



**Report Identification Number: BU-19-045**

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

**Issue Date: Apr 16, 2020**

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:** Male

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

## Presenting Information

An SCR report alleged the 1-month-old male subject child and his twin lived with their parents, aunt and uncle. On 12/15/19, at about 5:00 AM, the parents fed the children and went to sleep. The father was sleeping on the couch with the subject child. The mother was sleeping on a different couch and the twin was in a bassinet. The aunt and uncle were somewhere else in the home. At about 12:20 PM, the father found the subject child not breathing and immediately called 911. The child was an otherwise healthy child and did not appear to have any visible injuries about his body. The adults in the home had no explanation for the child's death, therefore all were made subjects of the SCR report.

## Executive Summary

This fatality report concerns the death of a 1-month-old male subject child who died on 12/15/19. A report was made to the SCR on the same day. The child resided with his parents, aunt, uncle, twin sibling and cousins, ages 8 months and 4 years.

Erie County Department of Social Services (ECDSS) coordinated investigative efforts with law enforcement immediately upon learning of the death. The parents did not have prior CPS history. An Autopsy was performed; however, the medical examiner's report was not completed at the time of this writing.

The parents reported the child and his twin acted normally the night prior to the child's death. Both parents said the father was sleeping on the couch with the child when he was found wedged between the couch cushion and the father. The child was unresponsive and not breathing. The parents alerted the aunt and uncle, called 911 and CPR was performed. EMS arrived at the home and took over resuscitation efforts, however, the child was declared deceased.

During the investigation, a safety plan was created with the family stating the grandparents would supervise the father's interactions with the sibling.

The aunt and uncle said the twins appeared normal the day prior to the child's death. The aunt and uncle stated the parents and twins recently moved into their home, as the parents were in a dispute with the paternal grandparents, where they resided prior to the death. The aunt and uncle did not see the parents co-sleeping with the twins while the parents stayed at their home. They did not have concerns for the care of the twin.

ECDSS gathered information regarding the child's death from the family, first responders and the medical examiner. No concerns were expressed for the care of the surviving children.

Several home visits were made throughout the investigation and an abundance of services were offered to the parents. It remained unknown if the aunt and uncle engaged in services. Following the death, the parents moved back into the home of the grandparents and were actively participating in a Preventive Services case. The services case was opened due to the mother's mental health challenges and to provide parenting classes to the parents. Additionally, the services case was opened to monitor the ongoing safety plan.

ECDSS substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the parents regarding the child. The investigation revealed the father often co-slept with the child and his twin. ECDSS informed the parents of safe



sleep guidelines regarding the surviving sibling; however, it remained unknown if the parents had safe sleep knowledge prior to the child's death. The investigation determination noted it was apparent the parents did not have knowledge on how to appropriately care for infants and were referred to Preventive Services. ECDSS did not clearly document the reason for substantiating the allegation of DOA/Fatality against the parents. The investigation revealed the aunt and uncle were not persons legally responsible for the child, therefore the allegations of Inadequate Guardianship and DOA/Fatality were unsubstantiated.

## 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:

Casework activity was commensurate with case circumstances.

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 was opened for Preventive Services to monitor the mother's participation with mental health providers and to provide parenting classes.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities



### Incident Information

**Date of Death:** 12/15/2019

**Time of Death:** Unknown

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

Unknown

**County where fatality incident occurred:**

Erie

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

Yes

**Time of Call:**

12:18 PM

**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**

**At time of incident supervisor was:**

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability

- Absent
- Asleep
- Impaired by illness
- 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	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Female	3 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	8 Month(s)
Deceased Child's Household	Sibling	No Role	Male	1 Month(s)

### LDSS Response

On 12/15/19, ECDSS received the SCR report regarding the child's death. Within the first 24 hours of the investigation, ECDSS coordinated with law enforcement, contacted the source of the report, documented a CPS history check and assessed the safety of the surviving children.



Law enforcement provided information the father was sleeping with the child on the couch and the father fell asleep with the child on his chest. The child was found wedged between the back of the couch and the father.

