



Report Identification Number: BU-18-028

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

Issue Date: Mar 14, 2019

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: 09/25/2018
Initial Date OCFS Notified: 09/26/2018

Presenting Information

On 9/25/18, Erie County Department of Social Services (ECDSS) informed the OCFS Buffalo Regional Office of the death of a child for whom ECDSS had an open preventive services case. On that date, the 4-month-old infant died in the hospital as a result of numerous medical complications from his premature birth. The child had never left the hospital since birth. Medical records indicated the child was unresponsive to clinical interventions. The parents chose to withdraw life support. The cause of death was listed as cor pulmonale/pulmonary hypertension and infection/bronchopulmonary dysplasia/prematurity/intrauterine growth restriction.

Executive Summary

This fatality report concerns the death of a 4-month-old child. ECDSS had an open case with the child at the time of his death, which included CPS/Preventive Services for his family.

The infant had never left the hospital prior to his death. He was born premature after his mother suffered pregnancy-related complications. Though there were periods when his health was stable, he was on and off a ventilator throughout his stay in the neonatal intensive care unit. The infant was transported to a hospital equipped to provide a higher level of care in September of 2018 when his condition began to decline. While receiving life-sustaining care, the infant's oxygen level was noted to have desaturated quickly in the week leading up to his death. The mother was consulted by medical professionals, and made the decision to withdraw life support. The child passed away on 9/25/2018 as a result of his medical conditions.

ECDSS obtained a copy of the death certificate. The manner of death was noted as having occurred from a natural cause. The immediate cause of death was listed as cor pulmonale/pulmonary hypertension, due to or as a consequence of bronchopulmonary dysplasia/infection and intrauterine growth restriction/prematurity.

ECDSS spoke with medical professionals at the hospital where the child expired and documented there was no concern of medical neglect by the child's parents in relation to his condition and subsequent death.

ECDSS and the service provider involved had contact with the family following the fatality and documented the safety of the 2-year-old surviving sibling. The mother and the deceased child's father were provided information on grief services and monetary assistance for burial costs. The services case remained open at the time this report was written.

PIP Requirement

For the issue regarding timeliness of FASPs in the open services case, ECDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) ECDSS has taken, or will take, to address the cited issue. If a PIP is currently implemented for this issue, ECDSS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The above questions are not applicable as the fatality was not reported to the SCR. There was no report alleging the fatality was suspected to be a result of abuse or maltreatment by a caretaker; however, other decisions made during the open services case were 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 case remained open with the mother and surviving sibling at the time this report was written.

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: 09/25/2018

Time of Death: 03:33 AM

Date of fatal incident, if different than date of death:

08/16/2018

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

Unknown

County where fatality incident occurred:

Erie

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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

No

Child's activity at time of incident:

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: Hospitalized | | |



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

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	No Role	Male	4 Month(s)
Deceased Child's Household	Father	No Role	Male	23 Year(s)
Deceased Child's Household	Mother	No Role	Female	22 Year(s)
Other Household 1	Sibling	No Role	Female	2 Year(s)
Other Household 2	Other Adult - Sibling's Father	No Role	Male	23 Year(s)

LDSS Response

ECDSS was involved with the subject child's family at the time of his death, as services were being provided and efforts were being made to reunify the surviving sibling into the mother's custody. The subject child was hospitalized the entirety of his life, having been born premature and with significant corresponding medical problems. Since the time of the subject child's birth, ECDSS and the service provider agency involved diligently assessed and documented the child's medical conditions, and updated when any changes were learned. On the date of the fatality, ECDSS was made aware via the hospital, and immediately communicated with the family, service providers, and hospital staff. ECDSS visited the hospital on this date and obtained medical records, learning details of the child's passing. The mother was by his side at the time of his death.

