

Report Identification Number: BU-22-036

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

Issue Date: Jun 12, 2023

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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:** 5 month(s)

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

**Date of Death:** 12/22/2022  
**Initial Date OCFs Notified:** 12/20/2022

## Presenting Information

On 12/20/22, an SCR report alleged the subject child had been experiencing cold-like symptoms. The father gave the child a dose of Children's Tylenol and laid him in his crib around 1:30PM. At about 2:10PM, the father found the child unresponsive; he called 911 and began CPR on the child. EMS arrived at the home, took over resuscitative measures, and transported the child to the hospital. Hospital staff took over life-saving measures, and a pulse was obtained; however, it was determined the child had no brain activity and he was placed on life support. On 12/21/22, an SCR report alleged the child sustained a clavicle fracture and multiple old rib fractures. The twin sibling was examined and had also sustained multiple fractures. The parents had no explanation for the injuries to the children. On 12/22/22, an SCR report alleged the child was given two brain death tests and there was no improvement. The child was taken off life support and pronounced deceased at about 8:00AM on 12/22/22.

## Executive Summary

Erie County Department of Social Services (ECDSS) received three SCR reports regarding the death of the 5-month-old male subject child that occurred on 12/22/22. At the time of the child's death, he resided with his mother, father, and twin female sibling.

ECDSS completed collateral and casework contacts and learned that at about 11:30AM, the father placed the child and the sibling down for a nap. Around 2:00PM, the father found the child unresponsive in his crib. The father called 911 and began CPR on the child until EMS arrived at the home and transported the child to the hospital. Hospital staff administered life-saving measures and the child regained a pulse, and was placed on life support. According to hospital staff, the child was without oxygen for about 60 minutes and had a brain death test that showed no brain activity. The child had a second brain death test done and there was no change. The child was declared deceased on 12/22/22 at 8:00AM. A skeletal survey was completed on the child prior to his death, and he was found to have multiple injuries suspicious of non-accidental trauma.

The medical examiner was notified and performed an autopsy. The official cause and manner of death were pending at the time this report was written. The record reflected that ECDSS spoke with the medical examiner regarding the child's death. The medical examiner reported the child had a subdural hemorrhage, neck hemorrhages, dorsal root ganglia (specific for shaken baby syndrome), and there was bruising on the child's head and back. Old rib fractures and a fracture of the clavicle were found during the autopsy. Further testing was to be completed to distinguish the time frame of the fractures. The eyes were examined and revealed retinal hemorrhages in both eyes and in the axis layers. The hemorrhages in the axis layer were consistent with shaken baby syndrome. The child also had an axonal injury which is caused by shaking or impact. The record stated the medical examiner told ECDSS the death was from blunt impact injuries of the head and neck and called the death a homicide. Law enforcement began an investigation into the death, their investigation remained ongoing, and no criminal charges or arrests were made at the time this report was written.

ECDSS implemented a safety plan on 12/20/22 for the sibling to stay with the maternal grandmother and there was to be no unsupervised contact between the sibling and the parents. The sibling had a skeletal survey completed on 12/22/23, and she was found to have multiple injuries consistent with non-accidental trauma. On 12/23/22, ECDSS filed a Severe Abuse Petition against the parents and the sibling was placed in foster care. At the time of this writing, the family court case was ongoing, and the sibling remained in foster care with a family resource.

Bereavement services were offered to the family, and they declined. ECDSS made an Early Intervention referral on behalf of the sibling. The parents obtained legal counsel and refused to speak further with ECDSS or law enforcement. ECDSS substantiated the allegations of DOA/Fatality, Fractures, and Inadequate Guardianship against both parents regarding the child. The allegations of Inadequate Guardianship and Fractures was substantiated against the parents regarding the sibling. The CPS investigation was closed on 2/17/23 and the services case remained open.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

### Determination:

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

### Explain:

ECDSS made an appropriate determination based on the evidence obtained throughout the investigation.