On 12/15/19, the aunt and uncle were interviewed separately at their home while the aunt cared for the twin. The aunt saw the mother sleeping on the couch, and one child in the bassinet the night prior to the fatal incident. She did not know where the other child was. The aunt was awoken on 12/15/19 to the parents screaming the child was not breathing and reported the child to be purple, warm and limp. The aunt took the child from the mother and she and the uncle performed CPR until first responders arrived. The uncle said the twins were fine around 5:00 AM when the parents returned home from work with the twins. He assisted with the children by holding them while the parents prepared bottles. The uncle went to sleep and was awoken in the same manner as the aunt. He had no additional information to add.

ECDSS made a home visit to the cousin’s relative’s home to assess the safety of the cousins. They were deemed safe in the care of their family.

On 12/16/19, the father was interviewed. The parents took the twins with them while they worked for a food delivery service. The mother would care for the twins while the father drove. The father said he pulled the car over around 4:15 AM to feed the twins and they were fine. When they returned home around 5:45 AM, the uncle let them into the home and swaddled the twins and put them in their bassinet. Around dawn, the father laid the child on the father’s chest and cradled the child in his arm as he was fussy, and this was a typical soothing technique. The child was placed on his right side against the back of the couch and to the left of the father. The child was resting against the father’s arm. When the father awoke, the child was not breathing and was blue. He screamed for the other adults and CPR was performed. The father was not sure if he rolled over on the child.

On the same day, ECDSS learned from the medical examiner that the child had fractured ribs. ECDSS appropriately made a safety plan that the twin would be in the care of the grandparents and only have supervised visits with the father.

On 12/17/19, ECDSS spoke with the mother, who was admitted to a mental health facility after she expressed suicidal ideation due to the loss of the child. The mother said she had tucked a blanket around both twins’ bodies; however, the child became fussy, so the father took the child out of the bassinet and rested with him on the couch. The mother did not have additional information to add.

Law enforcement informed ECDSS they were closing the criminal investigation without any findings as the death was ruled a natural death. ECDSS contacted the medical examiner, who stated the cause of death was not yet determined.

ECDSS spoke with several first responders and all reported the child was unresponsive upon arrival and the family was performing CPR until professionals took over. No concerns for the surviving children were brought to the Department’s attention.

All required reports and Safety Assessments were completed timely and accurately, and the investigation was closed. ECDSS offered the parents bereavement service referrals which were accepted. The family agreed to participate in a Preventive Services case as they needed parenting classes and the Department deemed it appropriate to monitor the mother’s mental health treatment and status.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

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



## Multidisciplinary Investigation/Review

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

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

**Comments:** The death was referred to the CFRT during the course of the investigation.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053061 - Deceased Child, Male, 1 Mons	053066 - Aunt/Uncle, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
053061 - Deceased Child, Male, 1 Mons	053066 - Aunt/Uncle, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
053061 - Deceased Child, Male, 1 Mons	053065 - Aunt/Uncle, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
053061 - Deceased Child, Male, 1 Mons	053065 - Aunt/Uncle, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
053061 - Deceased Child, Male, 1 Mons	053063 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated
053061 - Deceased Child, Male, 1 Mons	053063 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
053061 - Deceased Child, Male, 1 Mons	053064 - Father, Male, 29 Year(s)	DOA / Fatality	Substantiated
053061 - Deceased Child, Male, 1 Mons	053064 - Father, Male, 29 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<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"/>
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### Legal Activity Related to the Fatality

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

### 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input 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 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 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:  
A Preventive Services Stage was opened to provide ongoing services to the family.

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

Explain:  
The family was offered an abundance of services in response to the fatality.



## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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? N/A
- 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)
01/23/2018	Other Child - Cousin, Female, 1 Years	Aunt/Uncle, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - Cousin, Female, 1 Years	Aunt/Uncle, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	

#### Report Summary:

An SCR report alleged on 12/24/17, the aunt and uncle argued, and the fight escalated to a physical altercation in the presence of the 3-year-old cousin. The aunt attempted to leave the home with the cousin in her arms and was pushed by the uncle. It was unknown if the cousin was injured.

**Report Determination:** Unfounded

**Date of Determination:** 02/22/2018

#### Basis for Determination:

ECDSS unsubstantiated the allegation of Inadequate Guardianship against the aunt and uncle regarding the cousin. Although the domestic violence occurred, the cousin was not present for the incident.

#### OCFS Review Results:

ECDSS initiated the investigation timely, contacted the source of the report and spoke to family members and collaterals. The Safety Assessments and Risk Assessment Profiles were accurately completed. The family was provided with a domestic violence referral.

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 history more than three years prior to the death.

### Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

## Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

### 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