



Report Identification Number: BU-21-033

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

Issue Date: Apr 27, 2022

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 11/20/2021
Initial Date OCFS Notified: 11/20/2021

Presenting Information

Erie County Department of Social Services (ECDSS) received an SCR report on 11/20/2021 which alleged that on the same date at approximately 9:00 AM, the mother (SM) found the 7-week-old subject child (SC) unresponsive in her bassinet. The mother called 911 and the child was transported to the hospital by ambulance. The child was in full cardiac arrest upon arrival at the hospital and could not be resuscitated. The child was otherwise healthy and there was no explanation for her death. The father (BF) and 1-year-old sibling (SS) had unknown roles. The report was received subsequent to an open investigation with concerns the mother and the father had been aggressive towards each other in the presence of the sibling.

Executive Summary

This report concerns the death of a 7-week-old child which occurred while in the care of her mother and father on 11/20/2021. The child was last seen alive by the father between 3:00-4:00 AM and was fed and placed in her bassinet on her back by the father. The mother found the child unresponsive in the bassinet at approximately 9:00 AM.

ECDSS received the report and coordinated their response with law enforcement. Law enforcement confirmed the child was found by her mother in the bassinet and stated there was a fleece blanket present in the bassinet at the time of the child's death. There appeared to be no signs of trauma or abuse and no criminal charges were pursued.

ECDSS interviewed the mother and father in the home. The mother and father confirmed the child was placed in the bassinet on her back, with a fleece blanket, by the father between 3:00-4:00 AM. The mother stated she found the child unresponsive in the bassinet at approximately 9:00 AM. A call was made to 911 and the child was transported by ambulance to the hospital where she was pronounced dead. The parents denied co-sleeping with the child, though they confirmed co-sleeping with the 1-year-old sibling.

The 1-year-old sibling was assessed as safe in the care of their biological father after the fatal incident. Since the subject child's cause of death was unknown at the time of the fatal incident, ECDSS requested the sibling be medically examined. ECDSS learned the sibling had not been medically examined since he was 5 weeks old. The mother refused to bring the child to be examined and did not allow the father to bring him to a medical appointment the father secured for 6 days after the subject child's death. As a result, ECDSS filed a neglect petition against the mother. The sibling was placed in the custody of his father and the paternal aunt through family court. A long-term case was opened to monitor the ongoing concern and provide services to the mother.

The medical examiner identified there were no signs of trauma or abuse of the child during the autopsy. A fleece blanket was in the crib with her, though there were no signs of suffocation. The cause of death was pending the final autopsy report which was not received prior to the investigation being closed.

The allegation of DOA/Fatality against the mother regarding the child was unsubstantiated. The allegations of Inadequate Guardianship against the mother regarding the subject child and 1-year-old sibling were substantiated and a long-term case was opened.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

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

Determination:

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

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

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

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

Explain:
There is documentation of supervisory consultation throughout the investigation. A case was opened for services and the investigation was closed.

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: 11/20/2021

Time of Death: Unknown

Time of fatal incident, if different than time of death: 09:00 AM

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?

N/A

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 5 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Asleep

- Absent
- 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	Aunt/Uncle	No Role	Male	15 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	No Role	Male	19 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)
Other Household 1	Other Adult - BF to Uncle	No Role	Male	43 Year(s)
Other Household 2	Other Adult - BF to SS	No Role	Male	23 Year(s)

LDSS Response

ECDSS received the SCR report, notified the DA and ME, and coordinated their response with LE. LE informed ECDSS the SC was found unresponsive in her bassinet on her back by the SM at approximately 9:00 AM. The SM and BF reported the SC was last seen alive between 3:00-4:00 AM. The BF fed the SC at that time and placed her back in the bassinet. LE stated the SC had a fleece blanket in the crib that the SM and the BF report was put over her up to her waist. LE stated there were no signs of trauma or abuse during their initial observations of the SC and the home.

