



Report Identification Number: BU-21-013

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

Issue Date: Sep 29, 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: 5 month(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 04/04/2021
Initial Date OCFS Notified: 04/09/2021

Presenting Information

Erie County Department of Social Services (ECDSS) received the SCR report which alleged that on 4/4/2021, the mother (SM) left the 5-month-old subject child (SC) and the 1-year-old sibling (SS) in the care of the 20-year-old half-sibling (AS1) and the 19-year-old half-sibling (AS2). The adult half-siblings were inappropriate caregivers involved in criminal activity, and were staying in a home that was in deplorable condition. The mother did not ensure there was a safe sleep environment for the children and the 20-year-old half-sibling co-slept with the subject child and the 19-year-old half-sibling co-slept with the 1-year-old sibling. The 20-year-old half-sibling found the subject child in bed unresponsive with his arms sticking up. The bed had pillows, blankets, and a teddy bear on it. The biological fathers of the children had no role.

Executive Summary

This report concerns the death of a 5-month-old subject child which occurred on 4/4/2021 while the child and the 1-year-old sibling were in the care of two paternal adult half-siblings. The 20-year-old half-sibling was co-sleeping with the subject child when an unrelated home member entered the room to check on the child and found the child unresponsive next to the adult half-sibling's thigh. At the time of his death, the child resided with his mother, grandmother and sibling. On the day of his death, he was staying with his two adult half-siblings and their cousin, who had no relation to the child.

ECDSS received an initial report regarding the incident and concerns for the condition of the home on 4/4/2021, and the report regarding the death of the child on 4/9/2021. ECDSS initiated their investigation into the incident on 4/4/2021, and the child passed away on the same date. ECDSS coordinated their investigation with law enforcement and through interviews with the mother and family members, it was learned that the mother left the children in the care of the paternal adult half-siblings to the 5-month-old subject child while she went out for a few hours. The half-siblings asked to keep the children overnight and the mother agreed. The mother checked in on the children multiple times throughout the night through text and picture messages with the half-siblings. The mother spoke with the 19-year-old half-sibling at 10:00 AM on 4/4/2021 and was informed that the 1-year-old sibling had been awake, and that the 5-month-old child was asleep with the 20-year-old half-sibling. The other adult returned home and went to check on the sleeping child and found him unresponsive in bed with the 20-year-old half-sibling. The adults in the home called 911 and the mother. The child was transported to the hospital where he was pronounced dead at 11:33 AM after lifesaving interventions failed.

Law enforcement reported to ECDSS that the home the adult half-siblings lived in was in deplorable condition and did not have safe sleep arrangements for the two young children. There were no safe sleep arrangements available for either of the children and they each co-slept with one of the adult half-siblings in separate bedrooms.

ECDSS made the determination to substantiate the allegations of DOA/Fatality, Inadequate Guardianship, and Inadequate Food/Clothing/Shelter against the mother and the adult half-siblings on behalf of the 5-month-old subject child and the allegations of Inadequate Guardianship, and Inadequate Food/Clothing/Shelter against the mother and the adult half-siblings on behalf of the 1-year-old sibling. ECDSS determined that due to the deplorable condition of the home, the lack of a safe sleep environment, and the mother's failure to ensure the home was safe for the children, that the three adults put the children at imminent risk of harm. The final autopsy report was pending at the time the investigation closed and the cause and manner of death were unknown to ECDSS.

PIP Requirement



ECDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) ECDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ECDSS 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 met regulatory requirements in their investigation of the allegations, though the Seven Day safety assessment was not completed on time.

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:

A determination of the allegations was made in accordance with the evidence gathered and with documented supervisory consult.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	The Seven Day Assessment was completed and approved on 5/6/2021, 20 days late.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)



Action: Within seven days of receiving a report, ECDSS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/04/2021

Time of Death: 11:33 AM

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

10:00 AM

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? 2 Hours

At time of incident was supervisor impaired? Not impaired.

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	Male	5 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	49 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)
Other Household 1	Other Adult - Adult half-sibling	Alleged Perpetrator	Male	20 Year(s)
Other Household 1	Other Adult - Adult half-sibling	Alleged Perpetrator	Male	19 Year(s)
Other Household 1	Other Adult - Unrelated home member	No Role	Female	23 Year(s)



Other Household 2	Other Adult - BF to SS	No Role	Male	23 Year(s)
Other Household 3	Father	No Role	Male	41 Year(s)

LDSS Response

ECDSS received an SCR report on 4/4/2021 which concerned the condition of the home, and did not allege DOA/Fatality; however, ECDSS began their investigation into the fatality and condition of the home on 4/4/2021.

