



Report Identification Number: BU-17-035

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

Issue Date: May 18, 2018

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 | | |



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 11/30/2017
Initial Date OCFS Notified: 11/30/2017

Presenting Information

On 11/30/2017, around 7 AM, SM passed SC's room on her way to the bathroom and she checked on SC. SC appeared to be breathing and warm to the touch. When SM returned from the bathroom, she checked on SC and he did not appear to be breathing. She rolled him over and discovered his lips were purple. SM picked SC up and began hitting him on the back. The adults contacted 911. EMS arrived at the home to discover SC had no pulse and was unresponsive. EMS performed CPR, intubated SC and SC was transported to the ER. Medical staff described SC as cold and stiff. Medical staff were unable to revive SC. He was declared deceased at 8:38 AM. At that time, medical professionals had not identified a cause of death. SC was an otherwise healthy child, and as a result, his death was considered suspicious. It was unknown who may have caused SC's death, thus both adults in the home were considered alleged subjects. The 4 yo twin SS had unknown roles.

Executive Summary

On 11/30/2017, the Erie County Department of Social Services (ECDSS) received an SCR report regarding the death of the 4-month-old SC. There was no explanation for SC's death, and therefore, his death was considered suspicious.

On 11/29/2017 at 9:30 PM, SC was placed on his side on top of a pillow in his bassinet by SF. Sometime after 7:10 AM, SM discovered SC to be lying on his stomach and unresponsive. SF called 911 and followed instructions for CPR until LE and EMS arrived. SC was transported to the hospital via ambulance. Resuscitative efforts were unsuccessful and SC was pronounced deceased by the hospital physician at 8:38 AM.

ECDSS conducted several home visits, assessed the safety of the twin 4 yo SS (SS1 and SS2) and interviewed the SS, SM and SF. ECDSS arranged for the SS to have medical exams at the Child Advocacy Center (CAC) to assess their physical health and followed up with their pediatrician. SS2 was observed to have a small bruise on his buttocks and stated it was from SM. A safety plan was temporarily implemented that both SS would stay with relatives. The investigation revealed SC and the SS were sick with respiratory issues, were last seen by the pediatrician on 11/27/2017, and SC was taking prescribed medication for his illness, at the time of his death.

The Erie County Medical Examiner's Office performed an autopsy and found no injuries or trauma on SC's body. The ME's preliminary findings were SC's death appeared to be caused by a combination of SC's illness and the soft bedding. The final autopsy report was not available at the time this report was written. LE investigated SC's death and their investigation remained open, pending final autopsy results.

ECDSS substantiated the allegations of DOA/Fatality and IG against SM and SF regarding SC and L/B/W against SM regarding SS2. There was credible evidence gathered the parents failed to exercise a minimum degree of care by placing SC on a soft pillow in the bassinet, which created an unsafe sleep environment, despite knowledge of safe sleep guidelines given by ECDSS in the past. SC was found face down on the pillow and unresponsive, and as a result, was later pronounced dead. Both SS reported they were spanked on the buttocks for discipline and SS2 had a bruise that he said was caused by SM. During the investigation, a subsequent SCR report was received and merged with allegations of XCP, L/B/W and IG against the MGM regarding the SS, and the allegation of IG against SM and SF regarding the SS. These allegations were unsubstantiated due to a lack of credible evidence.

ECDSS provided SM and SF with information on bereavement counseling. SM and SF requested assistance in obtaining



MH counseling for the SS. Preventive Services were offered and accepted. A Family Services case was opened on 12/28/2017.

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 decision to indicate the case was appropriate.

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:

The decision to open the case for Preventive Services was appropriate.

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: 11/30/2017

Time of Death: 08:38 AM



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:

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

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 | 4 Month(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 32 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 32 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 4 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 4 Year(s) |
| Other Household 1 | Grandparent | Alleged Perpetrator | Female | 72 Year(s) |

LDSS Response

ECDSS initiated their investigation within 24 hours of receipt of the SCR report. They contacted the source and completed a CPS history check.

