Issue:

Pre-Determination/Home Visit

Summary:

Although the environment where the parents and then 4-year-old sibling was observed, the then 10-year-old sibling resided with the grandmother and that home was not assessed.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(a)

Action:

Prior to a determination being made, the investigation must include one home visit to evaluate the environment of the children named in the report.

Issue:

Failure to provide notice of report

Summary:

Although the parents were provided with written notice of the SCR report, the notification letters were provided untimely on 7/8/19.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

CCDSS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

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

06/25/16- 09/19/16 The mother was Sub for IG of the 6-year-old SS.

09/20/16- 11/22/16 The father was UnSub for the IG of the 6-year-old SS.

12/05/16- 01/18/17 The mother was Unsub for IG regarding the siblings and two other children. The father was Unsub for



FX and LS of the 6-year-old sibling. The paternal aunt was Unsub for IG of the siblings and two other children and was UnSub for FX and LS of the 6-year-old sibling.

05/24/17- 07/26/17 The mother was UnSub for the IG of the siblings and two other children. The mother was unsub for FX of the 6-year-old sibling and Sub for LS of another child. The father was UnSub for IG regarding the siblings and two other children. The paternal aunt was UnSub for IG, FX and LS of the 6-year-old sibling.

04/11/18- The parents were Sub for PD/AM regarding the siblings and the parents were Sub for LS of the 6-year-old sibling.

Known CPS History Outside of NYS

There was no known CPS history outside of New York.

Services Open at the Time of the Fatality

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: 10/25/2020

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"/>
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"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<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 most recent required FASP was approved on 06/04/21, 17 days late.				
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 most recent FASP was due on 05/18/21 and was completed untimely on 06/04/21.
Legal Reference:	18 NYCRR428.3(f)
Action:	ECDSS will complete or see to the completion of FASPs by service providers when applicable, in a timely fashion when ECDSS maintains a case management role.

Preventive Services History

07/26/19-02/20/20 The BF requested a preventive case be opened. The parents had a Hx of untreated MH, addictions and homelessness. The BF was delusional. The BM had an alleged substance abuse problem, but it was unknown if the BM had an addiction or if the claim was the BF's delusion. The family was referred to MH counseling, drug addiction services, Early Intervention, Home Management Training and casework counseling. The case was closed based on noncompliance. The parents were in inpatient rehabilitation facilities and the PGM was the caretaker of the SSs.

11/08/16- 01/12/18 There were concerns the parents did not properly supervise the SSs, had drug and alcohol addictions and did not enroll the SSs in Early Intervention programs. The eldest SS did not attend school regularly and his academics suffered. The family had been evicted, did not have stable housing and were using a caretaker who had CPS Hx, placing



the SSs at risk. A Neglect Petition was filed against the parents and there was a finding of neglect without admission. The parents were compliant with court orders and CCDSS monitored services offered to the family including Early Intervention, chemical dependency programs, MH evaluations and counseling and provided casework counseling. The case was closed after the court order expired as all goals had been met and the parents declined further intervention from CCDSS.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 10/20/2020

Date of placement with most recent caregiver? 10/20/2020

How did the child(ren) enter placement? Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	-------------------------------------	--------------------------	--------------------------

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 10/06/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 10/19/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 01/31/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The child was placed in Foster Care on 10/20/2020 where he remained until he passed away.

Foster Care Placement History

The subject child entered foster care on a 72-hour emergency voluntary placement on 10/20/2020; however, remained in Foster Care for the remainder of his life. The 6-year-old sibling resided with his grandmother through a 1017 placement since October 2020, prior to that, the sibling was intermittently in the care of his grandmother.

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:
10/23/2020	There was not a fact finding	Order of Supervision
Respondent:	058648 Father Male 38 Year(s)	
Comments:	The parents were ordered to participate in services through ECDSS after the children were removed from the care of the parents.	



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
10/23/2020	There was not a fact finding	Care/Custody to Local Social Services District
Respondent:	058649 Mother Female 36 Year(s)	
Comments:	The parents were ordered to participate in services and the then 5-year-old sibling remained in the care of the paternal grandmother. The subject child was placed in Foster Care. The parents were court-ordered to services under an order of supervision.	

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, accurately 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. However, we must unfortunately concur with the compliance issue noted by the reviewer with respect to the Services case open in Erie County at the time of the fatality. Specifically, we acknowledge that ECDSS failed to complete a FASP due on May 18, 2021 until seventeen days later, on June 4, 2021. We do note that the timely completion of FASPs is an issue currently being addressed through a consolidated Program Improvement Plan agreed to by ECDSS and the Buffalo Regional Office of OCFS.

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