The SM was interviewed throughout the investigation. The SM stated that she contacted the AS1 and the AS2 to babysit the children from around 8:00 PM with the intention of picking them up around 11:00 PM. The SM stated that she dropped the children off at the home of the AS1 and the AS2 and their adult cousin (OA). The SM was met outside by the AS1 and AS2 and did not go inside or inquire about safe sleep arrangements for the children as she had intended to pick them up that night. The SM stated after she had left, the AS1 had messaged her about keeping the children overnight and she allowed it. The SM stated that she received pictures of the SC and the SS throughout the night and checked in with the AS1 and the AS2 overnight to see how the children were doing. The SM stated she called the AS1 in the morning of 4/4/2021 around 8:00 AM to check on the children and say she was coming to pick them up and was informed by the AS1 that the SC had eaten and been changed and fallen back asleep. The SM did not check on the children again until 10:00 AM when the AS2 informed her that the SS was awake, and the SC was asleep with the AS1. The SM then received a phone call a few minutes later informing her that the SC was not breathing.

The OA was interviewed and stated that on the morning of 4/4/2021, she awoke around 9:30 AM and immediately left the home, returning between 10:00 AM and 10:30 AM. After returning, the SS was awake and being cared for by the AS2, and she went to the bedroom to check on the SC and the AS1. When she entered the room, the OA found the SC unresponsive in bed with the AS1 near his thigh. The OA immediately picked up the SC, and yelled for the AS1 and the AS2 to call 911 and the SM.

The AS1 and AS2 were interviewed and confirmed that they each co-slept with one of the children the night of the fatal incident. The AS1 and AS2 had babysat the children before and were established as persons legally responsible for their care. The AS1 confirmed the events as disclosed by the OA.

LE was interviewed by ECDSS. LE expressed concerns over the condition of the half-siblings' home and confirmed that there was clutter throughout and the home was in deplorable condition. The home was condemned following the death of the SC. LE informed ECDSS that the death of the SC appeared to be related to unsafe sleep conditions and were awaiting the final autopsy report before closing their investigation. There were no criminal charges pending when ECDSS closed their investigation.

Hospital records for the SC were obtained and showed that the SC was brought in by EMS in cardiac arrest. The condition of the SC was consistent with an unsafe sleep environment. Lifesaving interventions were ceased and the child was pronounced dead at 11:33 AM. The SS was seen in the hospital as a precaution and there were no concerns identified.

The biological fathers of the SC and SS were contacted and identified no direct knowledge of the incident or any concerns for the SS in the care of the SM.

ECDSS made the determination to substantiate the allegations of DOA/Fatality for the SM, AS1, and AS2 regarding the SC, and to substantiate the allegations of IG and IF/C/S for the SM, AS1 and AS2 regarding the SC and SS. ECDSS determined that the mother did not ensure that the AS1 and AS2 provided the children with a safe sleep environment or check to ensure that the condition of their home was appropriate for the children to be cared for in, and that the AS1 and AS2 failed to provide a safe environment for the children



Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: Erie County has an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057111 - Deceased Child, Male, 5 Month(s)	058043 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated
057111 - Deceased Child, Male, 5 Month(s)	058043 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
057111 - Deceased Child, Male, 5 Month(s)	058043 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
057111 - Deceased Child, Male, 5 Month(s)	058046 - Other Adult - Adult half-sibling, Male, 20 Year(s)	DOA / Fatality	Substantiated
057111 - Deceased Child, Male, 5 Month(s)	058046 - Other Adult - Adult half-sibling, Male, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
057111 - Deceased Child, Male, 5 Month(s)	058046 - Other Adult - Adult half-sibling, Male, 20 Year(s)	Inadequate Guardianship	Substantiated
057111 - Deceased Child, Male, 5 Month(s)	058047 - Other Adult - Adult half-sibling, Male, 19 Year(s)	DOA / Fatality	Substantiated
057111 - Deceased Child, Male, 5 Month(s)	058047 - Other Adult - Adult half-sibling, Male, 19 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
057111 - Deceased Child, Male, 5 Month(s)	058047 - Other Adult - Adult half-sibling, Male, 19 Year(s)	Inadequate Guardianship	Substantiated
058044 - Sibling, Male, 1 Year(s)	058043 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
058044 - Sibling, Male, 1 Year(s)	058043 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
058044 - Sibling, Male, 1 Year(s)	058046 - Other Adult - Adult half-sibling, Male, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
058044 - Sibling, Male, 1 Year(s)	058046 - Other Adult - Adult half-sibling, Male, 20 Year(s)	Inadequate Guardianship	Substantiated
058044 - Sibling, Male, 1 Year(s)	058047 - Other Adult - Adult half-sibling, Male, 19 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated



Child Fatality Report

058044 - Sibling, Male, 1 Year(s)	058047 - Other Adult - Adult half-sibling, Male, 19 Year(s)	Inadequate Guardianship	Substantiated
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain:

Although a 24-hour Safety Assessment was completed, the 7-day Safety Assessment was not completed or approved until 5/6/21

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:

Services were offered to the SM in relation to the death of the SC. The mother was seeking grief counseling independently and was provided with information for other resources if she chose to utilize them.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

No services were offered on behalf of the 1-year-old sibling.

