



**Report Identification Number: BU-19-003**

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

**Issue Date: May 28, 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:** 2 month(s)

**Jurisdiction:** Niagara  
**Gender:** Female

**Date of Death:** 01/03/2019  
**Initial Date OCFS Notified:** 01/03/2019

## Presenting Information

An SCR report was received on 1/3/19 stating that the subject child was found deceased in her car seat in the living room of her mother's friend's home, where the subject child, surviving sibling and mother had spent the evening of 1/2/19. The mother, mother's friend (OA1) and mother of the mother's friend (OA2) gave conflicting information about when they checked on the subject child. The death was considered suspicious in nature due to the conflicting timeline provided. There were 5 other children sleeping on the living room floor of the home. A subsequent SCR report was received regarding the fatality and consolidated into the initial SCR report.

## Executive Summary

This report concerns the death of the 2-month-old female infant. Niagara County Department of Social Services (NCDSS) received an SCR report on 1/3/19 regarding the fatality. The infant was an otherwise healthy child. The adults present in the home at the time of her death provided varied timelines regarding when the infant was last cared for in the time leading up to her death, therefore they were suspicious in nature.

The mother, infant, and sibling resided in Niagara County with the MGM and were involved in 2 open CPS investigations with NCDSS at the time of the incident. Erie County Department of Social Services (ECDSS) had a secondary role in the fatality investigation, as the mother, infant, and sibling spent the night at the mother's friend's home in Erie County, where the infant died. The mother's friend (OA1) resided in the home with her children (ages 5 months and 2 years) and her mother (OA2), in addition to two related children (ages 10 and 11 years) of whom OA2 had formal custody.

The mother and OA1 were outside of OA2's home on the evening of 1/2/19. They were "hanging out" and OA2 was inside the home caring for the 11yo, 10yo, 2yo, 5-month-old, 1yo sibling and infant. OA1 and OA2, as well as the 11yo and 10yo noted the infant was behaving oddly. She was not crying, alert or playful. OA2 tended to the infant until about 11:00PM when she went into her bedroom to sleep. The infant was left in another room in her car seat with her bottle. It was unclear if all the other children were also sleeping in the same room. The mother and OA1 came into the home and reportedly tended to the infant on two occasions in the early morning hours of 1/3/19. The mother found the infant unresponsive at about 6:00AM on 1/3/19 and called 911. The child was unable to be revived.

LE responded to the home at 6:37AM and reported the infant was rigid and appeared to have been deceased for several hours. LE consulted the DA throughout the investigation and planned to bring criminal charges against the mother. LE reported the possible charges were manslaughter in the second degree or criminally negligent homicide. NCDSS contacted LE and at the time of this writing they had not yet had the opportunity to arrest the mother, but intended to.

The ME completed the final autopsy and determined the cause of death to be neglect and the manner of death to be homicide. In previous conversations with NCDSS the ME reported it appeared the infant died of severe dehydration as evidenced by the soft spot on her head being sunken. The infant's skin was also tenting when pinched. The infant's intestines and stomach were completely empty. The ME reported the dehydration observed would not have occurred over 1 or 2 days.

At the initial home visit ECDSS found safety concerns regarding the surviving sibling and other children. ECDSS made a safety plan for the sibling, 2yo and 5-month-old to stay with the MGM of the infant. Shortly after ECDSS consulted their legal department, a neglect petition was filed against OA1, OA2 and the mother. The MA of the infant came forward and



received 1017 custody of the sibling. A relative of the other children came forward and was granted 1017 custody of OA1 and OA2's children. ECDSS coordinated medical visits for all of the children.

The investigation remained open at the time of this writing and no determination of the allegations had been made.

Throughout the investigation ECDSS regularly visited the 11yo, 10yo, 2yo and 5-month-old and referred the younger children for daycare and early intervention services. ECDSS opened preventive services cases for OA1 and OA2 and referred them for appropriate services. NCDSS contacted the mother continually throughout the investigation and offered her a multitude of services. The mother took the information provided but was evasive with NCDSS and was travelling back and forth.

## 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? N/A
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

The CPS investigation remained open at the time of this writing, therefore a determination had not yet been made.

