



## Report Identification Number: BU-21-012

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

Issue Date: Oct 04, 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:** 4 year(s)

**Jurisdiction:** Erie  
**Gender:** Female

**Date of Death:** 04/08/2021  
**Initial Date OCFS Notified:** 04/08/2021

## Presenting Information

An SCR report was received which alleged that on 4/8/21, the four-year-old subject child was visiting family when she climbed out of a fenced area and ran down to a nearby pond. The adults present failed to provide an adequate level of supervision, and eventually found the subject child floating in the pond. The father removed the subject child and began CPR. Emergency medical services were contacted and transported the subject child to the hospital where she was pronounced dead.

## Executive Summary

This fatality report concerns the death of a four-year-old female subject child that occurred on 4/8/21. A report was registered with the SCR on that same date with allegations of Lack of Supervision, Parents' Drug/Alcohol Misuse and DOA/Fatality against the child's mother, father, the parent substitute, and the father's girlfriend. An autopsy was completed; however, the official cause and manner of death had not yet been released at the time of this writing. Preliminary results noted the child died due to accidental drowning.

At the time of the child's death, she resided with her mother, the parent substitute, and a six-year-old surviving sibling. The child's father resided with his girlfriend at another residence. The investigation revealed that on 4/8/21, around 2:00PM, the mother, parent substitute, the child and the sibling were at the father's home so he could visit with the children. The father and his girlfriend lived on a farm with a pond on the property. The subject child had a history of wandering to the pond without supervision and had done so when the family first arrived at the father's home on the date of the incident. The mother retrieved the child from the pond and scolded her. The parents placed the child inside of a dog pen made from chicken wire to keep her contained, while the adults and sibling sat out of sight on another part of the property. All the adults that were present admitted to using marijuana, and at approximately 4:00PM, the father noticed the subject child was no longer in the dog pen. The family searched the property until she was found unresponsive in the pond. The father and parent substitute pulled her out of the water and emergency services were called. Paramedics and law enforcement arrived and transported the child to the local hospital, where she was pronounced deceased at 6:53PM.

From the time the investigation began to the time of its closure, ECDSS interviewed family members and collateral sources, including hospital staff, first responders, the medical examiner, the children's schools, and their pediatrician. Safety concerns arose during the investigation and an abuse petition was filed. Law enforcement found no criminality regarding the death of the child. The adults' stories as to what occurred leading up to the incident were inconsistent; however, evidence was gathered that showed the subject child had not been supervised for an extended period and was in the pond for longer than the ten minutes reported by the caregivers. ECDSS substantiated the allegations and closed the investigation. The sibling was placed in the care of a relative and was deemed safe. A court ordered services case was opened in response to the fatality and remained ongoing at the time of this writing.

### PIP Requirement

OCFS' review resulted in citations. In response, the cited county will submit a Program Improvement Plan (PIP) to their Regional Office which will identify what action(s) the LDSS has taken, or will take, to address the cited issues. For citations where a PIP is currently implemented, the LDSS will review the plan(s) and revise as needed to further 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 gathered information to determine the allegations and assess the safety of the surviving sibling.

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:

The case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
<b>Summary:</b>	Although it was noted ECDSS met face-to-face with the parent substitute, the record did not reflect if he was interviewed surrounding the fatal incident or the allegations in the report.
<b>Legal Reference:</b>	18 NYCRR 432.1 (o)
<b>Action:</b>	ECDSS will make efforts to interview all persons named in a report, who may have been present during what was alleged in the report, and/or may have information pertinent to the safety and well-being of children that reside in the home.

## Fatality-Related Information and Investigative Activities



### Incident Information

**Date of Death:** 04/08/2021

**Time of Death:** 06:53 PM

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

04:00 PM

**County where fatality incident occurred:**

Cattaraugus

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

04:26 PM

**Did EMS respond to the scene?**

Yes

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

No

**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 was supervisor impaired?**

Drug Impaired

Alcohol Impaired

Impaired by illness

Impaired by disability

**At time of incident supervisor was:**

Distracted

Absent

Asleep

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	Female	4 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	26 Year(s)
Other Household 1	Father's Partner	Alleged Perpetrator	Female	22 Year(s)

### LDSS Response

On 4/8/21, ECDSS received the SCR report regarding the death of SC. ECDSS initiated their investigation within 24 hours and coordinated their efforts with their MDT. ECDSS learned there was one SS and worked promptly to assess his safety.