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

Explain:

The mother was offered services and it was unknown from the case record if she utilized them.

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



Was not noted in the case record to have any of the issues listed

Infant was born:

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/04/2021	Sibling, Male, 1 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 5 Months	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	

Report Summary:

The SCR report alleged that the SM left the 5-month-old SC and 1-year-old SS in the care of adult siblings who lived in a condemned house in deplorable condition. The home was full of animal feces and garbage.

Report Determination: Indicated

Date of Determination: 04/13/2021

Basis for Determination:

ECDSS received the SCR report and initiated their investigation and learned that the 5-month-old SC had passed away while co-sleeping with the 20-year-old half-sibling. The SM did not ensure that the SC had a safe sleep arrangement in the home and ECDSS found that there was some credible evidence to substantiate the allegations in the report due to the deplorable condition of the home. The home was condemned by LE and code enforcement officials.

OCFS Review Results:

ECDSS met regulatory requirements in their investigation of the incident. A subsequent SCR report was received with allegations of DOA/Fatality related to the death of the SC and the initial investigation was closed. Additional casework was completed under the subsequent investigation. The biological fathers of the SC and SS were added to the case composition and provided with notice of existence letters; however, an interview was not documented until the subsequent investigation. The seven day safety assessment was completed a day late, although a 24 hour safety assessment was completed within the required time frame and documented in the subsequent investigation.

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 completed on 4/12/2021, one day late, and approved on 4/13/2021.

Legal Reference:

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

Action:

Within seven days of receiving a report, ECDSS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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10/22/2020	Deceased Child, Male, 1 Days	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 1 Days	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

The SCR report alleged that the SM gave birth to the SC and she tested positive for marijuana at the time of the birth. The roles of the other family members was unknown.

Report Determination: Unfounded**Date of Determination:** 01/27/2021**Basis for Determination:**

ECDSS received the SCR report and initiated their investigation into the allegations. The SM tested positive and the SC did not at the time of birth. The SM admitted to occasional marijuana use throughout her pregnancy. ECDSS offered the SM substance abuse treatment, which was declined. No other concerns for the health or safety of the SC or SS were identified by ECDSS through their investigation or by collaterals that were contacted. The putative BF was contacted by ECDSS and he denied that the SC was his child and declined to speak with them further.

OCFS Review Results:

ECDSS met regulatory requirements in their investigation into the allegations in the report. ECDSS identified no immediate health or safety concerns and completed a plan of safe care and reviewed safe sleep with the SM throughout the investigation. ECDSS made a determination of the investigation in accordance to the evidence gathered and closed the investigation after prevention services were offered to and declined by the SM.

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)
08/04/2020	Sibling, Male, 1 Years	Other Adult - BF to SS, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 1 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 23 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Grandparent, Female, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Grandparent, Female, 48 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 1 Years	Grandparent, Female, 48 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

The SCR report alleged that the SM and MGM smoked marijuana and drank alcohol to the point of intoxication in the presence of the 1-year-old SS. The report alleged that the SM drove with the SS while under the influence and the BF to the SS allowed the SM to drive with the sibling while under the influence of drugs when she picked him up from a scheduled visit. The report alleged that the SS had suffered from an unknown respiratory condition exacerbated by the presence of both marijuana and cigarette smoke around him. It was also alleged that the SS was left unsupervised by the SM and MGM and in that time ingested an unknown amount of alcohol.

Report Determination: Unfounded**Date of Determination:** 10/02/2020

**Basis for Determination:**

ECDSS received the SCR report and initiated their investigation into the allegations. The SM and MGM denied of the allegations and ECDSS arranged for a drug screen which returned negative for all substances. The BF to the SS denied that the mother had been under the influence of a substance when she picked the SS up from him. Collateral contacts identified no concerns for the health or safety of the SS. The medical records confirmed that the SS was hospitalized due to a respiratory infection, and was discharged with no concerns for his care by the SM.

OCFS Review Results:

ECDSS met regulatory requirements in their investigation of the allegations. Familial interviews were completed and relevant collateral contacts were made. The SM was counseled on safe sleep and no immediate health or safety concerns were identified for the SS in the care of the SM. The SS had been hospitalized for a respiratory infection, and the pediatrician identified no ongoing medical concerns for the SS and follow-up appointments were attended as scheduled. A determination of the allegations was made in congruence with the evidence gathered.