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 CPS investigation remained open at the time of this writing. There were several supervisor consultations documented that focused on safety, removal and medical care for the surviving children. The supervisor consults were appropriate, but did overlooked the issues cited below.

## Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
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<b>Summary:</b>	There was no 7-day safety assessment completed for the fatality investigation.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	NCDSS will complete all safety assessments in accordance with statutory requirements.
<b>Issue:</b>	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
<b>Summary:</b>	There were no attempts documented to locate and speak with the father of the surviving sibling or the father of one of the other children in the home at the time of the fatality.
<b>Legal Reference:</b>	432.1 (o)
<b>Action:</b>	NCDSS will make efforts to make casework contacts with biological parents.
<b>Issue:</b>	Failure to provide notice of report
<b>Summary:</b>	There are no efforts documented that attempts were made to identify and locate the father of the surviving sibling, and therefore he was not provided a letter notifying him of the existence of the CPS report.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(f)
<b>Action:</b>	NCDSS will make efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 01/03/2019

**Time of Death:** Unknown

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

Unknown

**County where fatality incident occurred:**

Erie

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

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Yes

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

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**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	2 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	43 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Other Adult - OA2	Alleged Perpetrator	Female	54 Year(s)
Other Household 1	Other Adult - Friend of OA1	Alleged Perpetrator	Male	30 Year(s)
Other Household 1	Other Adult - OA1	Alleged Perpetrator	Female	24 Year(s)
Other Household 1	Other Child - OA2's child	No Role	Male	11 Year(s)
Other Household 1	Other Child - OA1's Child	No Role	Female	2 Year(s)
Other Household 1	Other Child - OA1's Child	No Role	Female	5 Month(s)
Other Household 1	Other Child - OA2's Child	No Role	Female	10 Year(s)

## LDSS Response

NCDSS and ECDSS began their investigation on 1/3/19, after receiving the report. NCDSS contacted the source, notified the DA and completed a CPS history search for all adults and children listed on the report. NCDSS and ECDSS coordinated their investigative efforts with LE in Erie County.

NCDSS visited the MGM, who resided in Niagara County. The MGM reported the mother, infant and sibling had left her home on 1/1/19 to go to the home of the mother's friend (OA1). The MGM reported talking to the mother frequently at the time she was visiting OA1 and reported she last spoke with the mother via "Facetime" on 1/3/19 at 12:00AM. The MGM reported seeing both the children at that time and there were no concerns. The mother then called the MGM at 6:00AM on 1/3/19 to tell her the infant was not breathing. The MGM told the mother to hang up and call 911. The MGM went to OA1's home and first responders were already there. The MGM stated the infant had symptoms of a cold in the time leading up to the incident.

ECDSS went to the home of OA1 and OA2 with LE. ECDSS assessed the safety of the sibling and other children in the home. The 10yo and 11yo children said the infant was very quiet on 1/2/19, but normally cried a lot. They also stated OA2 had to change her diaper a lot the night of 1/1/19. Both children stated OA2 and the mother were in a car in front of the house during the evening on 1/2/19. OA2 said the infant was sick in the time leading up to her death. OA2 explained the infant was very quiet and was not moving as she normally had in past visits. She said that at 10:00PM on 1/2/19, she noticed the mother and OA1 were not in the house, but all the children were. She checked on the kids and changed the infant's diaper. The infant had diarrhea and had to be changed 3 times. OA2 then put the infant in her car seat and gave her a bottle. OA2 said she had tried to hold the infant and feed her, but she would not take the bottle. OA2 said between 10-11:00PM the infant had about 2 ounces. OA2 covered the infant with a blanket and heard the mother and OA2 come in the house at 1:00AM. At 6:00AM she heard the mother screaming and went into the room to find the baby cool with stiff arms. OA2 spoke with emergency services as the mother was unable to communicate clearly.

OA1 said she and the mother were outside of the home on 1/2/19 and came into the home at 11:30PM. The children were all going to bed and the SM and OA1 stayed up until 4:00AM. OA1 admitted to using marijuana on 1/2/19, but not in front of children. The mother also reported she was outside with OA1, but denied using alcohol or marijuana. The mother said at midnight she and OA2 were watching movies and at 2:00AM she gave the infant a bottle and changed her diaper. She denied the baby had diarrhea. The mother reported OA1 then gave the infant a bottle at 4:30AM. The mother and OA1



denied the infant was given any medication preceding her demise.