ECDSS interviewed the SM and the BF in the home. The SM and the BF denied co-sleeping with the SC, though admitted they co-slept with the SS on a regular basis. The BF stated he fed the SC between 3:00-4:00 AM and he put the SC in the bassinet, on her back, with a blanket up to her waist. The SM and the BF confirmed the SC was found unresponsive by the SM at approximately 9:00 AM. The SC was born premature, though had no ongoing health concerns. The parents reported a visiting nurse had been to the home the day before the fatal incident and the SC was gaining weight. Services in relation to the death of the SC were offered to the family and declined.

The SM and BF were residing with the paternal grandmother (PGM) at the time of the SC's death. The PGM confirmed



the SC slept in the bassinet and expressed no concerns for her care by the parents. The 15-year-old uncle was interviewed while in the care of his biological father. The uncle identified the SC slept in the bassinet and had no further information regarding the death of the SC. The 15-year-old was assessed as safe in the care of his father.

ECDSS spoke with the ME. The ME reported there were no signs of abuse or maltreatment and the SC had stool in her bowels and formula in her stomach indicating she was being fed well. The ME reported there was a fleece blanket in the bassinet, though there are no outward signs of suffocation and the blanket appeared to have played no role in the child's death. The final autopsy report was pending at the time the investigation was closed.

The SS was seen in the care of his biological father (BF2). The SS was assessed as safe in the care of the BF2 and a paternal aunt. The BF2 disclosed multiple concerns to ECDSS for the care of the SS. The investigation revealed the SS had not been seen medically since his initial post-natal checkup. The BF2 scheduled an appointment for the SS, and the SM refused to allow the SS to be taken to the pediatrician by the BF2. ECDSS consulted with their legal department and a neglect petition was filed against the SM due to the concerns for the medical care of the SS. The SS was put in the custody of the paternal aunt and father by the court and a long-term case was opened.

The allegation of DOA/Fatality against the SM regarding the SC was unsubstantiated as there was no evidence of an unsafe sleep environment or the SC suffocated on the blanket in the bassinet. The allegations of IG against the SM regarding the SC and the SS were substantiated. The open investigation at the time of the SC's death identified evidence of unstable housing, as well as the SM refusing to allow the SS to be medically examined. The SM had been living with the BF and the BF's family prior to the fatal incident. Following the death of the SC, the SM left that residence and did not have stable housing for the SS. The investigation was closed, and a long-term case was opened to continue working with the family.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: The fatality was referred to an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059817 - Deceased Child, Female, 1 Month(s)	059818 - Mother, Female, 18 Year(s)	DOA / Fatality	Unsubstantiated
059817 - Deceased Child, Female, 1 Month(s)	059818 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
059821 - Sibling, Male, 1 Year(s)	059818 - Mother, Female, 18 Year(s)	Inadequate Guardianship	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 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 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"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:
11/26/2021	There was not a fact finding	There was not a disposition
Respondent:	059818 Mother Female 18 Year(s)	
Comments:	A Neglect Petition was filed against the SM as a result of the fatality investigation. The investigation revealed the SS had not been seen medically since he was 5 weeks old. The father of the SS scheduled a medical appointment for the SS upon ECDSS involvement. The SM would not allow the father to bring the SS to the appointment and would not schedule an appointment for the SS in a timely manner. ECDSS filed a petition and the SS was placed in the care and custody of his paternal aunt and father. A long-term case was opened to monitor his care and remained open at the time this report was written.	

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"/>				



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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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:
There were no services provided to the 1-year-old sibling in response to the fatality. A Neglect Petition was filed, and services were put in place to address the ongoing concerns for the SS's medical care.

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

Explain:
The parents declined services in relation to the death of the SC. The SM was being provided long-term services following the Neglect Petition and concerns identified for the medical care of the SS.

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? 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 neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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)
10/22/2021	Sibling, Male, 11 Months	Mother, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 11 Months	Father, Male, 18 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The SCR report alleged the SM and the BF engaged in a verbal argument which required they be separated out of fear it could become physically violent. The incident occurred in the presence of the SS. The role of the SC was unknown and she was in the NICU at the time of the report.

