

Report Identification Number: BU-22-007

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

Issue Date: Sep 02, 2022

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 | ASTO-Allowing Sex Abuse to Occur | |

Case Information

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 04/20/2022
Initial Date OCFS Notified: 04/20/2022

Presenting Information

On 4/20/2022, Erie County Department of Social Services received an SCR report which alleged the 3-month-old subject child was found unresponsive by the subject mother at 10:44 AM. The subject child was in her crib, where the subject mother had checked on her previously between 3:00 AM and 6:00 AM. Upon finding the subject child unresponsive, the subject mother immediately called 911. The fire department and EMS responded to the home and found the child to be cold and stiff, therefore no life saving measures were attempted. The child was pronounced deceased at the home at 10:55 AM by EMS. The 10yo and 17yo surviving siblings were assessed to be safe in the home and in the care of the subject mother.

Executive Summary

This report is regarding the death of the 3-month-old subject child that occurred on 4/20/2022. At the time of her death, the child resided with her mother and her 10-year-old and 17-year-old surviving siblings.

The investigation revealed the mother had been out on the evening of 4/19/2022 and had returned home, fed the child water sometime around 2:00 AM or 3:00 AM, and placed the child in the adult bed with her to sleep. When the mother woke around 10:00 AM on 4/20/2022, she noticed the child was on her side with her head tilted down and there was an unidentified white substance around the child's mouth. The mother found the child was not breathing and attempted CPR before calling 911.

An autopsy was completed by the medical examiner; however, the final autopsy report had not been issued at the time this report was written. The medical examiner reported preliminary findings that the death of the child could have been related to an unsafe sleep environment. The medical examiner later reported that laboratory results had been obtained which showed the child had a positive toxicology for cocaine. The medical examiner reported the positive toxicology for cocaine could have contributed to the death of the child.

Law Enforcement and an investigator from the Medical Examiner's office interviewed the mother about the events of 4/19/2022 and 4/20/2022. The mother reported she had been out the evening of 4/19/2022, leaving the subject child in the care of the 17-year-old sibling. The detective and investigator reported the mother was "out of it", had difficulty answering questions, and was incoherent at times. The mother reported to law enforcement she had taken 6 Tylenol and 1 Lortab on 4/19/2022, due to a headache but denied any further substance use. There were no charges or arrests pursuant to the law enforcement investigation at the time this report was written; however, the law enforcement investigation remained open awaiting further autopsy results.

The 10-year-old surviving sibling had been living primarily with his mother at the time of the death; however, his biological father moved the child in with him over the course of the investigation due to concerns the child missed too much school when living with the mother. The father denied any knowledge of drug use for the subject mother.

The case was determined on 7/20/2022. The allegations of Inadequate Guardianship and DOA / Fatality were substantiated against the mother regarding the subject child. ECDSS noted the mother had placed the child in an unsafe sleep environment when she co-slept with the child in the adult bed and noted the mother's potentially diminished caretaking capacity as a result of taking a narcotic medication. The determination also noted the mother's potential explanations as to how the child came to have cocaine in her system were deemed implausible by the Medical Examiner,

and both the unsafe sleep environment and the positive toxicology were ruled as possible contributing factors in the death of the child. The allegations of Inadequate Guardianship and Parent’s Drug Alcohol Misuse were added to the case and were substantiated against the mother regarding the 10-year-old and 17-year-old siblings.

ECDSS filed a severe abuse petition on 7/13/2022 due to concerns for the mother’s substance use, and the 10-year-old sibling was placed with his father. The mother was granted daytime access to the child so long as the father did not feel the mother was under the influence of any substances. A Preventive Services Case was opened on 7/12/2022 and remained open at the time this report was written. A petition was not filed regarding the 17-year-old sibling as he turned 18 during the investigation.

ECDSS provided information for grief counseling to the mother for herself and the surviving siblings. The mother reported she was starting counseling for herself but declined to share further information with ECDSS.