The home was assessed to contain a large furnace that was hot to the touch and was accessible to the SS. ECDSS advised the parents to place a safety gate around it. There was a bassinet observed in the living room. According to SM and SF, SC slept on his side or his stomach for the first 6 weeks due to having spine surgery. SC became used to sleeping this way and "always made his way to his stomach" even when placed on his back. They placed a pillow in the bassinet, covered it with a baby blanket and tucked the blanket in, to make it softer for SC's back. On 11/29/2018, around 9:30 PM, SF placed SC on his side and on top of the pillow in the bassinet. He draped a blanket over the bottom half of the bassinet on the outside, not touching SC. SC slept through the night for the first time since he became ill. The SM, SF and SS awoke at 7:10 AM and SM checked on SC. He was on his stomach and she believed she felt him breathing at that time. SM returned to check on SC a short time later. She turned SC over and noticed his lips were purple. She picked him up and began hitting him on his back and SF called 911. SF followed directions for CPR and LE and EMS arrived a few minutes later. The SS were in



the living room and witnessed the incident.

Medical records revealed SC was born at 37 weeks gestation, was diagnosed with several medical issues at birth and had surgery for an abnormality of the lower spine on the day he was born. SC was in the Neonatal Intensive Care Unit for a month before he was discharged home. At the time of SC's death, SC and the SS had nasal congestion, respiratory and sinus issues, and SC had experienced shortness of breath. SC was hospitalized for a respiratory condition in the beginning of November and the children were seen by their pediatrician 4 times in November, the last time being 11/27/2017. SC was prescribed several different medications throughout the month to treat his illness.

After SC's death, ECDSS arranged for the SS to be seen at the CAC for a medical exam and they followed up with their pediatrician. SS2 was observed to have a small bruise on his buttocks at the CAC and the pediatrician diagnosed both SS with a respiratory condition and prescribed medication. A safety plan was temporarily implemented that the SS would stay with relatives until more information could be obtained about the bruise and SC's death. The SS were assessed to be safe in the relative's home. The SS reported they got spanked on the buttocks for discipline and that SC "went to heaven." The SS were later deemed safe in their parents' care and the safety plan was discontinued.

During the investigation, it was learned SM and SF had a history of DV and MH concerns. SM was engaged in MH counseling and was taking prescribed medication. SM attended DV counseling in the past and SF completed anger management. SF was not engaged in MH counseling and he declined ECDSS' referral for MH counseling. SF had a history of substance abuse issues and successfully completed treatment. Both parents denied that they used any drugs or alcohol on the night of the incident. ECDSS was informed the parents were educated about safe sleep guidelines during past CPS involvement.

ECDSS contacted multiple collaterals including family members, school staff, LE, EMS, fire department, ME, pediatrician, hospital staff, and substance abuse, MH and DV counselors. The ME reported neurological and pathological exams, as well as a viral culture and bacterial blood test were pending and a final determination on the cause of death had not been made. There were no marks or bruises observed on SC by the ME or hospital staff and the LE investigation remained open. ECDSS indicated and opened the case for Preventive Services.

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)?Yes

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 |
|---------------------------------------|-----------------------------------|----------------|--------------------|
| 045709 - Deceased Child, Male, 4 Mons | 045711 - Father, Male, 32 Year(s) | DOA / Fatality | Substantiated |



| | | | |
|---------------------------------------|--|-------------------------------|-----------------|
| 045709 - Deceased Child, Male, 4 Mons | 045710 - Mother, Female, 32 Year(s) | Inadequate Guardianship | Substantiated |
| 045709 - Deceased Child, Male, 4 Mons | 045710 - Mother, Female, 32 Year(s) | DOA / Fatality | Substantiated |
| 045709 - Deceased Child, Male, 4 Mons | 045711 - Father, Male, 32 Year(s) | Inadequate Guardianship | Substantiated |
| 045712 - Sibling, Male, 4 Year(s) | 045714 - Grandparent, Female, 72 Year(s) | Lacerations / Bruises / Welts | Unsubstantiated |
| 045712 - Sibling, Male, 4 Year(s) | 045710 - Mother, Female, 32 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 045712 - Sibling, Male, 4 Year(s) | 045714 - Grandparent, Female, 72 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 045712 - Sibling, Male, 4 Year(s) | 045714 - Grandparent, Female, 72 Year(s) | Excessive Corporal Punishment | Unsubstantiated |
| 045712 - Sibling, Male, 4 Year(s) | 045711 - Father, Male, 32 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 045713 - Sibling, Male, 4 Year(s) | 045710 - Mother, Female, 32 Year(s) | Lacerations / Bruises / Welts | Substantiated |
| 045713 - Sibling, Male, 4 Year(s) | 045710 - Mother, Female, 32 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 045713 - Sibling, Male, 4 Year(s) | 045714 - Grandparent, Female, 72 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 045713 - Sibling, Male, 4 Year(s) | 045711 - Father, Male, 32 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 045713 - Sibling, Male, 4 Year(s) | 045714 - Grandparent, Female, 72 Year(s) | Excessive Corporal Punishment | Unsubstantiated |
| 045713 - Sibling, Male, 4 Year(s) | 045714 - Grandparent, Female, 72 Year(s) | Lacerations / Bruises / Welts | Unsubstantiated |

CPS Fatality Casework/Investigative Activities

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

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"/> |
| 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.