Report Determination: Unfounded **Date of Determination:** 12/09/2021

Basis for Determination:

ECDSS met with the SM and the BF who denied becoming physically aggressive towards each other and denied a history of domestic violence. ECDSS obtained police reports which showed no police involvement for domestic disputes. The SC passed away during the open investigation, the allegations were unsubstantiated, and the investigation was closed. The death of the SC was investigated separately.

OCFS Review Results:

ECDSS conducted an investigation that met regulatory requirements. Relevant family members were interviewed and collateral information was obtained from relevant sources to make a determination of the allegations. The investigation was closed upon the death of the SC and the new allegations were investigated separately.

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)
07/28/2021	Sibling, Male, 8 Months	Mother, Female, 17 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 8 Months	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The SCR report alleged the SM was unable to meet the basic needs for food, clothing, and shelter for the then 8-month-old SS.

Report Determination: Unfounded **Date of Determination:** 11/04/2021

Basis for Determination:

ECDSS met with the mother and she informed them she was staying with family members and had support from her



family to provide for the needs of the SS. The SM gave birth to the SC during the open investigation. The SC was hospitalized in the NICU and the SM was spending the majority of her time in the hospital while the SS was in the care of family. A concern was identified by a collateral source the SS had not been seen medically since he was 5 weeks old and was behind on immunizations and well checks, though there were no known medical concerns for the child. A subsequent report was received during this investigation and the open investigation was closed.

OCFS Review Results:

ECDSS met with the family and relevant collateral contacts. ECDSS did not address the concerns identified from a collateral source for the medical care of the SS during this investigation. The investigation was closed without following up with the mother for the SS's medical needs. The medical needs were later addressed in November 2021 and a Neglect Petition was filed against the SM.

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)
01/31/2021	Sibling, Male, 2 Months	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Months	Mother, Female, 17 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Months	Other Adult - Mother's friend, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Months	Other Adult - Mother's friend, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

The SCR report alleged the SM and an unrelated home member (OA) were intoxicated while caring for the then 2-month-old SS. The SM, the SS, and OA were passengers in a vehicle driven by an intoxicated adult. The SS was not in an appropriate car seat and the SM was holding him.

Report Determination: Unfounded

Date of Determination: 03/08/2021

Basis for Determination:

Upon receipt of the report, ECDSS initiated their investigation and learned that the SM, the SS, and the OA were not in the vehicle and the vehicle was not being driven by an intoxicated adult. The vehicle was parked in a driveway in which the SM, the OA, and other adults were talking upon LE arriving on scene. There was no credible evidence the SM or OA were intoxicated or that they were passengers at any time in the vehicle.

OCFS Review Results:

ECDSS conducted an investigation that met regulatory requirements. Appropriate familial contacts and collateral contacts were made and relevant evidence was gathered to make a determination of the allegations. The investigation was closed with no immediate safety concerns identified for the SS in the care of the SM.

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)
11/21/2020	Sibling, Male, 1 Days	Mother, Female, 16 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

Report Summary:

The SCR report alleged the SM gave birth to the SS with a positive toxicology for marijuana. The role of the BF to the SS was unknown.

Report Determination: Unfounded

Date of Determination: 01/14/2021

**Basis for Determination:**

The mother admitted to marijuana use three weeks prior to giving birth and the SS was presumed positive, though the positive toxicology was not confirmed through testing. The SS was discharged to the care of the SM with no medical or safety concerns identified. The mother attended the follow up pediatric appointment for the SS and there were no medical concerns identified for the SS. The SM was offered services which she declined.

OCFS Review Results:

ECDSS conducted an investigation that met regulatory requirements. ECDSS met with the members of the family and obtained information from relevant collateral sources. The mother was offered services which were declined and the investigation was unsubstantiated and closed.

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

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 CPS history outside of NYS.

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 (ECDSS) appreciate the opportunity given us to review the draft report in advance. We find that the facts, as written, accurately 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 investigation or to the CPS investigations conducted by ECDSS 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