



**Report Identification Number: BU-19-028**

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

**Issue Date: Dec 31, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 1 year(s)

**Jurisdiction:** Erie  
**Gender:** Male

**Date of Death:** 05/27/2018  
**Initial Date OCFS Notified:** 07/30/2019

## Presenting Information

On 7/30/2019, Erie County Department of Social Services (ECDSS) received a report from the SCR alleging the mother had a history of abusing drugs and alcohol to the point of impairment on a daily basis. Approximately two years prior, the subject child was born premature with health complications due to exposure to drugs and alcohol. Subsequently, the child passed away at approximately 4 months of age as a result of the mother's substance abuse. There were ongoing concerns for the 10, 8, and 3-year-old surviving siblings due to the mother's continued substance abuse. While impaired, the mother had physically disciplined the siblings to the point of injuries. There were concerns that the father was aware and failed to intervene.

## Executive Summary

An SCR report was received on 7/30/19, regarding the death of the 1-year-old child that occurred on 5/27/18. Additionally, concerns regarding the mother's substance abuse having an adverse effect on the surviving siblings was alleged. At the time of the death, the child was in the hospital. Residing in the home where the child would have been discharged were, three surviving siblings ages, 4,7, and 9. Erie County Department of Social Services (ECDSS) initiated an immediate investigation that included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed; it was learned the mother and siblings moved out of state prior to the hotline report.

Through interviews, it was learned the child had medical complications and never left the hospital. The child was born extremely premature and had a multitude of medical complications, which required extensive medical treatment.

ECDSS contacted Buffalo Police Homicide and learned they would not investigate the death as the child passed away in the hospital due to multiple medical conditions. LE assisted ECDSS in attempts to find a current address for the family as they had allegedly moved to California. An autopsy was not completed, though ECDSS spoke with the medical examiner familiar with the death. The medical examiner reported there was a record review for the child and the death was ruled accidental. The child died in the hospital as a result of extreme prematurity and extracorporeal membrane oxygenation pump failure.

In response to the fatality, ECDSS accurately unsubstantiated the allegations regarding the deceased child. ECDSS substantiated the allegations of PD/AM against the mother for the surviving siblings as there were concerns that she was abusing substances and her whereabouts were unable to be ascertained. The biological father of the subject child corroborated the concerns that the mother continued to abuse substances while the sole caretaker of the children. Additionally, the allegation of IG was substantiated against the mother and father because of DV. The father was physically abusive towards the mother and the mother continued to reside in the home with the children. ECDSS completed a thorough investigation, but due to the family's whereabouts being unable to be ascertained, not all resources could be explored.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:





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:**

- Sleeping  Working  Driving / Vehicle occupant  
 Playing  Eating  Unknown  
 Other: hospitalized

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

**At time of incident supervisor was:** Unknown if they were 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	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	7 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	9 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	38 Year(s)
Other Household 2	Other Adult - Bio Father of Siblings	No Role	Male	29 Year(s)

**LDSS Response**

ECDSS initiated their investigation within 24 hours of receipt of the report. They reviewed SCR history, spoke to the source, LE and DA's office, and met with collateral resources.

Through interviews conducted and medical records received, it was learned the 1-year-old child was born at 25 weeks and 1 day. The child had a weak respiratory system and received medical intervention. The child was transferred to the NICU and his initial measurements were below 10% for all growth parameters, which medical records document as being possibly related to the maternal medical conditions. At the time of the child's birth, the mother tested positive for illicit substances. The child had multiple medical diagnoses.

ECDSS worked diligently to locate the family after gathering information that they had relocated to California. ECDSS enlisted numerous resources to assist in locating the family and, after obtaining an address, reached out to California CPS. ECDSS provided information and requested California CPS address the concerns of the current hotline report with the family once located. California CPS attempted to locate the family, but was unable to do so. They closed their referral without locating the family and were thus unable to address the concerns.

ECDSS conducted phone interviews with the biological fathers of the siblings as well as the subject child. Both reported concerns for the mother and her substance abuse. The father of the siblings expressed that the biological father of the subject child is abusive towards the mother and there is a history of domestic violence. The siblings' father refused to



cooperate after the initial phone contact. The father of the subject child was interviewed via phone as he moved to North Carolina prior to the hotline report. He reported the mother had substance abuse issues, but did not have knowledge of current use as they were no longer living together. The father said the subject child was hospitalized from birth until he passed away and had significant medical concerns.

ECDSS accurately determined the investigation after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances. ECDSS determined there was no credible evidence to support the allegations that the parents played a role in the subject child's death. Medical records and conversations with the medical examiner reflect the death was due to medical concerns. ECDSS determined there was credible evidence that the mother's substance abuse had a negative impact on the surviving siblings. Due to the family's whereabouts being unable to be ascertained, ECDSS was unable to provide resources to the mother or siblings.

#### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

#### Multidisciplinary Investigation/Review

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

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

#### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050972 - Deceased Child, Male, 1 Year(s)	052209 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
050972 - Deceased Child, Male, 1 Year(s)	052209 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
050972 - Deceased Child, Male, 1 Year(s)	052209 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
052210 - Sibling, Female, 9 Year(s)	052213 - Father, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
052210 - Sibling, Female, 9 Year(s)	052209 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
052210 - Sibling, Female, 9 Year(s)	052209 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052210 - Sibling, Female, 9 Year(s)	052209 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
052210 - Sibling, Female, 9 Year(s)	052213 - Father, Male, 38 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052211 - Sibling, Male, 4 Year(s)	052213 - Father, Male, 38 Year(s)	Inadequate Guardianship	Substantiated
052211 - Sibling, Male, 4 Year(s)	052209 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated



052211 - Sibling, Male, 4 Year(s)	052209 - Mother, Female, 28 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
052211 - Sibling, Male, 4 Year(s)	052213 - Father, Male, 38 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052211 - Sibling, Male, 4 Year(s)	052209 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
052211 - Sibling, Male, 4 Year(s)	052209 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052212 - Sibling, Male, 7 Year(s)	052209 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052212 - Sibling, Male, 7 Year(s)	052209 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
052212 - Sibling, Male, 7 Year(s)	052213 - Father, Male, 38 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
052212 - Sibling, Male, 7 Year(s)	052209 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
052212 - Sibling, Male, 7 Year(s)	052209 - Mother, Female, 28 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
052212 - Sibling, Male, 7 Year(s)	052213 - Father, Male, 38 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

ECDSS was unable to locate the mother and surviving siblings, but made diligent efforts to do so. ECDSS contacted CPS from California and North Carolina to assist in assessing the siblings.

### 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"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 ECDSS made efforts to locate the family and offer needed services, however, the family's whereabouts could not be ascertained. ECDSS made a referral to California CPS in order to assess the safety of the siblings and offer services, but California was unable to ascertain the family's whereabouts and closed out their referral.

### 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"/>
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**Explain as necessary:**  
There was no removal of the surviving siblings.

**Legal Activity Related to the Fatality**

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

**Services Provided to the Family in Response to the Fatality**

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:**  
The fatality report was reported more than a year after the death. At the time of this writing, the family had moved out of state and their location was unable to be ascertained. It is unknown if the family engaged in any 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? No

**Explain:**

The family was unable to be located thus services were unable to be provided to the siblings.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**

The mother was unable to be located as she reportedly moved out of state therefore services were not offered.

### History Prior to the Fatality

#### Child Information

<b>Did the child have a history of alleged child abuse/maltreatment?</b>	Yes
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	No
<b>Was the child acutely ill during the two weeks before death?</b>	Yes

### 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)
01/29/2018	Sibling, Male, 3 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Years	Mother, Female, 28 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

An SCR report was received that alleged on or about 1/28/18, the mother slapped the then 3yo sibling across the face with enough force to knock the child to the floor. As a result, the child sustained a mark on his face. It was unknown why the mother hit the sibling.

**Report Determination:** Unfounded

**Date of Determination:** 03/21/2018

**Basis for Determination:**

ECDSS determined there was no credible evidence to support the allegations of IG and L/B/W against the mother regarding the sibling. The siblings were thoroughly checked and seen to be free from marks/bruises during each visit. The sibling did not sustain injuries or bruises as a result of a spanking. Though there was evidence that the mother spanked the sibling, ECDSS determined there was no evidence that the discipline was excessive in nature.

**OCFS Review Results:**

ECDSS made appropriate collateral contacts and thoroughly documented in the case record. ECDSS completed a timely and accurate safety assessment and CPS history check. ECDSS appropriately investigated new concerns as they arose during the investigation.

**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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11/21/2016	Sibling, Male, 2 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 8 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 8 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Other Adult - Other unrelated home member, Male, 61 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Other Adult - Other unrelated home member, Male, 61 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 5 Years	Other Adult - Other unrelated home member, Male, 61 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Other Adult - Other unrelated home member, Male, 61 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 8 Years	Other Adult - Other unrelated home member, Male, 61 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 8 Years	Other Adult - Other unrelated home member, Male, 61 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

ECDSS received a report from the SCR alleging the mother used cocaine to the point of impairment while the sole caretaker for the 3 surviving siblings who were 8, 5, and 2 at the time. The mother also allegedly left the siblings in the care of an unnamed unrelated home member who cared for the children while impaired on drugs.

**Report Determination:** Unfounded

**Date of Determination:** 01/04/2017

**Basis for Determination:**

ECDSS determined there was no credible evidence to substantiate the allegations. The mother denied drug use and was observed on multiple occasions to be a sober and appropriate caregiver for the children. The unrelated home member denied drug use and denied ever acting as a caretaker for the children. There were ongoing concerns for bedbugs and the conditions of the home. The conditions were assessed and appeared to be appropriate, ECDSS found that the mother took appropriate steps when she had a bedbug infestation.

**OCFS Review Results:**

ECDSS assessed the safety of the children and completed all casework activity within the required timeframe. ECDSS gathered a substantial amount of information from collateral contacts by way of face-to-face interviews, telephone contacts, and copies of records. The information gathered supported the basis for unbounding the report.

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

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

7/23/2014 : UNF for Parent's Drug/Alcohol Misuse against the mother regarding the eldest surviving sibling.

**Known CPS History Outside of NYS**

There is no known history outside of New York.



### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

### Additional Local District Comments

We at the Erie County Department of Social Services appreciate the opportunity given us to review the draft report in advance. We find that the facts, as written, describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality or to the investigations conducted within the three years preceding the fatality.

### 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