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

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 level of casework activity was commensurate with the case circumstances. ECDSS made return home visits and school visits after the mother declined to allow her children to be interviewed in the home. ECDSS contacted relevant collaterals and made diligent efforts to contact all biological parents. ECDSS appropriately filed a petition and opened the case for ongoing services.

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: 04/20/2022

Time of Death: 10:55 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:

10:43 AM

Did EMS respond to the scene?

Yes

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

Yes

Child's activity at time of incident:

- | | | |
|--|----------------------------------|---|
| <input checked="" 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 type="checkbox"/> Other | | |

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

At time of incident was supervisor impaired?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Drug Impaired | <input type="checkbox"/> Alcohol Impaired |
| <input type="checkbox"/> Impaired by illness | <input type="checkbox"/> Impaired by disability |

At time of incident supervisor was:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Absent |
| <input checked="" type="checkbox"/> Asleep | <input type="checkbox"/> Other: |

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 | Female | 3 Month(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 42 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 17 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 10 Year(s) |

| | | | | |
|-------------------|---|---------|------|---------------|
| Other Household 1 | Father | No Role | Male | 42 Year(s) |
| Other Household 2 | Other Adult - Biological father to the 17-year-old half sibling | No Role | Male | 47 Year(s) |
| Other Household 3 | Other Adult - Biological father to the 10-year-old half sibling | No Role | Male | 51 Year(s) |

LDSS Response

ECDSS initiated an investigation immediately upon receipt of the SCR report on 4/20/2022. ECDSS made multiple visits to the home and to the school of the 10yo and 17yo surviving siblings. ECDSS interviewed the mother, both surviving siblings, and the biological father of the 10yo sibling. ECDSS interviewed and gathered information from pertinent collateral contacts including law enforcement, hospital staff, first responders, and the Medical Examiner.

The mother was interviewed alone multiple times throughout the investigation and gave conflicting accounts as to the events of 4/19/2022 and 4/20/2022. The mother’s initial report to law enforcement and the ME’s office was that she had been out on the evening of 4/19/2022, leaving the subject child in the care of the 17yo sibling and returning home in the early hours of 4/20/2022. The mother later reported she had been home all night with the children. The mother initially denied any substance misuse for herself but later disclosed she had last used cocaine 2 days prior to the death of the subject child. The mother reported the subject child had been congested and so she placed the child in the adult bed to sleep with her and stated the child slept on the same mattress, blankets, and pillows as the mother. The mother reported she awoke around 10:00 AM on 4/20/2022, went to the bathroom, and when she returned, she found the subject child on her side with her face turned down and there was a white substance coming from her mouth. The mother was unable to provide any explanation as to how the subject child came to have cocaine in her system. The case record reflected ECDSS observed a crib for the subject child in the mother’s bedroom; however, the crib was filled with pillows.

The 10yo and 17yo siblings were interviewed in school after multiple unsuccessful attempts to meet with and interview them at the home. Both children denied any substance use or misuse for their mother and denied any concerns for the subject child in the care of their mother. The 17yo sibling, when questioned about babysitting for the subject child on the evening prior to her death, reported he had no memory of what occurred that evening.

ECDSS interviewed the biological father of the 10yo surviving sibling at his home. That father denied knowledge or concerns for any substance misuse for the mother and reported no concerns for the care of his son or the other children in the mother’s home. During the investigation, the biological father of the 10yo surviving sibling moved that child in with him, reporting he believed the child had missed too much school while residing with the mother. When made aware of the subject child’s positive toxicology for cocaine, ECDSS spoke again with the biological father of the 10yo surviving sibling who reported he would be keeping his son with him.

ECDSS contacted the biological father of the deceased child who agreed to meet at a later time; however, all further attempts at contact went unanswered. ECDSS made diligent efforts but were unable to locate or contact the father of the 17-year-old sibling.