ECDSS immediately secured a "death summary" completed by the hospital physician. This summary noted the cause of death was medical in nature. It was relayed to ECDSS through the hospital's social worker that there had been no concern for abuse or maltreatment by the parents as it pertained to the child's condition or death; and though the baby had seemed to be doing well the week prior, he was medically frail and had desaturated very quickly in the time leading up to his death. ECDSS later obtained a copy of the death certificate for their case record. Through learning this information and physically observing the surviving sibling following the fatality, there was no safety concern identified for her as it pertained to the fatality.

The mother and father were offered information on grief counseling. The mother continued to participate in mental health services which she was receiving prior to the fatality, and noted she was addressing her grief. The father expressed he was not in need of such services.

The case remained open, as ECDSS continued their involvement as necessary with the mother and surviving sibling. ECDSS and the service provider agency continued to provide services and monitoring, as the sibling was reunited into her mother's custody following the fatality, having previously been in the care and custody of her paternal grandparents pursuant to Family Court Act 1017.

Throughout their involvement, ECDSS and the service providers diligently documented required casework contacts and provided and monitored necessary services to the family. The mother successfully completed her court orders before it was



determined the surviving sibling could return to her care. ECDSS continued to monitor the family at the time this report was written.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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.

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Though progress notes were entered timely and contemporaneously, three of the four FASPs completed were late.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input 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"/>
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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"/>

Explain:
The family continued to receive services.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
The surviving sibling was removed from the mother prior to the subject child's death, for reasons unrelated to the fatality.

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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"/>

Additional information, if necessary:

After the fatality, the mother continued with mental health services she had previously been receiving. Grief counseling was offered as additional support for both parents. Monetary assistance for funeral costs was provided.

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:

There were no identified needs documented for the surviving child in regard to the fatality.

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

Explain:

The mother was provided monetary assistance for burial costs. Grief counseling was offered to the mother and father.

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? Yes
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/10/2018	Deceased Child, Male, 1 Days	Mother, Female, 21 Years	Inadequate Guardianship	Substantiated	No

Report Summary:

An SCR report alleged the mother had a child (SS) removed from her care due to neglect and on 5/9/18, she gave birth to a baby boy (SC). Due to the mother having her child removed from her care, there was concern for the newborn's safety. The role of the baby's father was unknown.

Report Determination: Indicated **Date of Determination:** 08/01/2018

Basis for Determination:

ECDSS investigated the circumstances and appropriately filed a petition to include the newborn (SC) on the existing neglect petition concerning the sibling. As a result, ECDSS was granted a temporary order of supervision over the mother and subject child, though the child remained at the hospital due to complications from pregnancy/birth. The CPS-Services case remained open for the family.

OCFS Review Results:

ECDSS conducted a thorough investigation which included planning for a safe and appropriate placement of the child upon his discharge from the hospital, though he had not been discharged at the time the investigation closed. ECDSS appropriately kept the CPS-Services case open and continued monitoring the services that fit the needs of the whole family.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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08/17/2017	Sibling, Female, 1 Years	Mother, Female, 20 Years	Burns / Scalding	Unsubstantiated	Yes
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Fractures	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Lacerations / Bruises / Welts	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Lack of Medical Care	Substantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 56 Years	Burns / Scalding	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 56 Years	Fractures	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 56 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 56 Years	Lacerations / Bruises / Welts	Substantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 56 Years	Lack of Medical Care	Substantiated	

Report Summary:

An SCR report alleged the 18-month-old sibling had a healing fractured left hand, a nickel sized circular burn on her right cheek, and bruises on her left cheek. There was no explanation for the suspicious injuries. As the mother and maternal grandmother were the sole caregivers for the child, they were the alleged subjects.

