



Report Identification Number: BU-16-021

Prepared by: Buffalo Regional Office

Issue Date: 12/21/2016

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	

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
CPR-Cardio-pulmonary Resuscitation		

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-Others	

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	



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 06/21/2016
Initial Date OCFS Notified: 06/21/2016

Presenting Information

On 06/21/2016, SF checked on SC, 2 months old, in the morning around 6AM and SC was alive. SC was in his car seat, which was also in his bassinet. SF and SC went back to sleep. SF and SM woke up at 10AM for SS4, 11 months old. The parents found SC unresponsive, blue in the face and not breathing. The parents performed cardio pulmonary resuscitation and 911 was contacted. Police were dispatched at 10:26AM, and after the Police arrived to the family residence, they took over performing CPR on SC. EMS arrived to the home and then took over CPR. SC was transported to the hospital. SC was pronounced deceased at 11:20AM. SC was a premature baby with no reported health conditions. The cause of death for the otherwise healthy child is unknown, therefore, SF, SM, and SGF will be considered alleged subjects. SS1, SS2, SS3, and SS4 have unknown roles.

Executive Summary

This report involved the death of a subject child that was born two months premature and spent its first six weeks in the hospital before being discharged 5/28/16 and later deceased at home on 6/21/16.

The CW made appropriate case/collateral contacts, SCR/criminal background checks of subjects, and safety assessment of all surviving siblings. Case activity was well documented, thorough, and timely.

SC was born 4/17/16 two months premature and spent six weeks in the hospital before going home. SC had a medical condition as the only known health concern and was progressing well on the date of death. Medical providers reported lack of follow through regarding wellness checks/ immunizations for the surviving siblings.

Family members residing inside and outside the home were interviewed and reported no concerns regarding the children's care. CW interviewed SS1, age seven, and SS2, age 5, with both reporting no concerns. SS1 resides with her father. SS1's father reported no care concerns regarding SM.

SM reported feeding SC on 6/20/16 at 8-8:30PM, burping him, and placing SC on his back in his pack and play. SM then reported going to bed at 12AM and SF playing video games in the living room. SF reported putting SC in his car seat and then putting the seat inside the bassinet because SC sleeps better in the seat. SF reported SM sleeps in the bedroom and he sleeps on the couch in the living room near the children. SF reported feeding SC after 12AM, putting SC back to sleep, and then waking up 6-7AM to feed SC again. SF reported he then went to SM's bed until she got up at 8AM and fed SS4 and returned to bed. SF reported he checked on SC around 10AM observing SC as unresponsive, attempted CPR with blood coming out of SC's nose, and 911 being contacted.

First responders reported SC was unresponsive to resuscitation. They reported the home as in deplorable condition, no alcohol /drugs being observed, and having no other concerns.

An autopsy was performed by the Erie Co. Medical Examiner. The final report listed the Manner of Death Accidental and the Cause of Death as Asphyxia in the setting of an unsafe sleep environment.



On 8/17/16 the allegations of Inadequate Guardianship were INDICATED. against SM, SF, and SMGF in relation to the poor conditions of the home and overdue medical care. Basis of findings: First responders reported the home in deplorable conditions which was supported by Police photographs showing extreme dirty and cluttered conditions. All SS's were behind on medical care. Allegations of DOA/Fatality were UNFOUNDED. SC was born two months premature, there was no evidence of trauma, and toxicology was negative. The Medical Examiner determined SC's cause of death Accidental Asphyxia. Voluntary services were accepted to assist with daycare, child behavioral issues, parent substance abuse concerns, and to monitor the stability of the family situation.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

The case work activity was commensurate with this fatality case circumstances. Case notes were thorough and timely.

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

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

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

Explain:

N/A

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



NYS Office of Children and Family Services - Child Fatality Report

Date of Death: 06/21/2016

Time of Death: Unknown

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

County where fatality incident occurred:

ERIE

Was 911 or local emergency number called?