The pediatrician last saw the infant on 12/11/18 for issues of vomiting after feeding. The doctor discussed safe sleep and bottle propping with the mother and the baby appeared well nourished.

The BF of the infant reported that paternity for the child had not yet been established, but he last saw her on 1/1/19 and had no concerns for the care the mother was providing.

The father and mother of the 10yo and 11yo were interviewed and had no information to provide.

The fathers of the sibling, 5-month-old and 2-year-old were not interviewed.

The mother expressed she had not decided where she would reside, so both NCDSS and ECDSS filed petitions in Family Court on behalf of the surviving children. The Family Court Judge in Niagara County dismissed the NCDSS petition when it was determined ECDSS had jurisdiction. The sibling was placed in custody of the MA and the other children with their relative. ECDSS provided services to OA1 and OA2, and NCDSS offered services to the mother.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or 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
049923 - Deceased Child, Female, 2 Mons	049927 - Other Adult - OA2, Female, 54 Year(s)	Inadequate Guardianship	Pending
049923 - Deceased Child, Female, 2 Mons	049933 - Other Adult - Friend of OA1, Male, 30 Year(s)	Inadequate Guardianship	Pending
049923 - Deceased Child, Female, 2 Mons	049928 - Other Adult - OA1, Female, 24 Year(s)	Inadequate Guardianship	Pending
049923 - Deceased Child, Female, 2 Mons	049933 - Other Adult - Friend of OA1, Male, 30 Year(s)	DOA / Fatality	Pending
049923 - Deceased Child, Female, 2 Mons	049924 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Pending
049923 - Deceased Child, Female, 2 Mons	049927 - Other Adult - OA2, Female, 54 Year(s)	DOA / Fatality	Pending
049923 - Deceased Child, Female, 2 Mons	049928 - Other Adult - OA1, Female, 24 Year(s)	DOA / Fatality	Pending



049923 - Deceased Child, Female, 2 Mons	049924 - Mother, Female, 20 Year(s)	DOA / Fatality	Pending
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### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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"/>

**Explain:**  
 OA1 and OA2 accepted services and began participation as recommended. The subject mother was offered services repeatedly and she was reluctant to provide NCDSS with information about whether or not she was going to participate.

### 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:**  
 The surviving sibling and four other children in the household where the fatality occurred were removed from their respective caregivers.

### 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:
01/07/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	049924 Mother Female 20 Year(s)	
<b>Comments:</b>	It was unclear in the case record whether services were court ordered for the mother. Family Court proceedings in Erie County were ongoing at the time of this writing.	



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
01/07/2019	There was not a fact finding	There was not a disposition
Respondent:	049927 Other Adult Female 54 Year(s)	
Comments:	ECDSS opened a mandated Preventive Services case as the result of court involvement. OA2 was referred for mental health counseling and did agree to services as part of the abuse petition. Family Court proceedings were ongoing at the time of this writing.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
01/07/2019	There was not a fact finding	There was not a disposition
Respondent:	049928 Other Adult Female 24 Year(s)	
Comments:	ECDSS opened a mandated Preventive Services case as the result of court involvement. OA1 was referred for mental health counseling, a substance abuse evaluation/treatment and parenting classes and did agree to services as part of the abuse petition. Family Court proceedings were ongoing at the time of this writing.	

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Child Care</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
<b>Intensive case management</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
<b>Other</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

**Other, specify:** employment

**Additional information, if necessary:**

The subject mother accepted referrals for MH, housing, employment, food pantries and substance abuse, but it is unknown if she began the services at the time of this writing. OA1 was referred for parenting classes, substance abuse treatment and MH. OA2 was referred for MH treatment. OA1 and OA2 were either active in services or started the process when this report was written.

**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:**

All the children received medical examinations within days of the SCR report, as arranged by ECDSS. The sibling and other children were removed and placed with relatives under Article 6 custody. The 5-month-old other child and 2-year-old other child were referred for early intervention and daycare services.