Report Determination: Indicated

Date of Determination: 10/19/2017

Basis for Determination:

ECDSS gathered information and determined the child did have injuries as alleged. The child sustained the hand injury while in the care of relatives, and the mother stated she did not seek medical attention. The mother noted the child sustained a burn to her cheek after leaving an iron on and leaving the room, and did not seek professional medical care at that time either, nor did MGM. The mother and MGM were the regular caregivers for the child. Paternal grandparents sought emergency medical attention, and ECDSS took appropriate legal action by filing a neglect petition and removing the child, placing her in 1017 custody of the paternal grandparents. ECDSS then opened a CPS-Services case.

OCFS Review Results:

ECDSS conducted a thorough investigation, which included documenting details of a medical professional's abuse consult and interviewing multiple family members. ECDSS assessed for safety and risk by inquiring relevant questions of all caregivers and the other child named in the report (12-year-old maternal uncle). The child's father was incarcerated at the time of the investigation and notified of the report and removal, but there were no documented efforts to coordinate an interview.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

The sibling's father was added to the report as a parent and notified about the investigation and removal, but there were no documented efforts to coordinate an interview.

Legal Reference:

432.1 (o)

**Action:**

ECDSS will make casework contacts in accordance with the following regulation: Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/23/2016	Sibling, Female, 6 Months	Other Adult - Sibling's Father, Male, 21 Years	Inadequate Guardianship	Substantiated	Yes

Report Summary:

An SCR report alleged on 7/23/16, the sibling's father choked the mother violently in the presence of the child. The previous week, the child's father punched and stomped on the mother in the presence of the child. It was unknown if the mother or child sustained any injuries as a result of either incident. It was unknown if there was a history of drug or alcohol abuse, or mental health issues, with either parent. The mother had an unknown role.

Report Determination: Indicated

Date of Determination: 02/13/2017

Basis for Determination:

ECDSS confirmed a domestic incident in which the child's father choked the mother in the presence of the child. The police were called, but no arrests were made. ECDSS found the mother acted appropriately by contacting a safe house and obtaining appropriate alternate provisions for her and the child. ECDSS noted the father became incarcerated during the investigation on unrelated charges. ECDSS spoke with the family with whom the mother and child came to reside, and found they had support. ECDSS offered services, but they were declined by the family.

OCFS Review Results:

ECDSS discussed a domestic violence safety plan with the mother, and saw she followed through with protecting the child after the incident. ECDSS linked the mother with a domestic violence advocate, who helped the mother with Family Court matters. Efforts to promptly speak with the father about the concerns were unsuccessful, though he was eventually interviewed while incarcerated prior to the determination. ECDSS conducted a thorough investigation into the allegations and other areas of child welfare concern. There was no documentation any of the adults were provided written notification letters.

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

Issue:

Failure to provide notice of report

Summary:

There was no documentation any of the adults were provided written Notice of Existence letters.

Legal Reference:

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

Action:

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

Issue:

Failure to Provide Notice of Indication

Summary:

There was no documentation any of the adults were provided written Notice of Indication letters.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:



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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/28/2016	Sibling, Female, 1 Months	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 1 Months	Mother, Female, 19 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Female, 1 Months	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Months	Other Adult - Sibling's Father, Male, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Months	Other Adult - Sibling's Father, Male, 20 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Female, 1 Months	Other Adult - Sibling's Father, Male, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged the newborn (SS), born with a positive toxicology for marijuana, morphine, and another unknown drug, was born with medical and physical complications. The parents were made aware they were to keep up with medical appointments and get the child into therapy right away, with concern that if early intervention was delayed, the baby risked losing her limbs. Both parents continued to abuse marijuana and did not take the baby for medical and therapy appointments. They engaged in physical altercations around the baby. The parents failed to provide a stable home for the child and neglected her medically. The father had untreated mental health issues.

Report Determination: Unfounded**Date of Determination:** 06/14/2016**Basis for Determination:**

ECDSS determined the parents took the child to all necessary medical appointments and were adequately addressing all her medical needs. Despite their history of domestic violence, there was no evidence of any incidents in the presence of the child. ECDSS advised the parents to refrain from physical incidents in the presence of the child. There was no evidence the parents used drugs in the presence of the child. ECDSS observed the family's home when they relocated and assessed it as safe and appropriate. Services were offered, but declined.