Yes

Time of Call:

10:29 AM

Did EMS to 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? Yes - Caregiver

2

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	49 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	11 Month(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Other Household 2	Sibling	No Role	Female	7 Year(s)
Other Household 3	Other	No Role	Female	7 Year(s)

LDSS Response

On 6/21/16, Erie Co. CPS received an SCR report with allegations of DOA/Fatality and IG against caretakers subject mother, subject father, and subject maternal grandfather stemming from SF reportedly putting subject child, who was

asleep in his car seat, inside SC's bassinet, while he was still inside the car seat, and finding SC unresponsive in the morning.

The CW initiated the investigation making case and collateral contacts. Medical information was obtained, SCR/criminal background checks of subjects made, and safety assessments of all surviving siblings was completed. Case activity was well documented, thorough, and timely.

SC was born 4/17/16 two months premature and spent six weeks in the hospital before going home. SC had a medical condition as his only known health concern and weighed 9 lbs. on date of death. Medical providers reported lack of follow through regarding wellness checks/immunizations for the surviving siblings. The CW made arrangements for SS's medical exams which were completed at the CAC with the exception of SS3 whom SM failed to bring. The CAC reported no immediate concerns.

Family members outside the home were interviewed and reported no concerns regarding the children's care. SMGF, who resided in the home, reported concerns that SC was in an incubator four days before discharge and not ready to come home. He reported no care concerns for SC or SS's. CW interviewed SS1, age seven, and SS2, age 5, with both reporting no concerns. SS1 resides with her father. SS1's father reported no care concerns regarding SM.

SM and SF reported an appointment regarding SC's medical condition was missed 6/20/16 due to having a busy day including going to the park, a WIC appointment, and grocery shopping before going home at 7PM.

SM reported feeding SC at 8-8:30PM, burping him, and placing SC on his back in his pack and play. SM then reported going to bed at 12AM and SF playing video games in the living room. SM reported she woke at 8AM, fed SS4 a bottle, observed SC sleeping, and fell asleep in her bed with SS4. SM reported awaking at 9:30AM and asking SF to feed SS4 and check on SC. SF then brought SC to her yelling the child was not breathing.

SF reported putting SC in his car seat and then putting the seat inside the bassinet because SC sleeps better in the seat. SF reported SM sleeps in the bedroom and he sleeps on the couch in the living room near the children. SF reported feeding SC after 12AM, putting SC back to sleep, and then waking up 6-7AM to feed SC again. SF reported he then went to SM's bed until she got up at 8AM and fed SS4 and returned to bed. SF reported he checked on SC around 10AM observing SC as unresponsive. SF reported bringing SC to SM, attempting CPR with blood coming out of SC's nose, and either SM or MGF calling 911.

First responders reported SC as blue, having blood on his nose, and no pulse/heartbeat. SC received CPR, oxygen, and was unresponsive to resuscitation. They reported the home as in deplorable condition, no alcohol /drugs being observed, and having no other concerns.

An autopsy was performed by the Erie Co. Medical Examiner. The final report listed the Manner of Death as Accidental and the Cause of Death as Asphyxia in the setting of an unsafe sleep environment.

On 8/17/16 the allegations of IG were IND. against SM, SF, and SMGF stemming from the poor conditions of the home and overdue medical care. Basis of findings: First responders reported the home in deplorable conditions which was supported by Police photographs showing extreme dirty/cluttered conditions. All SS's were behind on medical care. Allegations of DOA/Fatality were UNF. SC was born two months premature, there was no evidence of trauma, and toxicology was negative. The ME determined SC's cause of death Accidental Asphyxia. Voluntary services were accepted to assist with day care, child behavioral issues, parent substance abuse concerns, and to monitor.



