



## Report Identification Number: BU-18-001

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

Issue Date: Jun 18, 2018

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:** 1 month(s)

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

**Date of Death:** 01/12/2018  
**Initial Date OCFS Notified:** 01/12/2018

## Presenting Information

On 1/12/18, the SF fell asleep on the couch while holding the one-month-old SC. When the SF awoke, the SC was not breathing. The SC was pronounced dead at 3:56AM. There were no known preexisting medical conditions for the SC.

## Executive Summary

Erie County Department of Social Services (ECDSS) received an SCR report on 1/12/2018, with allegations of DOA/fatality and IG against the SF for the one-month-old SC. The SC died from unknown causes and was an otherwise healthy child. An SCR and criminal history check were completed and reviewed. Based on the reviewed SCR history, ECDSS appropriately addressed possible alcohol and drug misuse with the parents. The parents denied any misuse of substances.

The SF said the SM went upstairs to sleep and he was downstairs with the SC and the 4yo SS. The 1yo SS was upstairs with the SM. The SF said he placed the SC in his swing to sleep around 10pm and he awoke sometime during the night for a glass of water. The SF told ECDSS that he took the SC from the swing and had fallen back to sleep on the couch with the SC in his arms. The 4yo SS was asleep on the other couch. The SF awoke with the SC still in his arms at 3:30AM and found the child unresponsive. He ran upstairs to the SM who called 911 and CPR was administered until EMS arrived.

The ME performed an autopsy the preliminary findings were the cause of death appeared to be the result of co-sleeping asphyxiation. The ME stated that the SC had three posterior rib fractures that were healing and suspicious in nature. The ME's office had made a referral to an anthropologist for further examination. The ME had informed ECDSS that the SC looked great otherwise and had no other injuries. The ME said the SC did not even have a scratch on him and appeared to be well nourished. The final autopsy results were still pending at the time of the writing of this report.

LE was waiting for the final autopsy results; no criminal charges were pursued in relation to the fatality at the time of the writing of this report. LE told ECDSS that they believed the death was accidental due to co-sleeping.

ECDSS assessed the safety of the SC's four SSs and their households. ECDSS located the two SSs who resided with their BM and had no contact with the SF or the two other SS and their household. ECDSS had no safety concerns. ECDSS assessed the safety of the two SSs who lived in the SC's home and put a temporary safety plan in place. The SM and the SSs went to stay with the MGM and the SF was to have no contact. Everyone agreed to the safety plan.

ECDSS requested and reviewed all pertinent medical records of the SC. ECDSS completed all safety assessments and child fatality reports timely and accurately.

ECDSS offered the family bereavement services and burial assistance. ECDSS continued to monitor the safety plan and made referrals for services to meet the needs of all family members.

ECDSS Sub the allegations of DOA/fatality and inadequate guardianship against the SM and the SF for the SC. Based on interviews with collaterals and all members of the household it was learned that the SF and the SM often co-slept with the SC on a regular basis. ECDSS observed a portable crib in the home that was filled with various items and clearly was not being used for the SC to sleep in. By the parents own admissions they were educated about safe sleep and the MGM had



talked to the SF especially about this on numerous occasions. There was some credible evidence based on the above-mentioned interviews and the ME’s preliminary report stated the cause of death appeared to be asphyxiation due to unsafe sleep. The parents failed to provide a minimum degree of care; they placed the child in imminent risk of harm by co-sleeping with the child on a regular basis, even though they had been educated on the dangers of co-sleeping. They failed to provide the child with a safe sleep environment, even though they had a portable crib for the child to sleep in. LE and EMS reported to ECDSS that they believed the death was the result of unsafe sleep. ECDSS IND and opened the case for services and CPS monitored required. At the time of this report the family was engaged in services and fully cooperating with ECDSS.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

### Explain:

ECDSS conducted a thorough investigation and provided all necessary services needed to meet the needs of all family members.