OCFS Review Results:

ECDSS conducted a thorough investigation, though it was not evident the father's mental health was discussed. ECDSS provided an array of information to the family on child safety and offered Preventive Services, which were declined. ECDSS advised the parents to refrain from domestic violence in the presence of the child and warned of the potential consequences.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/22/2016	Sibling, Female, 1 Days	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

Report Summary:

An SCR report alleged the mother gave birth to a child (SS) the previous day. The mother tested positive for marijuana and morphine; the child tested positive for marijuana. The day the child was born, her father came into the hospital and



physically assaulted the mother. The child's father pushed the mother to the ground, though it was unknown if the baby was in the room at the time. The police were called. There were other adults and children living in the home, whose roles were unknown.

Report Determination: Unfounded

Date of Determination: 03/30/2016

Basis for Determination:

Although the mother admitted to using marijuana during her pregnancy, ECDSS found no negative impact to the child and the mother denied using marijuana in the presence of any children. The parents described the incident in the hospital, which did not occur in the presence of the child. When she noted a history of DV, services were discussed and the mother said she did not need counseling. ECDSS noted the mother and child moved into a shelter with the child's father, and her basic needs were met. A subsequent report was made on 2/28/16, which remained under investigation at the time the initial case was closed.

OCFS Review Results:

ECDSS conducted a thorough investigation into the allegations and other potential child welfare concerns. ECDSS provided information to the family related to child safety and services. One question was answered incorrectly on the Risk Assessment Profile, greatly affecting the overall score. The CPS history check was not completed within the required time-frame.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

The elevated risk element question was answered incorrectly on the Risk Assessment Profile, which did not capture that the child was born with a positive toxicology for marijuana. This greatly affected the overall risk score.

Legal Reference:

18 NYCRR 432.2(d)

Action:

ECDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Issue:

Review of CPS History

Summary:

A review of CPS history was completed two weeks past the required timeframe.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day, ECDSS will review SCR records pertaining to all prior reports involving a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report, including legally sealed unfounded reports. Within 5 business days, ECDSS will review and document all CPS record(s) that apply to the prior reports.

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

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

Known CPS History Outside of NYS

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



Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 08/23/2017

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 08/23/2017

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If not, how many days was it overdue?

19

Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

Hillside Children's Center was the agency providing services to the family. At one point, Native American Community Services were also involved.

Required Action(s)

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

Yes No

Issue:	Timeliness of completion of FASP
Summary:	The three most recent FASPs were submitted and approved past the due dates.
Legal Reference:	18 NYCRR428.3(f)
Action:	ECDSS will complete, or see to the completion of FASPs by service providers when applicable, in a timely fashion when ECDSS maintains a case management role.

Preventive Services History

A CPS-Services/Preventive case was opened on 8/23/17, as a result of concerns stemming from an indicated child protective report. ECDSS arranged for the provision of services to the mother and surviving sibling in the form of direct supervision and monitoring, supervised visitation, parenting classes, domestic violence counseling, and mental health treatment. The mother was provided the majority of services; as well, the service provider made appropriate casework contacts with the surviving sibling and her paternal grandmother who obtained custody of the child. ECDSS included the subject child on this case upon his birth, and appropriately planned for his safety as well. Resources were sought for the subject child in preparation for his anticipated discharge from the hospital; however, the child passed away before he was able to be released from the hospital. ECDSS and the service providers documented the status of the children's safety throughout the life of the case, and noted the surviving sibling's recent return to the care and custody of her mother, which occurred after the fatality. The services case remained open at the time this report was written. The subject child's father



had reentered the household upon his release from jail, and the surviving sibling visited with her own father; therefore, ECDSS added both fathers to the case.