NYS Office of Children and Family Services - Child Fatality Report

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)?No

Comments: Erie County CPS adhered to the protocols for joint investigations in coordination with law enforcement and the case was reviewed by an MDT Committee.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: Erie County does not have an OCFS approved Child Fatality review team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032341 - Deceased Child, Male, 2 Mons	032353 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
032341 - Deceased Child, Male, 2 Mons	032344 - Grandparent, Male, 49 Year(s)	Inadequate Guardianship	Substantiated
032341 - Deceased Child, Male, 2 Mons	032343 - Father, Male, 23 Year(s)	DOA / Fatality	Unsubstantiated
032341 - Deceased Child, Male, 2 Mons	032353 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
032341 - Deceased Child, Male, 2 Mons	032343 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
032341 - Deceased Child, Male, 2 Mons	032344 - Grandparent, Male, 49 Year(s)	DOA / Fatality	Unsubstantiated
032349 - Sibling, Male, 5 Year(s)	032353 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
032349 - Sibling, Male, 5 Year(s)	032343 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
032349 - Sibling, Male, 5 Year(s)	032344 - Grandparent, Male, 49 Year(s)	Inadequate Guardianship	Substantiated
032350 - Sibling, Male, 4 Year(s)	032344 - Grandparent, Male, 49 Year(s)	Inadequate Guardianship	Substantiated
032350 - Sibling, Male, 4 Year(s)	032353 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
032350 - Sibling, Male, 4 Year(s)	032343 - Father, Male, 23 Year(s)	Inadequate	Substantiated



NYS Office of Children and Family Services - Child Fatality Report

		Guardianship	
032351 - Sibling, Male, 3 Year(s)	032353 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
032351 - Sibling, Male, 3 Year(s)	032344 - Grandparent, Male, 49 Year(s)	Inadequate Guardianship	Substantiated
032351 - Sibling, Male, 3 Year(s)	032343 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
032354 - Sibling, Female, 11 Month(s)	032344 - Grandparent, Male, 49 Year(s)	Inadequate Guardianship	Substantiated
032354 - Sibling, Female, 11 Month(s)	032343 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
032354 - Sibling, Female, 11 Month(s)	032353 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

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

An Intensive Preventive Services case was opened to assist the family regarding some routine medical follow-up items, child behavioral issues pertaining to SS1, and substance abuse.

Fatality Safety Assessment Activities



NYS Office of Children and Family Services - Child Fatality Report

	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 safety 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"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>



NYS Office of Children and Family Services - Child Fatality Report

Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain as necessary:
 There were no children removed as a result of this fatality investigation.

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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
 An Intensive Preventive Services case was opened prior to closing this fatality investigation to provide assistance for the family regarding acknowledged substance abuse concerns, daycare services, child behavior concerns, home stability/poor conditions, and monitoring.



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:

An Intensive Preventive Services case was opened for this family as a result of the fatality report/investigation. A referral was made to Gateway regarding behavior issues related to SS2.

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

Explain:

An Intensive Preventive Services case was opened for this family as a result of the fatality report/investigation. Grief services were also provided. A referral was made for SM to Mid-Erie substance abuse programming. A referral was made to Gateway regarding behavior issues related to SS2. Safe sleep packet was reviewed and given by CW to the family.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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NYS Office of Children and Family Services - Child Fatality Report

SCR Report	Victim(s)	Perpetrator(s)			Issue(s)
10/09/2014	12209 - Sibling, Male, 2 Years	12203 - Other Adult - SM's Friend, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	12210 - Sibling, Male, 11 Months	12203 - Other Adult - SM's Friend, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12204 - Other Child - SM's Friend's child, Female, 10 Months	12203 - Other Adult - SM's Friend, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12208 - Sibling, Male, 3 Years	12203 - Other Adult - SM's Friend, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12204 - Other Child - SM's Friend's child, Female, 10 Months	12206 - Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12208 - Sibling, Male, 3 Years	12206 - Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12209 - Sibling, Male, 2 Years	12206 - Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12210 - Sibling, Male, 11 Months	12206 - Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12204 - Other Child - SM's Friend's child, Female, 10 Months	12203 - Other Adult - SM's Friend, Female, 29 Years	Inadequate Guardianship	Unfounded	
	12204 - Other Child - SM's Friend's child, Female, 10 Months	12203 - Other Adult - SM's Friend, Female, 29 Years	Lacerations / Bruises / Welts	Unfounded	

Report Summary:

Mother is getting high on marijuana and drinking alcohol to excess in the presence of ten month old child. The Mother has caused bruise marks under the child's arm due to grabbing her in an excessive manner when upset with the child. The Mother has a history of being violent. The Father does not reside in the home and has no role.

