



**Report Identification Number: BU-21-007**

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

**Issue Date: Aug 20, 2021**

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 13 year(s)

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

**Date of Death:** 02/08/2021  
**Initial Date OCFS Notified:** 03/05/2021

## Presenting Information

Erie County Department of Social Services (ECDSS) learned of the death of the 13-year-old subject child (SC) which occurred on 2/8/2021, during an open investigation and services case. The child was diagnosed with osteosarcoma and had been in hospice care at the time of his death. There were four other children in the home ages 17, 9 and 5 years old, and an 8-month-old child.

## Executive Summary

This report concerns the death of a 13-year-old child which occurred on 2/8/2021. ECDSS became aware of the death on 2/8/2021 and informed OCFS of the child’s death through an OCFS Agency Reporting form on 3/5/2021. The child had been diagnosed with and died due to osteosarcoma and was in hospice care at the time of his death. The child had been in the care of his mother and lived with his 17-year-old, 9-year-old, and 5-year-old siblings. The 17-year-old sibling also had an 8-month-old child of her own living in the home.

The surviving children were assessed as safe in the care of the mother by ECDSS. ECDSS records showed that the child had been diagnosed with osteosarcoma as early as 2018 and had been receiving treatment since then. The mother brought the child to the hospital on 12/27/2020 and he was provided end of life care in hospice until his death on 2/8/2021.

Prevention services were working with the family to address concerns with the condition of the home which did not present an immediate concern to the health or safety of the children. ECDSS offered the family additional services, which included grief and mental health counseling, following the death of the child. The prevention case remained open at the time this report was written.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

**Was the decision to close the case appropriate?** Yes

**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 investigation was closed and the family remained involved in prevention services.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Failure to report death of child in open CPS or Preventive/CPS services case in timely manner
<b>Summary:</b>	ECDSS did not report the fatality to OCFS until 25 days after learning of the death.
<b>Legal Reference:</b>	06-OCFS-LCM-13
<b>Action:</b>	ECDSS will complete the OCFS 7065 form and send it to the appropriate Regional Office of the New York State Office of Children and Family Services within 72 hours of the injury, accident, or death.

### Fatality-Related Information and Investigative Activities

#### Incident Information

**Date of Death:** 02/08/2021

**Time of Death:** 03:30 AM (Approximate)

**County where fatality incident occurred:**

Erie

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

No

**Did EMS respond to the scene?**

No

**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**

**At time of incident was supervisor impaired? Not impaired.**

**At time of incident supervisor was:**

Distracted

Absent

Asleep

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
BU-21-007	FINAL			



Deceased Child's Household	Deceased Child	No Role	Male	13 Year(s)
Deceased Child's Household	Mother	No Role	Female	35 Year(s)
Deceased Child's Household	Other Child - Neice	No Role	Female	8 Month(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Other Household 1	Father	No Role	Male	40 Year(s)
Other Household 2	Other Adult - BF to 8 month old	No Role	Male	16 Year(s)
Other Household 3	Other Adult - BF to 17 and 9 year olds	No Role	Male	36 Year(s)
Other Household 4	Other Adult - BF to 4-year-old	No Role	Male	32 Year(s)

### LDSS Response

ECDSS learned of the death of the SC which occurred on 2/8/2021 and informed OCFS through an OCFS Agency Reporting Form on 3/5/2021. The SC was diagnosed with osteosarcoma and was put in hospice care during the open investigation. At the time of the death, there was an open investigation due to the condition of the home. ECDSS determined the family needed additional support with maintaining safe and suitable housing and referred the family to services to assist with cleaning the home.

ECDSS conducted familial interviews in the home with the mother (BM) and surviving children. There were three surviving siblings ages 17, 9, and 5 years old and a surviving niece, aged 8-months-old at the time of the SC's death. The 17-year-old sibling was the mother to the 8-month-old. The surviving children were assessed as being safe in the care of the mother throughout the investigation and prevention services case. The SC had been diagnosed with osteosarcoma prior to the open investigation. The illness became worse and the SC required hospitalization and eventually hospice care where he died. There was no collateral information obtained by ECDSS in relation to the SC's diagnosis, treatment plan, or care by the BM aside from the SC's visiting nurse. The nurse identified no known concerns for his medical treatment or care by the BM. There were no safety concerns identified for the surviving children and a prevention services case had been opened prior to the SC's death to address concerns for the condition of the home.

ECDSS assessed the safety of the surviving children and offered the family grief counseling and mental health treatment in relation to the SC's death. The family was participating in prevention services and accepted additional services following the death of the SC. The investigation was closed, and the family remained involved with prevention services.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

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

### Multidisciplinary Investigation/Review

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

**Comments:** Erie County has an OCFS approved Child Fatality Review Team.

### CPS Fatality Casework/Investigative Activities



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

**Additional information:**

ECDSS addressed the concerns of the initial report. No collateral information relating to the SC's death, diagnosis, or prognosis was obtained during the investigation period.

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
The death was a non-SCR reported death and a safety assessment was not required.

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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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"/>

### 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<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:**  
Referrals for counseling services were made by ECDSS for the children. It is unknown if they participated in the services.

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

**Explain:**  
Referrals for grief counseling and mental health services were made on behalf of the mother.

## 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?** Yes

## 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)
01/15/2021	Sibling, Female, 9 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 4 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**  
The SCR report alleged that the BM does not put her trash out on collection day and as a result, trash is piled up on the porch and lawn. There are unsafe items amongst the trash and rats around the home because of the trash. The children play in the unsanitary conditions and are often unkempt.

