



**Report Identification Number: BU-16-023**

**Prepared by: Buffalo Regional Office**

**Issue Date: 12/2/2016**

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:** 3 month(s)

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

**Date of Death:** 07/15/2016  
**Initial Date OCFS Notified:** 07/15/2016

## Presenting Information

On 7/12/16, daycare providers were providing care to the subject child. The child had been dropped off to the daycare early in the morning at approximately 8am. The daycare provider laid the child down to sleep as she appeared to be fussy. A short time later she picked the child up and placed the child on her belly in a pack and play. The daycare provider went to cook, continuing to check on the child every seven minutes. After an unknown amount of time, the provider checked on the child. The child was limp and not breathing. The child had milk and mucus coming from the nose and mouth. The child was taken to the hospital and placed on a ventilator. The child had been unresponsive since 7/12/16 and was removed from the ventilator on 7/15/16 and passed away. This was an otherwise healthy child.

## Executive Summary

The Erie County Department of Social Services (ECDSS) initiated the fatality investigation immediately following the death of the subject child. They made appropriate initial contacts with the Buffalo Police Department regarding law enforcement involvement and to the subject day care providers to obtain information about the circumstances and assess the environment of the subject child's death. ECDSS attempted to make immediate contact with the family and surviving half-siblings but were unable to locate the family until several days later. They had, however, had contact with the mother prior to the child's death based on a report received regarding the fatal event leading to the child's death and had recommended at that time that the mother have both surviving half-siblings medically assessed. ECDSS made this recommendation several times to the mother but she was uncooperative with these requests despite their best efforts. ECDSS was able to visually assess the safety of the surviving half-siblings. The children appeared to be taken care of adequately by appearance.

Throughout the investigation, the Erie County Department of Social Service's attempts to engage the family was consistent and diligent efforts were made to connect the family with bereavement resources. ECDSS made appropriate contacts with law enforcement, first responders, medical providers, family members, day care subject staff, and daycare consumers to complete the investigation. ECDSS followed up appropriately to verify with training resources that the day provider indicated had recommended placing a child to sleep on his/her stomach, as the provider and others interviewed by the Department was customary in the center. Both ECDSS and OCFS BECS discussed safe sleep practices with the day care provider following this fatality. ECDSS coordinated their investigation appropriately with OCFS Bureau of Early Childhood Services (BECS) who subsequently suspended the operator's license for the daycare following the death of the subject child. Criminal charges and/or neglect proceedings were not initiated as a result of this child's death and were not required based on findings.

The CPS report of July 15, 2016 was determined on September 13, 2016. The allegations of DOA/Fatality and Inadequate Guardianship were unsubstantiated against both day care providers due to insufficient evidence to corroborate that the actions of the providers contributed to the death of the subject child.

The autopsy performed on by the Erie County Medical Examiner's Office was incomplete at the time of the writing of this fatality. ECDSS appropriately requested autopsy information when available and the Department spoke with



the attending medical examiner who described the subject child as well cared for with no signs of trauma. The medical examiner further reported that, although aware of the subject child's placed position during sleep, she was unable to say that it contributed to the death.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination?

N/A

Determination:

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

Yes, sufficient information was gathered to determine all allegations.

Yes

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:

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

Date of Death: 07/15/2016

Date of fatal incident, if different than date of death: 07/12/2016

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:

09:12 AM

Did EMS to respond to the scene?

Yes



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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

How long before incident was the child last seen by caretaker? 7 Minutes

Is the caretaker listed in the Household Composition? No

If the child was in day care at the time of the fatality, was the day care program duly licensed or registered? Yes

Licensing/Registering Agency: New York State Office of Children and Family Servi

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	Day Care Provider	Alleged Perpetrator	Female	63 Year(s)
Deceased Child's Household	Day Care Provider	Alleged Perpetrator	Male	58 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Month(s)
Other Household 1	Father	No Role	Male	31 Year(s)
Other Household 1	Mother	No Role	Female	30 Year(s)
Other Household 1	Sibling	No Role	Female	6 Year(s)
Other Household 1	Sibling	No Role	Male	9 Year(s)

### LDSS Response

The Erie County Department of Social Services (ECDSS) initiated the fatality investigation immediately following the death of the subject child. They made appropriate initial contacts with the Buffalo Police Department regarding law enforcement involvement and to the subject day care providers to obtain information about the circumstances and assess the environment of the subject child's death. ECDSS attempted to make immediate contact with the family and surviving half-siblings but were unable to locate the family until several days later. They had, however, had contact with the mother prior to the child's death based on a report received regarding the fatal event leading to the child's death and had recommended at that time that the mother have both surviving half-siblings medically assessed. ECDSS made this recommendation several times to the mother but she was uncooperative with these requests despite their best efforts. ECDSS was able to visually assess the safety of the surviving half-siblings.

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## Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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:** Local District CPS coordinated investigation efforts with local law enforcement appropriately.

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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032024 - Deceased Child, Female, 3 Mons	032066 - Day Care Provider, Female, 63 Year(s)	Inadequate Guardianship	Unsubstantiated
032024 - Deceased Child, Female, 3 Mons	032066 - Day Care Provider, Female, 63 Year(s)	DOA / Fatality	Unsubstantiated
032024 - Deceased Child, Female, 3 Mons	032065 - Day Care Provider, Male, 58 Year(s)	DOA / Fatality	Unsubstantiated
032024 - Deceased Child, Female, 3 Mons	032065 - Day Care Provider, Male, 58 Year(s)	Inadequate Guardianship	Unsubstantiated

## 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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"/>

**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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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**Placement Activities in Response to the Fatality Investigation**



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	Yes	No	N/A	Unable to Determine
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"/>

## 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 type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input 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:



Parents refused services to surviving siblings and refused to allow local district CPS staff access to them other than observation.

