



Report Identification Number: BU-19-018

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

Issue Date: Oct 31, 2019

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 17 year(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 05/12/2019
Initial Date OCFS Notified: 05/15/2019

Presenting Information

A 7065 Reporting Form was submitted which stated on 5/12/19, the 17-year-old subject child was involved in a car accident and died at the scene of the crash. His death occurred during an open CPS services case.

Executive Summary

This fatality report concerns the death of a 17-year-old male subject child (SC) that occurred on 5/12/19. The child died during an open CPS services case that was initiated by Erie County Department of Social Services (ECDSS) in January 2019. This services case was opened due to ongoing drugs use concerns regarding the mother of the child (BM). A completed 7065 Reporting Form was sent to OCFS on 5/13/19. An autopsy was completed; however, the final report was not available at the time of this writing. The official cause and manner of death remained pending.

At the time of the child’s death, he and his four siblings, ages 13, 11, 8, and 3, were in the custody of the child’s step-father (parent substitute, PS); the 3-year-old sibling was the only biological child of the parent substitute. ECDSS obtained information via interviews and police reports surrounding the subject child’s death and the events leading up to fatal incident. It was determined the child attended a party at a friend’s house on the evening of 5/11/19 with the permission of his step-father, and he did not return home that night. Police reports revealed the child and five of his friends, all minors, went to several parties throughout the night and were consuming alcohol. At approximately 5:00 AM on 5/12/19, the child and his friends were driving to the home of another peer; the child was the driver of the vehicle. When approaching an intersection, the child lost control of the car, causing it to hit a tree stump and flip onto its roof in a nearby driveway; the car then caught fire. The five passengers were able to exit vehicle, and the homeowner of where the car landed contacted 911; EMS quickly arrived at the scene. At first it was unclear if anyone else was in the vehicle, as small explosions forced first responders to retreat from the car. The fire department arrived and as the fire was controlled, the child was found still in the driver’s seat, deceased. The police ruled alcohol was a factor in the crash, as well as a speed of at least 51 miles per hour in a 35 mile per hour zone.

When ECDSS learned of the child’s death, they promptly assessed the safety of the siblings and offered services to the family. It was discovered neither the child’s parents nor his step-father had concerns surrounding any alcohol use or reckless driving, and it was not unusual for the child to spend the night at a friend’s house. There was no criminality found on behalf of anyone involved, nor was there any cause to suspect the step-father’s actions or inaction led to the fatality. ECDSS gathered sufficient information surrounding the incident, and the CPS services remained open and ongoing at the time of this writing.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Safety assessment due at the time of determination?** N/A

**Determination:**

- Was sufficient information gathered to make determination(s) for all allegations 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 casework activity was commensurate with the case circumstances. This was not an SCR reported fatality, therefore there were no required safety assessments nor was there an investigation determination.

Was the decision to close the case appropriate? N/A

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

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

Explain:

The case remained open for services at the time of this writing.

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: 05/12/2019

Time of Death: 05:00 AM (Approximate)

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? Unknown

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? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1



Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	17 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Stepfather	No Role	Male	40 Year(s)

LDSS Response

On 5/13/19, ECDSS submitted a completed 7065 Reporting Form to OCFS regarding the death of SC, which occurred on 5/12/19. At the time of SC's death, there was an ongoing CPS services case involving the family which was opened in January 2019. The concerns that were being addressed in this services case were not related to the fatality nor the circumstances surrounding such.

PS had texted the ECDSS case planner on 5/13/19 to inform her of SC's passing the previous day. Upon learning of SC's death, ECDSS promptly reached out to PS to offer condolences and any assistance during his time of grief. ECDSS spoke with PS briefly on this date, and he explained SC had been the driver in a car with 5 of his friends as passengers when they were involved in an accident around 5:00 AM on 5/12/19. PS stated he learned that as SC approached an intersection he lost control of the vehicle. PS stated he heard SC had been driving around 80 miles per hour, hit a tree stump, and the car then rolled onto its roof and caught fire. PS reported the 5 passengers exited or were pulled from the vehicle; however, EMS did not realize SC was still in the car, and SC did not survive. PS stated alcohol may have been involved. PS stated he works late shifts, but SC did inform him the evening of 5/11/19 that he was going to a party at a friend's house. PS stated he texted SC around 10:00 PM to see if he was staying over or coming home. PS stated SC informed him via text he was not sure. PS stated at 1:00 AM on 5/12/19, he texted SC to inform him he was leaving for work and would leave the door open for him if he chose to return home. He stated SC responded "ok" and that was last he heard from him.

On 5/13/19, ECDSS assessed the safety of the SS and offered BM and BF condolences. The SS appeared safe at that time. ECDSS again met with PS in his home on 5/14/19 to see how he and the SS were doing and to offer services. ECDSS also attended a candlelight vigil in the community for SC on this same date.

On 5/29/19, ECDSS met with PS to further discuss the fatality. PS denied any knowledge that SC drank alcohol or used drugs; SC did drink once at a party in the past but he and BM discussed this with SC and "it seemed like a non-issue." PS stated he had spoken to SC about the dangers of drinking and driving and to always call him if he needed a ride. PS stated he never saw any "red flags" with SC, and he did not have a history of reckless driving or behavior. PS stated it was normal for SC to stay out for the night, and he was usually over at his best friend's house. PS stated his expectations were that SC let him know where he was going and where he would be staying if he was not coming home. PS stated he was lenient with SC because SC had never given him a reason not to trust him. PS had no other information.