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

**Explain:**

The mother was provided referrals for bereavement counseling, MH, substance abuse treatment, employment, housing and food assistance. The mother was also offered preventive services. OA1 was offered MH and substance abuse referrals, parenting classes, as well as preventive services. OA2 was offered a MH referral and preventive services.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was there an open CPS case with this child at the time of death?** Yes
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** 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
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With fetal alcohol effects or syndrome



With neither of the issues listed noted in case record

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/16/2018	Deceased Child, Female, 2 Months	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Female, 2 Months	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Female, 2 Months	Mother, Female, 20 Years	Other	Substantiated	

### Report Summary:

An SCR report was received that alleged the subject mother expressed on social media she did not want to be a mother and was re-thinking her choice to have children. It further alleged the mother complained about the subject child crying and she was thinking of harming the child and sibling. The mother left her children with people that she barely knew and was smoking marijuana in their presence. The mother became impaired from the marijuana and was unable to care for the children.

**Report Determination:** Indicated

**Date of Determination:** 02/25/2019

### Basis for Determination:

NCDSS found credible evidence to indicate the mother was continually using marijuana while caring for the children or that her ability was impaired by her marijuana use.

### OCFS Review Results:

Notice of existence letters were delivered and mailed to adults named in the report. The 7-day safety assessment was not completed timely. The father of the surviving sibling was not notified of the investigation. The mother had previously provided his name to NCDSS yet few efforts were made to locate him. Although NCDSS contacted their local child support unit, they did not document searching WMS for the father or speaking to the mother about his whereabouts. The fatality was concurrently investigated with the investigation.

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

### Issue:

Failure to provide notice of report

### Summary:

A notice of existence of the report was not provided to the father of the sibling. A notice of existence was provided to the father of the subject child, but it was untimely. The SCR report was received on 12/16/18 and the notification was provided on 1/3/19.

### Legal Reference:

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

### Action:

NCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

**PIP Requirement:**

For issues identified in historical cases, NCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) NCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, NCDSS will review the plan and revise as needed to address ongoing concerns.

**Issue:**

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

**Summary:**

The father of the surviving sibling was identified by the mother, but NCDSS documented no efforts to locate and speak with him during the investigation.

**Legal Reference:**

432.1 (o)

**Action:**

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

**PIP Requirement:**

For issues identified in historical cases, NCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) NCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, NCDSS will review the plan and revise as needed to address ongoing concerns.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The SCR report was received on 12/16/18 and the 7-day safety assessment was completed on 1/28/18.

**Legal Reference:**

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

**Action:**

The results of each safety assessment must be documented in the case record in the form and manner required by OCFS. In this instance, the required manner is by the completion of a 7-day safety assessment in Connections.

**PIP Requirement:**

For issues identified in historical cases, NCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) NCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, NCDSS will review the plan and revise as needed to address ongoing concerns.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/16/2018	Deceased Child, Female, 1 Days	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Female, 1 Days	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

An SCR report was received that alleged the subject mother tested positive for marijuana when she delivered the subject



child. The toxicology for the child was pending results. The father of the child tried to see her in the hospital at birth, but was escorted out of the ER due to his status as a Level 2 sex offender. It was unknown if the mother was aware of the father's sex offender status.

**Report Determination:** Indicated

**Date of Determination:** 02/25/2019

**Basis for Determination:**

The mother reported learning about the father's sex offender status at the hospital when he was escorted out. NCDSS discovered the father had no restrictions as a result of his status. The mother and child both tested positive for marijuana and NCDSS found evidence the mother continued to use marijuana after the birth of the child. NCDSS indicated all allegations against the mother due to the suspicious nature of the death of the infant during the open investigation.

**OCFS Review Results:**

The mother, maternal grandmother, sibling and subject child were all seen initially and safe sleep was discussed. The 7-day safety assessment was completed late. The Notice of Existence letter was only provided to the father of the subject child and no efforts were made to locate and contact the sibling's father. There was no contact with the family from mid October of 2018 until January of 2019, when the subject child was reported deceased. The fatality investigation was completed concurrently to this investigation.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The SCR report was received on 10/16/18 and the 7-day safety assessment was completed on 12/6/18.