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

### Explain:

Casework activity was commensurate with the case circumstances.

## 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:** 12/22/2022

**Time of Death:** 08:00 AM

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

12/20/2022

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

Unknown

**County where fatality incident occurred:**

Erie

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?**

No

**Child's activity at time of incident:**
 Sleeping

 Working

 Driving / Vehicle occupant

 Playing

 Eating

 Unknown

 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	Male	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	40 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Month(s)

### LDSS Response

ECDSS initiated their investigation within 24 hours and coordinated their efforts with LE. ECDSS contacted the sources of the reports, completed a CPS history check, and informed the DA of the fatality. ECDSS conducted a home visit, interviewed the parents and assessed the safety of the sibling. ECDSS initially implemented a safety plan for the sibling; however, after medical exams were completed and the sibling was found to have multiple non-accidental injuries ECDSS filed an abuse petition against the parents, and the sibling was removed and placed in foster care.

ECDSS interviewed the parents at the hospital on 12/20/22. The SM stated she was getting ready for work at about 7:45AM, the SC was awake. The SM put the SC's pacifier in his mouth, he went back to sleep, and the SM left for work. The SM reported she sent a text to the SF around 12:25PM and asked for pictures of the children. The SM reported the SF said the children were in their cribs. Sometime after 2:00PM, the SM got a call from the SF about the SC being unresponsive. She left work and went to the hospital. The SF reported on 12/20/22, at about 9:00AM he fed the SC and the SS. The SF placed the children in their bouncer chairs and propped their bottles with a blanket. The SF said he gave the SC 2.5ml of Tylenol because when he picked the SC up, the SC appeared to be uncomfortable. The SF then put the SC and the SS down for a nap around 11:30AM in their cribs and he went and laid down. Around 1:30PM, the SF got a text from the

SM asking for pictures of the children; he texted her back and said the children were in their cribs. Around 2:00PM, the SF heard the SS on the baby monitor, and he got up and gave the SS a bottle. The SF returned to get the SC from the crib and found the SC unresponsive and limp. The SF called 911 and was instructed by the operator how to perform CPR. The SF continued CPR until EMS arrived and transported the SC to the hospital.

The SC received a non-accidental trauma (NAT) exam on 12/21/22, prior to his death. The exam revealed the SC had “bilateral extensive retinal and vitreous hemorrhages in both eyes, a healing fracture of the mid right clavicle and likely healed fracture deformities of the left anterior fifth, sixth, seventh, and eighth ribs.” The parents denied any history of accidental or non-accidental trauma to the child and denied the child was in pain or showed any indication of any fractures. Based on the findings of the SC’s NAT exam, a NAT exam was performed on the SS on 12/22/22 and a follow up on 1/9/23. The exam revealed the SS had a "healing fracture on the left second rib, a suggestion of a healing fracture of the posterior end of the second right rib, a nondisplaced fracture posterior aspect of the left seventh and eight ribs, a slightly displaced fracture involving the posterior aspects of the left ninth and tenth ribs, a buckle handle fracture of the distal left tibia and an equivocal corner fracture of the right distal femur.” ECDSS asked the parents about the injuries' regarding the SS, and they had no explanation how the SS sustained the injuries.

ECDSS made collateral contacts with first responders, law enforcement, hospital staff, the pediatrician, and relatives. Relatives had no concerns for the parents care of the children. The children were up to date with well-child visits and immunizations, and no concerns were noted for the children. At the close of the investigation, the sibling remained in foster care with a family resource. The criminal investigation remained open at the time this report was written. ECDSS found a fair preponderance of evidence to support the allegations in the report, and appropriately indicated and closed the investigation. The family court case was ongoing, and the services case remained open.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Unknown