ECDSS also spoke with BM and BF regarding the fatality, and offered them appropriate services. Neither parent reported any concerns regarding SC drinking or using drugs, and denied any knowledge of reckless driving. BM stated SC did stay the night at his best friend's home often. They had no further information surrounding the events as SC resided with PS.



ECDSS obtained the police reports regarding the accident and requested the autopsy report, which had not yet been completed at the time of this writing. The police reports noted alcohol, speed, inexperienced driving, and unfamiliarity with the roads as causes behind the crash. Police statements from the survivors indicated they and SC had been drinking beer for several hours leading up to the accident, and most individuals in the car were not wearing seat belts; it was unknown if SC was wearing a seat belt. There were no criminal charges in relation to the accident, and the CPS services case remained open and ongoing.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: This fatality was reviewed by the Erie County Child Fatality Review Team.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input 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"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ECDSS spoke with family members and collateral sources surrounding SC's death. Police reports were obtained; however, the record did not reflect attempts to speak with EMS. Progress notes and all other required documentation were entered timely.

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:				



Child Fatality Report

Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
This was not an SCR reported fatality; however, the safety of the SS was assessed on numerous occasions.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
SC died while the family was involved in an open services case. The case remained open and ongoing at the time of this writing, and the family continued to receive services.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
The SS were placed in the care of PS in December 2018. They remained safe in PS' care after SC's death.



Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

Appropriate services were offered to family members in response to SC's death. A CPS services case remained ongoing at the time of this writing.

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 caregivers with bereavement referrals for the SS. The SS were also able to speak with school social workers if they felt the need.



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

Explain:

ECDSS provided the caregivers with referrals for bereavement counseling.

History Prior to the Fatality

Child Information

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

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)
11/27/2018	Deceased Child, Male, 16 Years	Mother, Female, 43 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 16 Years	Mother, Female, 43 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 13 Years	Mother, Female, 43 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 13 Years	Mother, Female, 43 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 11 Years	Mother, Female, 43 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 11 Years	Mother, Female, 43 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 8 Years	Mother, Female, 43 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 8 Years	Mother, Female, 43 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 43 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 43 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

This report was received with concerns BM was taking the CHN with her to a “crack house”, to buy and use crack. The report further alleged BM would sometimes use the crack in the car while the CHN were present. On 11/22/18, BM was arrested for Endangering the Welfare of a Child. The role of PS was unknown.



Child Fatality Report

Report Determination: Indicated **Date of Determination:** 02/22/2019

Basis for Determination:
ECDSS completed a full investigation into the allegations which included interviews with caregivers, CHN, and collateral sources. The investigation revealed BM was using crack cocaine and attempted to swallow such in the presence of the CHN. A Neglect Petition was filed against BM by the department, and the CHN were placed in 1017 custody with PS. The case was opened for CPS services.

OCFS Review Results:
This investigation met all statutory requirements.

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

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

From October 2008 to November 2015, SC and the SS were listed as maltreated in 20 investigations with common allegations of IG, LS, IF/C/S, PD/AM, LMC, XCP, L/B/W, and SA. Of these 20 cases, 8 were indicated.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes
Date the Child Protective Services case was opened: 01/11/2019

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

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

Casework Contacts

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

Services Provided



	Yes	No	N/A	Unable to Determine
Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

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

Preventive Services History

In December 2008, a preventive services case was opened due to the parents' unwillingness and inability to ensure their CHN attended needed medical appointments. There was also interpersonal violence between the BM and BF. The family was linked to appropriate services and were compliant. The family was discharged from preventive services in May 2010. It was noted the parents appeared to be meeting the needs of all the children and there were no additional concerns to warrant continued involvement.

In December 2018, SC and the SS were removed from BM due to ongoing concerns surrounding drug use and failure to follow through with treatment recommendations. A Neglect Petition was filed against BM and an order of supervision was implemented which stated ECDSS would supervise all visits between BM and the CHN. At the time of the Neglect filing, the CHN's biological father did not have the appropriate resources to house and care for the CHN; therefore, the CHN were placed in the 1017 custody of PS. A CPS services case was opened in response, and services began in January 2019. The CPS services case remained open and ongoing at the time of this writing.

Legal History Within Three Years Prior to the Fatality

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

- Family Court Criminal Court Order of Protection



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
12/05/2018	There was not a fact finding	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	051301 Other	
Comments:	A Neglect Petition was filed against BM due to her ongoing drug use and overall inability to appropriately care for the CHN. An order of supervision was implemented which stated ECDSS would supervise all visits between BM and the CHN. A CPS services case was opened in response, and services began in January 2019. The CPS services case remained open and ongoing at the time of this writing.	

Have any Orders of Protection been issued? Yes	
From: Unknown	To: Unknown
Explain: Family Court ordered ECDSS supervise any visitation between BM and the CHN.	

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 our response to the fatality appropriate, and we are also pleased that OCFS found no required actions related to the fatality or to the CPS investigation conducted during the three years preceding the fatality.

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No