On 4/9/21, ECDSS met with the family at their residence. SM was interviewed and explained that on 4/8/21, she and PS brought SC and SS to visit SF at his home around 2:00PM. SM said SF and his girlfriend lived on a farm. SM stated when they arrived, SC ran right for the pond that was on the property. SM reported SC had a habit of doing so. SM explained she went after SC and yelled at her for going near the pond without an adult. SM stated there was a dog pen made with chicken wire at SF’s home, and they put SC inside the pen so she could run around safely. SM reported everyone at the house was outside the entire time, including SS who was playing with toys in the driveway; the dog pen was near the driveway, but not in sight of where the adults were sitting. SM stated she, PS, SF, and his girlfriend all smoked marijuana, and at around 4:40PM, SM and PS started to pack up to go home. SM explained that was when everyone noticed SC was no longer in the dog pen, so they began searching for her. SM said at around 5:10PM, SF and PS found SC in the pond and they both went in and carried her out; police were called right away. SM said it had only been about 5 minutes since she last saw SC to the time she was missing. SM explained SC was nonverbal due to a developmental condition. ECDSS also briefly spoke with PS on this date; however, the record did not reflect if he was interviewed regarding the fatality or the allegations in the report. ECDSS then interviewed the SS, who reported he was playing at SF’s house when SC “drowned in the pond.” SS denied ever being left alone and did not disclose any safety concerns; however, due to SS’s age and development, he could not provide any further detail surrounding the incident.

On 4/12/21, ECDSS met with SF and his girlfriend at their home. Both reported SC was playing in the dog pen on 4/8/21, so she would not run off. SF and his girlfriend stated SF went to the bathroom at one point, and when he returned, he noticed SC was not in the dog pen. The girlfriend stated she got on a horse and went looking for her; they found SC in the pond 5 to 10 minutes after they all started looking. The girlfriend explained the dog pen door was not latched, but she did close it using a piece of twine. ECDSS asked about marijuana use and both stated they smoked prior to the incident.

The dog pen was observed and LE informed ECDSS that it appeared SC got out of the pen through a hole in the fencing. LE reported SC was in the pond for longer than what the adults were reporting, and their stories were inconsistent. The dog pen was not fully visible from where the adults were reported to be sitting.

Throughout the investigation, ECDSS spoke with family members and collateral sources. There were no criminal charges brought against any of the adults present at the time of the fatality. Due to concerns surrounding supervision and drug use, a safety plan was implemented where the SS would stay with a relative and an abuse petition was filed in family court. On 4/13/21, the relative was awarded 1017 custody of SS. ECDSS found evidence the caregivers actions placed SC at imminent risk of harm, and therefore substantiated the allegations in the report. A court ordered services case was opened, and family court proceedings remained ongoing at the time of this writing.

**Official Manner and Cause of Death**

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external 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

**Comments:** This fatality investigation was conducted by the Erie County Multidisciplinary Team.

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

**Comments:** This fatality was submitted for review by the Erie County Child Fatality Review Team.

**SCR Fatality Report Summary**



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058205 - Deceased Child, Female, 4 Yrs	058206 - Mother, Female, 26 Year(s)	DOA / Fatality	Substantiated
058205 - Deceased Child, Female, 4 Yrs	058206 - Mother, Female, 26 Year(s)	Lack of Supervision	Substantiated
058205 - Deceased Child, Female, 4 Yrs	058206 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
058205 - Deceased Child, Female, 4 Yrs	058207 - Mother's Partner, Male, 25 Year(s)	DOA / Fatality	Substantiated
058205 - Deceased Child, Female, 4 Yrs	058207 - Mother's Partner, Male, 25 Year(s)	Lack of Supervision	Substantiated
058205 - Deceased Child, Female, 4 Yrs	058207 - Mother's Partner, Male, 25 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
058205 - Deceased Child, Female, 4 Yrs	058209 - Father, Male, 26 Year(s)	DOA / Fatality	Substantiated
058205 - Deceased Child, Female, 4 Yrs	058209 - Father, Male, 26 Year(s)	Lack of Supervision	Substantiated
058205 - Deceased Child, Female, 4 Yrs	058209 - Father, Male, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
058205 - Deceased Child, Female, 4 Yrs	058210 - Father's Partner, Female, 22 Year(s)	DOA / Fatality	Substantiated
058205 - Deceased Child, Female, 4 Yrs	058210 - Father's Partner, Female, 22 Year(s)	Lack of Supervision	Substantiated
058205 - Deceased Child, Female, 4 Yrs	058210 - Father's Partner, Female, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Additional information:**

ECDSS interviewed the family and collateral sources. Progress notes and other documentation were completed and entered within the required timeframes.