**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:

N/A

## 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:** 01/12/2018

**Time of Death:** 03:56 AM

**County where fatality incident occurred:**

Erie

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

Yes

**Time of Call:**

03:19 AM

**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?** Yes

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 2

**At time of incident supervisor was:**

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	37 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)

### LDSS Response

ECDSS conducted a joint investigation with LE. Upon receipt of the SCR report on 1/12/17, ECDSS conducted interviews with the SM and the BF at their home. The parents reported the events of the evening into the morning leading up to the death of the one-month-old SC. The parents told ECDSS that they had been to a neighbor's home for dinner with the children the evening of 1/12/17. The SF and the SM said the SF had a few beers but the SM did not. They said they arrived



home about 8:30PM. The SF told ECDSS that he often slept downstairs because it was too hot upstairs. He said that evening he told the SM to go up to bed as she had to work in the morning. He stayed downstairs with the SC and the 4yo SS. The 1yo SS was upstairs with the SM. The SF said he put the SC to sleep in his swing in the living room and he went to sleep on the small couch; the SS went to sleep on the large couch. He said sometime during the night he awoke for a glass of water. He took the SC out of the swing and cradled him in one arm on his chest and his other hand on his stomach. At 3:30AM he awoke and found the SC still in his arms and unresponsive. He ran upstairs to the SM and he called 911 while she performed CPR until EMS arrived and transported the SC to the hospital.

ECDSS appropriately questioned the parents about safe sleep. They said they were educated on safe sleep and ECDSS observed a portable crib in the home filled with various items of the parents. The parents had all necessary supplies for the SC and there were no observable safety concerns in the home.

ECDSS interviewed and examined the 4yo SS and observed and examined the 1yo SS. Based on the ME’s findings of rib fractures on the SC, ECDSS had the parents bring the children to the hospital for full skeletal exams. The skeletal exams were negative. Both children had headlice and the 1yo SS had an ear infection. ECDSS interviewed the parents and collateral contacts, it was unknown how the SC sustained the rib fractures.

It was learned through interviews with all family members and collaterals able to provide information about the care of the SC, that the parents co slept with the SC on a regular basis. The MGM said she had spoken to both parents about this on several occasions. The SF admitted to LE that the MGM had spoken to him about co-sleeping. ECDSS assessed the safety of the SSs and there were safety concerns for the SSs. ECDSS with the agreement of all family members put a safety plan in place until further investigation could be completed. The SF was to have no contact with the SSs and the SM and the children would stay with the MGM.

ECDSS appropriately offered all family members bereavement counseling. The SF had SSs that resided with their mother. ECDSS contacted the mother and assessed their safety in their home and there were no safety concerns. The mother had full custody and the SF had no visitation or contact with the children.

ECDSS obtained and reviewed all medical records pertaining to the death of the SC as well as the SC’s care. ECDSS obtained medical records for the SSs and they were behind on well care. ECDSS obtained and reviewed records from LE, EMS and all first responders. ECDSS offered preventive services to the parents and they agreed to services. ECDSS continued to monitor the safety of the SS and provided services to meet the needs of all family members. ECDSS modified the safety plan and the SF and SM were together with the SSs and engaged in services.

The ME’s preliminary findings noted three posterior rib fractures and referred the finding to an anthropologist for further examination. The ME said they were not related to the death of the child. The ME said it appeared the SC died from asphyxiation due to unsafe sleep. The ME findings were that the SC had no other injuries and no marks on the body and appeared to be well nourished. The final autopsy results were still pending at the time of the writing of this report and there were no arrests.

**Official Manner and Cause of Death**

**Official Manner:** Pending  
**Primary Cause of Death:** Unknown  
**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? No

Comments: ECDSS does not have an OCFS approved CFRT.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046581 - Deceased Child, Male, 1 Mons	046585 - Father, Male, 37 Year(s)	DOA / Fatality	Substantiated
046581 - Deceased Child, Male, 1 Mons	046585 - Father, Male, 37 Year(s)	Inadequate Guardianship	Substantiated
046581 - Deceased Child, Male, 1 Mons	046585 - Father, Male, 37 Year(s)	Fractures	Substantiated
046581 - Deceased Child, Male, 1 Mons	046584 - Mother, Female, 27 Year(s)	Fractures	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 safety 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 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"/>

**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"/>

**Explain as necessary:**  
No children were removed from the home. The SM and the SF fully complied with ECDSS and agreed to voluntary services.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other, specify:</b> Preventive services							

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 offered referrals and services to all family member to address the immediate needs of the children and the adults. Preventive services were opened for the family. Referrals for speech therapy for the 4yo SS and Early Interventions services were offered for the 1yo SS. Bereavement referrals were made for the 4yo SS.