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

**Explain:**  
Information regarding available bereavement services were provided to the family. The Erie County Department of Social Services further offered to arrange medical examinations of the surviving siblings at the Child Advocacy Center, which the family refused.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? 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
- 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 SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/12/2016	11739 - Deceased Child, Female, 3 Months	11737 - Day Care Provider, Female, 63 Years	Inadequate Guardianship	Unfounded	No
	11739 - Deceased Child, Female, 3 Months	11738 - Day Care Provider, Male, 58 Years	Internal Injuries	Unfounded	



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11739 - Deceased Child, Female, 3 Months	11738 - Day Care Provider, Male, 58 Years	Inadequate Guardianship	Unfounded
11739 - Deceased Child, Female, 3 Months	11737 - Day Care Provider, Female, 63 Years	Internal Injuries	Unfounded

**Report Summary:**

This report was received three days prior to the subject child's expiration and was based on the event that led to the subject child's death. The report alleged Internal Injuries and Inadequate Guardianship against the day care providers because the child was found unresponsive in a play pen. The report further alleged that the day care provider had originally given two different explanations about how the child was found.

**Determination:** Unfounded

**Date of Determination:** 07/12/2016

**Basis for Determination:**

The day care provider reported that the child was placed on her stomach to sleep according to a training she had attended that had instructed as such. This education was not corroborated during the CPS investigation after checking with the training center, but no evidence of trauma to the child or indicative injuries found upon the child's death after being taken off life support three days later corroborated that the day care providers had contributed to the death of the subject child. The report was unsubstantiated on September 13, 2016 after investigation.

**OCFS Review Results:**

The Erie County Department of Social Services (ECDSS) initiated investigation upon receipt of the report and made appropriate initial contacts with the Buffalo Police Department regarding law enforcement involvement and to the subject day care providers to obtain information about the circumstances and assess the scene of the event. ECDSS attempted to make immediate contact with the family and surviving half-siblings but were unable to locate the family until several days later. ECDSS coordinated their investigation appropriately with OCFS Bureau of Early Childhood Services (BECS) who subsequently suspended the operator's license for the daycare following the death of the subject child.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/09/2013	11745 - Other Child - daycare youth, Male, 2 Years	11750 - Day Care Provider, Female, 60 Years	Inadequate Guardianship	Unfounded	No
	11747 - Other Child - daycare youth, Female, 9 Years	11750 - Day Care Provider, Female, 60 Years	Inadequate Guardianship	Unfounded	
	11749 - Other Child - daycare youth, Female, 1 Years	11750 - Day Care Provider, Female, 60 Years	Inadequate Guardianship	Unfounded	
	11748 - Other Child - daycare youth, Female, 1 Years	11750 - Day Care Provider, Female, 60 Years	Inadequate Guardianship	Unfounded	
	11746 - Other Child - daycare youth, Male, 4 Years	11750 - Day Care Provider, Female, 60 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

The report alleged that the day care provider was selling drugs from the home in the presence of the children and that a drive by shooting occurred at the day care while children were inside the residence.

**Determination:** Unfounded

**Date of Determination:** 11/05/2014

**Basis for Determination:**

The case was substantiated based on an arrest of a male who was residing in the home at the time who possessed a distributable amount of marijuana. The case was overturned after administrative hearing and unfounded.



**OCFS Review Results:**

Erie County Department of Social Services appropriately made visits to the daycare and spoke with daycare clientele appropriately in making their determination. They obtained information from law enforcement regarding the arrest which occurred during the operating hours of the daycare center. They appropriately coordinated their investigation with NYS OCFS licensing. They further conducted global assessments on the care of the children from the daycare, obtaining medical and educational assessments as appropriate.

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

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

The mother of the subject child was listed as a maltreated child in a report registered on 11/13/2001 alleging Inadequate Guardianship, Excessive Corporal Punishment, and Lacerations/Bruises/Welts against her uncle. The allegations were substantiated against her uncle in relation to her but allegations of Inadequate Guardianship and Excessive Corporal Punishment regarding her 13 and 11 year old siblings were unsubstantiated.

The mother was listed in two reports as a subject. On December 30, 2009 the mother was listed as a subject on a report alleging Inadequate Food/Clothing/Shelter and Inadequate Guardianship regarding the subject child's then two-year-old surviving sibling. The report alleged that the mother was using the oven to heat the home and that the home had no water. The investigation was unsubstantiated on January 14, 2010. The mother was also listed as a subject of a report against her three and one-year-old niece and nephew (who were at that time in a 1017 relative placement with her) on July 16, 2010. This report alleged that the home presented a health hazard to the children. Investigation did not corroborate the claims of the report and the report was unsubstantiated on August 21, 2010.

**Known CPS History Outside of NYS**

N/A

**Required Action(s)**

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

Yes No

**Preventive Services History**

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

**Provider Oversight/Training**

	Yes	No	N/A	Unable to Determine
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# NYS Office of Children and Family Services - Child Fatality Report

Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 04/10/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes  No

### Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### 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