SM and children were later added to this report as subjects and SS2, SS3, and SS4 as MA children due to their being found residing in the home. The allegations were UNFOUNDED against SM pertaining to SS2, SS3, and SS4.

Determination: Unfounded

Date of Determination: 01/06/2015

Basis for Determination:

SM and children were added to this report as subject and MA children due to their being found to be temporarily residing in the home at the time of the report. The allegations were UNFOUNDED against SM pertaining to SS2, SS3, and SS4. Allegations against the initial Subject and child were also UNFOUNDED. There was no credible evidence found to support marijuana use or use of alcohol while caring for the children. No injuries observed on the children.

OCFS Review Results:

No concerns upon review.

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

Date of SCR	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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NYS Office of Children and Family Services - Child Fatality Report

Report	Victim(s)	Perpetrator(s)			Issue(s)
05/02/2014	12197 - Sibling, Male, 3 Years	12196 - Mother, Female, 26 Years	Lack of Supervision	Indicated	No
	12198 - Sibling, Male, 2 Years	12196 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	
	12198 - Sibling, Male, 2 Years	12196 - Mother, Female, 26 Years	Lack of Supervision	Indicated	
	12197 - Sibling, Male, 3 Years	12196 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	

Report Summary:
 Today 5/2/14 Three year old SS2 was located by himself in a Dollar General store. To access the store the SS2 had to cross a busy street. The SS2 was able to unlock the front door and he let himself outside. This was occurring, SM was asleep and was unaware that SS had left the home. While SM was sleeping, two year old SS3 was wandering around the home with no adult supervision. One year old SS4 has an unknown role as it was not determined that he was present in the home at the time.

Determination: Indicated **Date of Determination:** 07/29/2014

Basis for Determination:
 Allegations of IG and Lack of Supervision against SM are INDICATED in relation to SS2 and SS3. SM was asleep while SS2 let himself outside and wandered across a busy street and into a public store. SS3 was also found wandering unsupervised in the home. Both children were placed at a significant risk of harm. CW assisted with installation of deadbolts on home doors and SM was compliant with services. No further CPS involvement required.

OCFS Review Results:
 No concerns upon CPS review. Services in place in the home to monitor.

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

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

There is an SCR history consisting of nine SCR reports more than three years prior to the fatality.

4/23/13 Indicated 7/10/13 against SF. Allegations of IG, Parent Drug/Alcohol against SM and SF. UNF against SM. MA Children SS1, SS2, SS3. SM left SF to care for children and he became intoxicated.

7/27/13 Unfounded 9/17/11 against SF. IG, L/B/W. SF in argument with SS1. No injuries.

The remaining history more than three years prior consists of SF as an MA Child.
 There are seven reports:
 9/23/93 IND, SF No role
 10/25/93 IND, SF No role
 7/7/01 IND IG, and Parent D/A. SF MA Child
 11/23/04 IND, Ed Neglect SF MA Child
 6/8/05 IND IG, SF MA Child
 6/28/06 UNF
 11/25/08 UNF



NYS Office of Children and Family Services - Child Fatality Report

Known CPS History Outside of NYS

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

Required Action(s)

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

Yes No

Preventive Services History

A voluntary services case was opened by SM on 7/9/2013 regarding SM requesting help dealing with SS2's behaviors. The voluntary case was closed 7/17/2015 per SM's request reporting SS2's behavior had improved, the family situation had stabilized, and strong family support involvements were available.

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 find that the facts describe the unfortunate events and actions taken. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.

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