Have any Orders of Protection been issued? No

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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, specify: Preventive Services | | | | | | | |

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The SS had medical exams at the CAC on 11/30/2017 and were examined by their pediatrician on 12/1/2017 to assess their physical health. A safety plan was temporarily initiated the SS would stay with relatives until it was deemed safe for them to return to SM and SF's care. The SS were referred for MH counseling.



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

Explain:
The SM and SF were provided with information on bereavement services, SF was referred for MH counseling and a Preventive Services case was opened.

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? Yes

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) |
|--------------------|------------------------|------------------------|-------------------------------|----------------|---------------------|
| 11/22/2016 | Sibling, Male, 3 Years | Father, Male, 31 Years | Parents Drug / Alcohol Misuse | Indicated | Yes |
| | Sibling, Male, 3 Years | Father, Male, 31 Years | Inadequate Guardianship | Indicated | |
| | Sibling, Male, 3 Years | Father, Male, 31 Years | Other | Indicated | |
| | Sibling, Male, 3 Years | Father, Male, 31 Years | Inadequate Guardianship | Indicated | |
| | Sibling, Male, 3 Years | Father, Male, 31 Years | Other | Indicated | |
| | Sibling, Male, 3 Years | Father, Male, 31 Years | Parents Drug / Alcohol Misuse | Indicated | |

Report Summary:

An SCR report was received when Erie County Family Court ordered a 1034 Court Ordered Investigation. It was alleged on 9/23/2014, SF choked SM in the presence of the SS and SS1 sustained an injury during the incident. In August 2016, the SF was intoxicated, grabbed SM and punched her in the presence of the SS.

Determination: Indicated **Date of Determination:** 12/14/2016



Basis for Determination:

The allegations of IG, PD/AM and Other were substantiated against SF regarding the SS. The 2014 incident was already investigated and an SCR report was indicated. In August 2016, SF was intoxicated and punched SM in the face in the presence of the children. SM kicked SF out of the home and filed a custody petition in Family Court. Erie County Family Court issued a stay away OP against SF and ordered supervised visitation with the children. SF was later arrested for violating the OP when he and SM had contact. SF was ordered to complete substance abuse and anger management treatment. It was determined a legal consult was not necessary based on the active OP and SF was engaged in treatment.

OCFS Review Results:

ECDSS interviewed SF, SM, PGM, MGM. The children were not interviewed due to being non-verbal and were observed to have no marks or bruises. The appropriate collaterals were contacted and records received to determine the allegations. The allegations were appropriately substantiated and the SF was engaged in the required services. The 7-day safety assessment was due by 11/29/2016 and was not completed until 12/7/2016. The Notice of Existence letters were provided to the SM and SF on 12/9/2016, beyond the required timeframe of within 7 days following the receipt of the report.

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 due by 11/29/2016 and was not completed until 12/7/2016.

Legal Reference:

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

Action:

ECDSS will complete safety assessments within regulatory required timeframes.

Issue:

Failure to provide notice of report

Summary:

The Notice of Existence letters were provided to the SM and SF on 12/9/2016, beyond the required timeframe of within 7 days following the receipt of the report.

Legal Reference:

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

Action:

ECDSS will mail or deliver Notice of Existence letters to subject(s), parent(s) and other adults named in the report within the first 7 days following the receipt of the report.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|------------------------|--------------------------|-------------------------|----------------|---------------------|
| 11/30/2015 | Sibling, Male, 2 Years | Mother, Female, 30 Years | Inadequate Guardianship | Unfounded | No |
| | Sibling, Male, 2 Years | Mother, Female, 30 Years | Inadequate Guardianship | Unfounded | |
| | Sibling, Male, 2 Years | Father, Male, 30 Years | Inadequate Guardianship | Unfounded | |
| | Sibling, Male, 2 Years | Father, Male, 30 Years | Inadequate Guardianship | Unfounded | |

Report Summary:

An SCR report alleged SM and SF physically fought with each other in the presence of the SS (2 yo at the time). The children were in danger of being hit by items SM threw across the room and the parents were rough with the children.