ECDSS filed a severe abuse petition in family court, and it was ordered that the 10yo surviving sibling remain in the care of his biological father. ECDSS was granted an order of supervision and opened the family for court-ordered services on 7/13/2022. The services case remained open at the time this report was written.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: ECDSS made home visits with and shared information with law enforcement throughout the investigation.

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

Comments: The fatality was referred to Erie County's Child Fatality Review Team.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|-------------------------------------|-------------------------------|--------------------|
| 060909 - Deceased Child, Female, 3 Mons | 060910 - Mother, Female, 42 Year(s) | Inadequate Guardianship | Substantiated |
| 060909 - Deceased Child, Female, 3 Mons | 060910 - Mother, Female, 42 Year(s) | DOA / Fatality | Substantiated |
| 060912 - Sibling, Male, 17 Year(s) | 060910 - Mother, Female, 42 Year(s) | Inadequate Guardianship | Substantiated |
| 060912 - Sibling, Male, 17 Year(s) | 060910 - Mother, Female, 42 Year(s) | Parents Drug / Alcohol Misuse | Substantiated |
| 060913 - Sibling, Male, 10 Year(s) | 060910 - Mother, Female, 42 Year(s) | Inadequate Guardianship | Substantiated |
| 060913 - Sibling, Male, 10 Year(s) | 060910 - Mother, Female, 42 Year(s) | Parents Drug / Alcohol Misuse | Substantiated |

CPS Fatality Casework/Investigative Activities

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

Additional information:

ECDSS exhausted diligent efforts to locate, contact, and interview the biological fathers of the subject child and the 17yo surviving sibling. Those efforts included phone calls, registered mail, and attempted home visits.

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 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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: During the fatality investigation, ECDSS learned from the ME that the SC had a positive toxicology for cocaine. As a result of that, ECDSS filed a severe abuse petition against the mother and family court ordered that the 10yo SS be placed with his biological father. | | | | |

Legal Activity Related to the Fatality

Was there legal activity as a result of 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: |
| 07/12/2022 | There was not a fact finding | There was not a disposition |
| Respondent: | 060910 Mother Female 42 Year(s) | |
| Comments: | There had not been a fact finding or disposition yet as the petition had just been filed. At the first appearance, the judge ordered the 10yo SS to be placed with his biological father and for the mother to have visitation only as approved. | |

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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



| | | | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:
 ECDSS identified service needs throughout the investigation and provided resources; however, the mother declined to sign releases so it is unknown if these resources were utilized.

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:
 ECDSS provided the mother with information for grief counseling for the children, though it was unclear if this was utilized as the mother declined to sign releases.

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

Explain:
 The mother reported to ECDSS that she was to begin counseling; however, would not sign a release so that ECDSS could verify that information.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Had heavy alcohol use
- Smoked tobacco
- 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

There is no CPS investigative history in NYS within three years prior to the fatality.

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

The mother had been the subject of 7 CPS investigations from 2004 to 2019 with concerns for supervision, domestic violence, and substance misuse.

The mother was listed as an indicated subject on 3 reports. Investigations dated 8/23/2004 and 12/19/2005 both regarded concerns for supervision, with the children (aged 1-month, 2-years, and 7-years at the time) being left in a car unattended for over 20 minutes in 2004 and the children being left home when the mother was working in 2005. The investigation dated 1/13/2019 regarded an incident wherein the mother and an adult sibling engaged in a physical fight in the presence of the younger children. When law enforcement responded to the home, the mother and the adult sibling were found to be in possession of illegal drugs. A neglect petition was filed against the mother and the family was engaged in a court-ordered preventive services case.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Preventive Services History

From 1/15/2019 to 7/13/2020, court-ordered preventive services were provided to the mother, the now 10yo sibling, the now 17yo sibling, and 2 adult siblings unrelated to the fatality investigation. The Preventive Services Case started after an incident when the mother and her adult son entered into a physical fight in the presence of the other children. The police responded to the home and found the mother and the adult sibling to be in possession of illegal drugs. The mother engaged with mental health services but failed to engage with substance abuse services. The preventive services case closed when the court order expired.

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.

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