### Fatality Safety Assessment Activities

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

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

A safety plan was implemented where the sibling would stay with a relative due to concerns that arose during the investigation. The relative was awarded 1017 custody on 4/13/21. An abuse petition was filed in family court, and a court ordered services case was opened to address ongoing familial needs.





## 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> Concerns arose regarding the parents and caregivers' use of drugs and lack of supervision. The surviving sibling was placed with a relative as a safety plan, and an abuse petition was filed in family court. On 4/13/21, the relative was awarded 1017 custody of the sibling.				

## 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:
04/13/2021	There was not a fact finding	Direct Custody to/or Continued with Relative (Article 10)
<b>Respondent:</b> 058206 Mother Female 26 Year(s)		
<b>Comments:</b> Following the death of the subject child, concerns arose regarding the parents' ability to appropriately supervise the surviving sibling as well as concerns surrounding drug abuse. ECDSS filed an abuse petition in family court on 4/13/21. The sibling was placed in 1017 custody with a relative. Family court proceedings remained ongoing at the time of this writing.		

### Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
04/13/2021	There was not a fact finding	Direct Custody to/or Continued with Relative (Article 10)
<b>Respondent:</b> 058209 Father Male 26 Year(s)		
<b>Comments:</b> Following the death of the subject child, concerns arose regarding the parents' ability to appropriately supervise the surviving sibling as well as concerns surrounding drug abuse. ECDSS filed an abuse petition in family court on 4/13/21. The sibling was placed in 1017 custody with a relative. Family court proceedings remained ongoing at the time of this writing.		

## Services Provided to the Family in Response to the Fatality



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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other, specify:** Court Ordered Services

**Additional information, if necessary:**

ECDSS provided the family with bereavement counseling referrals and information on assistance with funeral costs. The sibling was placed in the care of a relative via a 1017 custody arrangement. A court ordered services case was opened after concerns arose regarding drug use and supervision.

**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:**

ECDSS provided the parents with referrals for the sibling to engage in grief and bereavement services. Further, a court ordered services case was opened to address additional concerns.

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

**Explain:**

ECDSS provided the parents referrals for grief and bereavement services. Further, a court ordered services case was opened to address additional concerns.

## 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?	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

## 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)
06/06/2019	Sibling, Male, 4 Years	Father, Male, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 2 Years	Father, Male, 24 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

This SCR report was received with concerns SF was physically aggressive toward SM in the presence of SS and SC. Specific details surrounding the incident were unknown.

**Report Determination:** Unfounded

**Date of Determination:** 08/13/2019

**Basis for Determination:**

ECDSS interviewed family members and collateral sources. The CHN were nonverbal and could not be interviewed; however, they were observed and assessed as safe. ECDSS discovered a DV incident from 2018 where an OP was issued against SF. The OP had since expired, and SF had unsupervised visitation every other weekend. Neither parent had any concerns surrounding current DV or the safety of the CHN on visits. There was no evidence to show either of the CHN were present during the incident. ECDSS unfounded and closed the case.

**OCFS Review Results:**

This investigation met all statutory requirements.

**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)
01/23/2019	Sibling, Male, 4 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 4 Years	Grandparent, Female, 44 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

This SCR report was received by Cattaraugus County (CCDSS) with concerns SM was involved in a verbal argument that turned violent with SF and PGM in the presence of the SS. PGM threw SM to the floor while SF pinned her to the ground as PGM yelled in SM's face. It was unknown where SC was during this incident.

**Report Determination:** Unfounded

**Date of Determination:** 03/14/2019

**Basis for Determination:**

CCDSS interviewed family members surrounding the incident. SF and PGM reported SM attacked them, while SM reported the opposite. SM stated she was injured during the altercation. LE provided a copy of the incident report to CCDSS. The SS was unable to be interviewed as he would not engage. SS was assessed as safe. ECDSS unfounded and closed the case.