**Multidisciplinary Investigation/Review**

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

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

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
063308 - Deceased Child, Male, 5 Mons	063309 - Mother, Female, 36 Year(s)	Fractures	Substantiated
063308 - Deceased Child, Male, 5 Mons	063309 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
063308 - Deceased Child, Male, 5 Mons	063310 - Father, Male, 40 Year(s)	Fractures	Substantiated
063308 - Deceased Child, Male, 5 Mons	063310 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
063308 - Deceased Child, Male, 5 Mons	063309 - Mother, Female, 36 Year(s)	DOA / Fatality	Substantiated





063308 - Deceased Child, Male, 5 Mons	063310 - Father, Male, 40 Year(s)	DOA / Fatality	Substantiated
063311 - Sibling, Female, 5 Month(s)	063309 - Mother, Female, 36 Year(s)	Fractures	Substantiated
063311 - Sibling, Female, 5 Month(s)	063309 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
063311 - Sibling, Female, 5 Month(s)	063310 - Father, Male, 40 Year(s)	Fractures	Substantiated
063311 - Sibling, Female, 5 Month(s)	063310 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
063311 - Sibling, Female, 5 Month(s)	063309 - Mother, Female, 36 Year(s)	DOA / Fatality	Substantiated
063311 - Sibling, Female, 5 Month(s)	063310 - Father, Male, 40 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input checked="" 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:**

The sibling was observed; however, she was unable to be interviewed due to her age and she was nonverbal.

### 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"/>
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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 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 as a result of information uncovered during the fatality investigation?	<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 sibling was found to have non-accidental trauma injuries after being examined at the hospital, an abuse petition was filed against the parents and the child was placed in foster care.

#### 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		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
12/23/2022	There was not a fact finding	Care/Custody to Local Social Services District
<b>Respondent:</b>	063309 Mother Female 36 Year(s)	
<b>Comments:</b>	ECDSS filed an abuse petition regarding the SS on 12/23/22. The SS was placed in foster care on 12/23/22.	

Family Court Petition Type: FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
12/23/2022	There was not a fact finding	Care/Custody to Local Social Services District
<b>Respondent:</b>	063310 Father Male 40 Year(s)	
<b>Comments:</b>	ECDSS filed an abuse petition regarding the SS on 12/23/22 against the father. The SS was placed in foster care on 12/23/22.	

Have any Orders of Protection been issued? Yes	
<b>From:</b> 12/23/2022	<b>To:</b> Unknown
<b>Explain:</b> A family court OOP was issued for the SS against the parents.	

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

<b>Early Intervention</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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 offered the parents bereavement and mental health services, and they declined. ECDSS made a referral for Early intervention regarding the SS who was in foster care. The record did not reflect that burial assistance was offered to the parents.

**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 surviving twin sibling was too young to be referred to services related to the fatality.

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

**Explain:**

ECDSS offered grief counseling and crisis services to the parents, and they declined.

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** No  
**Was the child acutely ill during the two weeks before death?** No

### Infants Under One Year Old

**During pregnancy, mother:**

- |   |   |
|---|---|
| <input type="checkbox"/> Had medical complications / infections<br><input type="checkbox"/> Misused over-the-counter or prescription drugs<br><input type="checkbox"/> Experienced domestic violence<br><input type="checkbox"/> Had a positive toxicology at the time of delivery<br><input type="checkbox"/> Used marijuana | <input type="checkbox"/> Had heavy alcohol use<br><input type="checkbox"/> Smoked tobacco<br><input type="checkbox"/> Used illicit drugs<br><input type="checkbox"/> Used prescription drugs<br><input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |
|---|---|

**Infant was born:**

- |  |  |
|--|--|
| <input type="checkbox"/> With a positive toxicology<br><input type="checkbox"/> Exhibiting withdrawal symptoms | <input type="checkbox"/> With fetal alcohol effects or syndrome<br><input checked="" type="checkbox"/> With none 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

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

## Known CPS History Outside of NYS

There was no known history outside of New York State.

## Legal History Within Three Years Prior to the Fatality

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