Foster Care Placement History

The surviving sibling was removed from her mother's care and custody per court order on 8/23/17, as a result of concerns stemming from an indicated child protective report. Foster care services were not provided, as the child was immediately placed in direct custody with her paternal grandparents, pursuant to Family Court Act 1017. ECDSS concurrently provided CPS and Preventive Services to the family. The child remained in the care of her paternal grandparents and had regular supervised visitation with the mother, while the mother worked to complete her court-ordered services (including parenting classes, domestic violence counseling, and mental health treatment). When all parties involved in front of the Family Court judge agreed it was safe, the child was returned to her mother's care and custody on 11/28/18.

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: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
08/23/2017	Other, Specify	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	048805 Mother Female 22 Year(s)	
Comments:	Due to concerns from an indicated CPS report, the surviving sibling was removed on 8/23/17 after a neglect petition was filed against the mother and maternal grandmother. The sibling was placed in the direct custody of her paternal grandparents, pursuant to Family Court Act 1017. The mother was ordered supervised contact only, as well as ECDSS supervision of court-ordered services. At a fact-finding hearing in 2018, it was ordered that the petition filed be adjourned in contemplation of dismissal until 2/20/19. The sibling was court-approved to return to the care and custody of her mother as of 11/28/18.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
07/12/2018	There was not a fact finding	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	048805 Mother Female 22 Year(s)	
Comments:	A neglect petition was filed against the mother to include the subject child on the existing neglect petition regarding the sibling. The petition was filed in response to the subject child being born while the sibling remained outside of the mother's care, with her court-ordered services not yet complete. ECDSS requested 1017 placement of the subject child upon his release from the hospital, and the matter was to be revisited upon the child's discharge. The child was never discharged from the hospital prior to the conclusion of the neglect proceedings concerning him; he passed away due to his medical issues. Prior to his passing, in a hearing in 2018, the mother was granted a 12 month adjournment in contemplation of dismissal.	

Have any Orders of Protection been issued? Yes



From: 09/27/2017

To: 08/02/2018

Explain:

The mother was ordered to have supervised visits only with the surviving sibling upon her court-ordered removal beginning 9/27/17. Upon the mother being granted a 12-month adjournment in contemplation of dismissal, she was allowed unsupervised contact with the sibling as of 8/2/18. The child was returned to her care and custody in November, 2018.

Additional Local District Comments

ECDSS concurs with the compliance issues noted by the reviewer. Regarding the SCR report of 1/22/16, we acknowledge that ECDSS did not accurately complete the Risk Assessment Profile (RAP). Although it appears that the SCR report, the progress notes and prior entries on the RAP reflect that the child was born with a positive toxicology for marijuana, we acknowledge that this should have been identified on the elevated risk element question. A Program Improvement Plan (PIP) covering proper RAP completion was implemented by ECDSS on 4/19/18. We also acknowledge that the review of the prior CPS history was not completed within the required time frame. A corrective action plan covering this issue was implemented by ECDSS in January 2019. Regarding the SCR report of 7/23/16, we acknowledge that ECDSS failed to provide Notice of Existence (NOE) letters and Notice of Indication (NOI) letters to any of the adults named in the report. ECDSS implemented a corrective action plan covering the issue of NOE letters in March 2018. A similar corrective action plan will be implemented to cover the issue of NOI letters during the month of March 2019. Regarding the SCR report of 8/17/17, we acknowledge that ECDSS failed to attempt to establish face to face contact with a father who had been added to the report. ECDSS implemented a PIP addressing this issue on 4/19/18. Finally, regarding the preventive service case open with ECDSS at the time of the fatality, the reviewer correctly identified a needed PIP related to the timeliness of case Family Assessment and Service Plan (FASP) completions. ECDSS and the OCFS Buffalo Regional Office will hold a meeting on 3/11/19 to discuss PIP consolidations; this newly-required PIP will be a topic of discussion during said meeting.

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