**OCFS Review Results:**

The record did not reflect if SC was seen, or if her safety was assessed. Observations of the home environments were not documented. The record did not reflect if the urgent care that treated SM was contacted as a collateral source. The safety assessments did not reflect the safety of the CHN, and instead reiterated the concerns in the report narrative. The record did not reflect if services were offered to the family.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The record did not reflect if the urgent care that treated the mother's injuries following the incident was contacted as a collateral source.

**Legal Reference:**

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

**Action:**

CCDSS has an active PIP addressing this compliance issue, implemented on 4/15/21. Further, CCDSS has put into effect a checklist to ensure all required casework activities are completed prior to case closure.

**PIP Requirement:**

This citation is regarding an investigation conducted by Cattaraugus County Department of Social Services (CCDSS).

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The record did not reflect if the subject child was seen, or her safety assessed. Observations as to the safety of the home environments were not documented.

**Legal Reference:**

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

**Action:**

CCDSS has an active PIP addressing this compliance issue, implemented on 4/15/21. Further, CCDSS has put into effect a checklist to ensure all required casework activities are completed prior to case closure.

**PIP Requirement:**

This citation is regarding an investigation conducted by Cattaraugus County Department of Social Services (CCDSS).

**Issue:**

Adequacy of Documentation of Safety Assessments

**Summary:**

The safety assessments did not reflect the safety of the subject child and surviving sibling.

**Legal Reference:**

18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

**Action:**

CCDSS has an active PIP addressing this compliance issue, implemented on 4/15/21. Further, CCDSS has put into effect a checklist to ensure all required casework activities are completed prior to case closure.

**PIP Requirement:**

This citation is regarding an investigation conducted by Cattaraugus County Department of Social Services (CCDSS).

**Issue:**

Failure to Offer Appropriate Services

**Summary:**

The investigation revealed the parents had a recent history of interpersonal relationship violence; however, the record did not reflect if services were offered to the family.

**Legal Reference:**

SSL §424(10);18 NYCRR 432.3(p)

**Action:**

CCDSS has an active PIP addressing this compliance issue, implemented on 4/15/21. Further, CCDSS has put into effect a checklist to ensure all required casework activities are completed prior to case closure.

**PIP Requirement:**

This citation is regarding an investigation conducted by Cattaraugus County Department of Social Services (CCDSS).

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/02/2018	Deceased Child, Female, 1 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

This SCR report was received with concerns that several months ago, SM overdosed on a medication while her children were in her care. As a result, SM was not supposed to be left alone with the children. On several occasions since the incident occurred, SM was alone with the children.

**Report Determination:** Unfounded

**Date of Determination:** 08/28/2018

**Basis for Determination:**

ECDDSS interviewed family members and collateral sources. It was discovered SM's suicide attempt occurred on 2/15/18 and SM was engaged in treatment and denied any further suicidal ideations; neither CH was with SM at the time of the overdose. The family was engaged in community-based services, and providers had no concerns. The CHN were observed and deemed safe. The investigation was unfounded and closed.

**OCFS Review Results:**

This investigation met all statutory requirements.

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

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

From 2015 to 2018, SM and SF were named as subjects in two indicated cases with common allegations of IG and IF/C/S. SM was named as a subject in three unfounded cases with common allegations of IG and L/B/W. All of these investigations involved SC and/or SS.

**Known CPS History Outside of NYS**

There was no known CPS history outside of NYS.



## Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

## Additional Local District Comments

We at the Erie County Department of Social Services (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 must unfortunately concur that, during the course of the fatality investigation, ECDSS failed to conduct a complete and thorough interview of the parent substitute relative to the fatality incident or the allegations in the report. The caseworker who conducted the interview is no longer employed with ECDSS and the case was transferred to another caseworker for completion. As a corrective action, ECDSS will ensure, through Team Leader monitoring and review, that all persons named in a report who could provide information pertinent to the investigation will be fully interviewed prior to the completion of the investigation and that those tasks will be completed and properly documented regardless of who was assigned at the onset of the investigation. We note that the unfortunate miss on this particular investigation is a very rare occurrence on ECDSS fatality investigations and has already been addressed with the Team Leader who oversaw said investigation. We are pleased that OCFS found no required actions related to the ECDSS CPS investigations conducted during the three years preceding the fatality.

## Recommended Action(s)

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Are there any recommended prevention activities resulting from the review?**  Yes  No