Determination: Unfounded

Date of Determination: 02/01/2016

**Basis for Determination:**

ECDSS unsubstantiated the allegation of IG against SM and SF regarding the SS. The adults denied that SM and SF had recent physical altercations, that they were rough with the children or that SM threw things near the children. The children were observed to have no marks or bruises. There were no police reports of recent DV incidents. Due to an incident on 3/23/2014, there was an active OP that ordered SF to refrain from offensive conduct toward SM, and SF was ordered to complete a men's DV counseling program. It was confirmed SF completed the program and the OP was being followed. Service providers expressed no concerns for DV or the care of the children.

OCFS Review Results:

ECDSS interviewed the SM, SF, MGM and other family members. The children were observed to have no marks or bruises and the home was assessed to be safe. The appropriate collaterals were contacted and records received to determine the allegations. ECDSS appropriately unsubstantiated the allegations and closed the case as the parents declined any additional services. ECDSS referred SM to a DV advocate for counseling.

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

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

An SCR report dated 03/23/2014 was substantiated for the allegations of IG, L/B/W, S/D/S against SF regarding SS1 and for the allegation of IG against SF regarding SS2. There was a DV altercation in the presence of the CHN and SS1 sustained a scratch to his face. SF was arrested and an OP was issued against SF that he refrain from offensive behavior toward SM.

Known CPS History Outside of NYS

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

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

| Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship) | | |
|---|--|--------------------------|
| Date Filed: | Fact Finding Description: | Disposition Description: |
| 08/01/2016 | There was not a fact finding | Withdrawn |
| Respondent: | None | |
| Comments: | SM filed for an Article 6 custody petition against SF regarding the SS in August 2016. On an unknown date, SM withdrew the petition. | |

Have any Orders of Protection been issued? Yes

From: 06/08/2017 To: Unknown

Explain:
A stay away OP was reduced on 6/8/2017, to require SF refrain from offensive behavior toward SM. The OP was due to



expire on 6/8/2018, although was dismissed in April 2018, after SM completed court ordered DV classes and SF completed anger management classes and substance abuse treatment.

From: 03/09/2017

To: 06/08/2017

Explain:

An OP was issued in Erie County Family Court against SF that ordered he stay away from SM.

From: 08/01/2016

To: Unknown

Explain:

An OP was issued by Erie County Family Court against SF that ordered he stay away from SM.

From: 06/08/2015

To: 04/10/2016

Explain:

An OP was issued against SF that he refrain from offensive behavior towards SM.

Additional Local District Comments

ECDSS is pleased that OCFS found the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. However, with respect to the State Central Registry (SCR) report dated 11/22/16, ECDSS acknowledges that we did not complete the 7-day safety assessment in the required time frame. The following corrective action will be instituted in response: An agenda item will be added to the next scheduled CPS Team Leader meeting on 6/12/18 to remind supervisors and staff of the requirement that the 7-day safety assessments must be completed and approved within the first 7 days of the report. The Team Leaders will be instructed to review these requirements with their respective CPS caseworkers and to ensure that each unit and caseworker has an established, effective means of tracking safety assessment due dates. Additionally with respect to the SCR report dated 11/22/16, we acknowledge that the Notice of Existence (NOE) letters were not provided to the Subject Parents in the required timeframe. We have recently taken the following corrective actions with respect to the issue of timely delivery of NOE letters: In a CPS Team Leader meeting held on 3//13/18, the need for the timely issuance of NOE letters was addressed with all CPS Team Leaders. The Team Leaders were instructed to review this requirement with their respective CPS caseworkers. In a memo sent to all Erie County CPS staff on 3/16/18, staff members were reminded that NOE letters must be hand-delivered or mailed within 7 days of receipt of the SCR report. The CPS Report Review and Documentation Checklist, an internal document utilized in Erie County to ensure that all required tasks have been completed before the determination of a CPS investigation, was augmented on 5/8/18 as follows: the field that previously read "Existence Letters sent" (yes or no) was changed to read "Existence Letters sent within 7 days of report" (yes or no).

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