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

**Explain:**  
 ECDSS offered bereavement referrals and assistance with burial costs to the family. Preventive services were opened for the family. ECDSS based on the SF history with the SF and the SM, domestic violence services were offered to the SM.



## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- 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)	Status/Outcome	Compliance Issue(s)
06/05/2016	Sibling, Female, 2 Years	Father, Male, 36 Years	Inadequate Guardianship	Indicated	No
	Sibling, Female, 2 Years	Father, Male, 36 Years	Parents Drug / Alcohol Misuse	Indicated	

#### Report Summary:

On 6/5/16, the SF returned home highly intoxicated. A verbal altercation ensued and the SF smacked the SM on the legs several times, in the presence of the then 2yo SS. The SF was pregnant and she assumed a defensive posture to protect her stomach. In the midst of the assault on the SM, the 2yo SS was hit in the face.

**Determination:** Indicated

**Date of Determination:** 07/06/2016

#### Basis for Determination:

ECDSS interviewed the SM,SF,LE and collateral contacts. The SM was arrested and was in jail at the time of the report. The SF did assault the SM and the 2yo SS did sustain a bruise and was afraid. Collaterals contacts confirmed that the SF verbally and physically abuses the SM in the presence of the 2yo SS. The child told ECDSS that her father hit her and her mother and she was afraid. A full stay away order of protection was issued and the SF agreed to complete a Domestic Violence Offender program. The allegations of PD/AM and IG were sub against the SF for the SS. The case was IND and closed.

#### OCFS Review Results:

ECDSS gathered sufficient information to make a determination.



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

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

3/1/02-Allegations of PD/AM, IF/C/S and IG were Sub against the SF and the BM2.  
 3/24/02-Allegations of PD/AM, IF/C/S and IG were Sub against the SF and the BM2.  
 4/13/02-Allegations of PD/AM, IF/C/S and IG were Sub against the SF and the BM2.  
 4/22/02-Allagations of PD/AM, IF/C/S and IG were Sub against the SF and the BM2.  
 7/15/02-Allegations of PD/AM, LS and IG were Sub Against the SF and the BM2.  
 8/2/02-Allegations of PD/AM and IG were Sub against the SF and the BM2.  
 FSS-opened from 5/14/05 to 7/6/05.  
 11/05/12-allegations of PD/AM, XCP, L/B/W and IG were Sub against the SF for children the SF had with BM3.

### Known CPS History Outside of NYS

There was no known history outside NYS.

### Preventive Services History

The SF had other children with BM2 and those children were freed for adoption. Those children were freed for adoption over ten years ago and never had any contact with the SC or the SSs listed in the fatality report.

### Foster Care Placement History

The SF had other children with BM2 and those children were freed for adoption. BM2 and the SF used drugs to the point of not being able to care for the children and were not able to maintain safe and stable housing. The SF failed to work with the county and surrendered his parental rights for those children. Those children were freed for adoption over ten years ago and never had any contact with the SC or the SSs in the fatality report.

### 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

Criminal Charge: Other - Harrassment    Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	SF	Unknown	completion of a domestic violence offner program
<b>Comments:</b>	The SF arrived home highly intoxicated on 6/5/2016 and hit the SM several times in the presence of the SS. The SM called the police and the SF was arrested. The DA's office issued a full stay away order of protection and offered the SF a plea deal if he completed domestic violence program. The OOP would be dropped when the SF successly completed a program. The SF did successfully complete the program and there was no order in place at the time of the reported fatality.		

Have any Orders of Protection been issued? Yes



**From:** Unknown

**To:** Unknown

**Explain:**

See above. The SF did successfully complete the program and there was no order in place at the time of the reported fatality.

**Additional Local District Comments**

We at the Erie County Department of Social Services appreciate the opportunity given us to review the draft report in advance. We find that the facts, as written, describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality 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