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)
05/20/2020	Other Child - Unrelated child, Male, 1 Years	Other Adult - Adult half-sibling, Male, 19 Years	Inadequate Guardianship	Substantiated	No
	Other Child - Unrelated child, Male, 1 Years	Other Adult - Adult half-sibling, Male, 18 Years	Inadequate Guardianship	Substantiated	
	Other Child - Unrelated child, Male, 1 Years	Other Adult - BF to OC, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Unrelated child, Male, 1 Years	Other Adult - BF to OC, Male, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Unrelated child, Male, 1 Years	Other Adult - BM to OC, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Unrelated child, Male, 1 Years	Other Adult - BM to OC, Female, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Unrelated child, Male, 1 Years	Other Adult - GP to OC, Female, 46 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Unrelated child, Male, 1 Years	Other Adult - GP to OC, Female, 46 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

The SCR report alleged that the biological mother and biological father to the unrelated 1-year-old child (OC) engaged in physical altercations in the presence of the OC and that the grandmother, mother, and father used marijuana to the point of impairment in the presence of the OC. The OC was knocked down during an altercation which occurred on 5/20/2020. A subsequent SCR report was received on 5/20/2020 which alleged that the OA1 and OA2 had engaged in a physical altercation in the presence of the OC and that he was unharmed in the altercation.

Report Determination: Indicated

Date of Determination: 08/05/2020

Basis for Determination:

ECDSS received the SCR reports and initiated their investigation into the allegations in the initial and subsequent SCR reports. ECDSS conducted familial interviews and obtained relevant information from collateral sources. ECDSS learned that the grandmother, mother, and father to the OC had not been alleged to be under the influence or engaged in a domestic violence incident and that the perpetrators were the OA1 and OA2 who had engaged in a physical incident in the presence of the OC. The grandmother, mother, and father to the OC all denied drug use and domestic violence in the home aside from the incident between the OA1 and OA2.

**OCFS Review Results:**

ECDSS met regulatory requirements in their investigation of the allegations. A determination of the allegations was made in congruence with the evidence gathered. The OA1 and OA2 were each arrested for the physical altercation that took place in the presence of the OC and an order of protection was issued against them on behalf of the OC and his parents. The OA1 and OA2 moved out of the home and the OC was assessed as safe in the care of his mother and father.

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)
09/25/2019	Sibling, Male, 4 Months	Other Adult - BF to SS, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

The SCR report alleged that on 9/24/2019, the BF to the SS physically assaulted the SM in the presence of the 4-month-old SS. The BF of the SS was arrested and released.

Report Determination: Unfounded

Date of Determination: 10/26/2019

Basis for Determination:

ECDSS received the SCR report and initiated their investigation into the allegations. The SM and BF to the SS both denied a physical altercation took place, and that they had a verbal argument which became very loud. Upon police arrival, the BF to the SS was arrested for making an unreasonable amount of noise and disturbing the neighbors and the arrest was not related to any domestic violence charges.

OCFS Review Results:

ECDSS met regulatory requirements in their investigation of the allegations. Familial interviews were completed and relevant collateral contacts provided information on the allegations. Police records confirmed that the BF to the SS was arrested for disorderly conduct related to his noise level upon police arrival on scene. The SM and the BF to the SS both denied a physical incident had occurred and there were no health or safety concerns identified for the SS in the care of the SM or BF to the SS. A determination of the allegations was made in congruence with the evidence gathered.

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

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

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

Known CPS History Outside of NYS

There is no known 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 ECDSS failed to complete and approve the fatality investigation's 7-day safety assessment in a timely manner. Upon further review and consultation with the assigned Team Leader and caseworker, this compliance issue appears to have been a simple oversight and is not a regularly occurring matter. We further note that safety in the household was adequately assessed as part of the required 24-hour safety assessment. Nevertheless, as a corrective action, the assigned Team Leader will more closely monitor and utilize a calendar system to identify upcoming safety assessments. The Team Leader does currently utilize the OCI form but advises that upon completion of the 24-hour safety assessment, the OCI does not reflect any further safety assessments coming due. Utilization of the aforementioned calendar system will compensate for this matter. With respect to citation on the SCR investigation dated April 4, 2021, we must unfortunately concur that the 7-day safety assessment was completed one day late. We note that the timeliness of safety assessments is an issue currently being addressed through a consolidated Program Improvement Plan agreed to by ECDSS and the Buffalo Regional Office of OCFS. Additionally, a review of 7-day guidelines was discussed during a Team Leader meeting conducted on August 17, 2021; the timely completion and approval of safety assessments was part of this discussion.

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