**Legal Reference:**

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

**Action:**

The results of each safety assessment must be documented in the case record in the form and manner required by OCFS. In this instance, the required manner is by the completion of a 7-day safety assessment in Connections.

**PIP Requirement:**

For issues identified in historical cases, NCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) NCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, NCDSS will review the plan and revise as needed to address ongoing concerns.

**Issue:**

Failure to provide notice of report

**Summary:**

A notice of existence of the report was not provided to the mother, grandmother or father of the sibling. A notice of existence was provided to the father of the subject child, but it was untimely. The report was received on 10/16/19 and the father was provided written notification on 1/3/19.

**Legal Reference:**

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

**Action:**

NCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

**PIP Requirement:**

For issues identified in historical cases, NCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) NCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, NCDSS will review the plan and revise as needed to address ongoing concerns.

**Issue:**

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

**Summary:**

The father of the surviving sibling was identified by the mother, but NCDSS documented no efforts to locate and speak with him during the investigation.

**Legal Reference:**

432.1 (o)

**Action:**

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

**PIP Requirement:**

For issues identified in historical cases, NCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) NCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, NCDSS will review the plan and revise as needed to address ongoing concerns.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/27/2018	Other Child - OA1's child, Female, 1 Years	Other Adult - Father of 2-month-old, Male, 28 Years	Inadequate Guardianship	Substantiated	No
	Other Child - OA1's child, Female, 2 Months	Other Adult - Father of 2-month-old, Male, 28 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

An SCR report was received stating the father of the 5-month-old (then 2 months old) child, repeatedly punched OA1 in the face, while she was holding the child. The 2-year-old child (then 1yo) was also present during the incident. It was reported that there was a history of him assaulting OA1, and unknown if the children had ever been injured.

**Report Determination:** Indicated **Date of Determination:** 12/28/2018

**Basis for Determination:**

OA1 reported her child's father did physically assault her in the presence of both her children. ECDSS confirmed with LE that the incident occurred and was reported. ECDSS made numerous attempts to contact the father, but were unsuccessful. At the end of the investigation the mother reported he had called and told her he was incarcerated in another state.

**OCFS Review Results:**

The casework was commensurate with the case circumstances. Appropriate services were offered to OA1, OA2 and the children, but were declined.

**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)
07/18/2018	Other Child - OA1's child, Female, 1 Days	Other Adult - OA1, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

**Report Summary:**

An SCR report alleged the 5-month-old OC was born with a positive toxicology for marijuana. The mother (OA1) was not tested when she gave birth and the role of her other child (2yo) was unknown.

**Report Determination:** Unfounded

**Date of Determination:** 10/11/2018

**Basis for Determination:**

Erie County Department of Social Services found no evidence to substantiate the allegations in the report. Although the mother (OA1) admitted to occasional marijuana use, she denied use in the presence of the children, or while caring for the children alone. The other children residing in the home, denied knowledge of marijuana use and medical staff denied the positive toxicology had any negative impact on the 5-month-old.

**OCFS Review Results:**

ECDSS interviewed the adults and verbal aged children in the home and no concerns were noted. Safe sleep education was provided by ECDSS numerous times throughout the investigation. All appropriate notice of existence letters were provided and collateral contacts made.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/06/2017	Sibling, Female, 1 Days	Mother, Female, 19 Years	Inadequate Guardianship	Far-Closed	No
	Sibling, Female, 1 Days	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Far-Closed	

**Report Summary:**

An SCR report was received that stated the mother tested positive for marijuana when she gave birth to the surviving sibling. The sibling's toxicology results were pending and she did not have withdrawal symptoms. There was no concern for the mother's preparation for the sibling or care of her after discharge from the hospital.

**OCFS Review Results:**

The case met NCDSS FAR criteria. The mother was uncooperative in NCDSS attempts to meet with her and discuss the needs of herself and her daughter. NCDSS assessed the sibling to be healthy via the pediatrician and there were no safety concerns noted.

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

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

An SCR report was received 1/5/12 with an allegation of IF/C/S unsubstantiated against OA2 regarding another child.

An SCR report was received 12/8/11 with an allegation of CD/A misuse unsubstantiated against OA2 regarding her child.

OA1 and the mother had no CPS history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

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



## 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

## 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