**Report Determination:** Unfounded **Date of Determination:** 05/10/2021

**Basis for Determination:**  
At the time this report was made, ECDSS was involved with the family and prevention services were in place to address the concerns for the condition of the home. The trash was removed from the home and placed outside for collection, causing the appearance of the lawn having garbage all over it.



**OCFS Review Results:**

ECDSS met regulatory requirements in conducting their investigation into the allegations of the report and assessing the safety of the children. The SC passed away during the open investigation and appropriate services were offered in relation to his death. ECDSS added the biological fathers of the children to the case record and mailed notification letters; however, there is no documentation that they attempted to speak directly with the biological fathers of the surviving siblings or SC.

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

**Issue:**

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

**Summary:**

ECDSS added biological father's to the case and provided a notice of existence to the last known address. There were no further documented attempts to contact them.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/20/2020	Sibling, Female, 4 Years	Mother, Female, 35 Years	Inadequate Food / Clothing / Shelter	Substantiated	Yes
	Sibling, Female, 4 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Mother, Female, 35 Years	Lack of Supervision	Substantiated	
	Deceased Child, Male, 13 Years	Mother, Female, 35 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 17 Years	Mother, Female, 35 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 17 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 35 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 9 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Mother, Female, 35 Years	Lack of Supervision	Substantiated	
	Other Child - Niece, Female, 8 Months	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The SCR report alleged that the inside and outside of the home was filled with garbage, broken objects, and soiled



diapers. The mother left the children unsupervised for extended lengths of time and they appeared in clothing inappropriate for the weather.

**Report Determination:** Indicated

**Date of Determination:** 05/10/2021

**Basis for Determination:**

ECDSS initiated their investigation into the allegations upon receipt of the investigation and upon the initial home visit observed the home to be unclean with garbage and clothes throughout the home to such an extent that it posed a risk to the health and safety of the two younger children. ECDSS made a referral for intensive services to assist with addressing the condition of the home. The home met minimal standards at the time the investigation was closed.

**OCFS Review Results:**

ECDSS met regulatory requirements in their investigation into the allegations. Services were put in place to address the concerns in the household and additional services were offered in relation to the death of the SC. ECDSS failed to gather collateral information regarding the health and safety of the SC as it pertained to the condition of the home. ECDSS was aware that the SC had a compromised immune system and did not obtain information from collateral contacts that could identify if there was a negative impact on the SC's health due to the poor condition of the home.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

ECDSS missed opportunities to obtain collateral information related to the SC's diagnosis, treatment plan, and care during the investigation period.

**Legal Reference:**

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

**Action:**

ECDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/16/2020	Deceased Child, Male, 12 Years	Mother, Female, 34 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Deceased Child, Male, 12 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 12 Years	Mother, Female, 34 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Male, 12 Years	Mother, Female, 34 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 34 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 34 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 16 Years	Mother, Female, 34 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	



# Child Fatality Report

Sibling, Female, 8 Years	Mother, Female, 34 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 8 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 8 Years	Mother, Female, 34 Years	Lack of Supervision	Unsubstantiated

**Report Summary:**

The SCR report alleged that the SC had been diagnosed with osteosarcoma 2 years ago and was undergoing treatment. The SC was not able to care for himself and was being left home alone by the BM while she worked multiple jobs. The SC was too medically fragile to be left alone and could require medical attention at any given moment. The BM was made aware of the risks of leaving the SC unsupervised and continued to do so. The home was also reported to be in unsanitary condition which presented a risk to the SC due to his compromised immune system.

**Report Determination:** Unfounded

**Date of Determination:** 05/11/2020

**Basis for Determination:**

ECDSS initiated their investigation and met with the members of the family and made relevant collateral contacts to gather information regarding the allegations. The SC was receiving treatment for his cancer and had been in and out of the hospital throughout the investigation period. The home was observed to meet minimal standards and the SC was capable of taking his temperature and his medications as needed and knew that he would need to call the BM or BF to take him for medical assistance if he had a fever.

**OCFS Review Results:**

ECDSS met regulatory requirements in their investigation into the allegations. The BM and BF made appropriate arrangements for the care of the SC between them and the SC had been hospitalized for a portion of the investigation period. The case record show detailed supervisory guidance and a determination of the allegations was made in accordance with evidence gathered.

**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)
05/22/2018	Sibling, Female, 15 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 15 Years	Mother, Female, 32 Years	Lack of Supervision	Substantiated	
	Deceased Child, Male, 10 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 10 Years	Mother, Female, 32 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 6 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 6 Years	Mother, Female, 32 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 32 Years	Lack of Supervision	Substantiated	

**Report Summary:**

The SCR report alleged that the SC was diagnosed with cancer and was extremely ill and was hospitalized at the time of



the report. The BM was leaving the other children in the home alone with the 15-year-old sibling, while she was at the hospital for extended periods of time with the SC.

**Report Determination:** Indicated **Date of Determination:** 07/19/2018

**Basis for Determination:**  
ECDSS met with the family and gathered information from relevant collateral contacts. The BM admitted to leaving the children home alone on one occasion with the then 15-year-old sibling while being at the hospital with the SC. ECDSS determined that the 15-year-old sibling was not an appropriate caregiver for the other children for the extended periods of time they were being left in her care. ECDSS offered prevention services which were accepted by the family.

**OCFS Review Results:**  
ECDSS met regulatory requirements in their investigation into the allegations. ECDSS offered services to assist the family with ongoing issues regarding supervision and the medical needs of the SC which were accepted by the BM and a services case was opened.

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

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

There were 3 investigations more than three years prior to the fatality. The investigations included substantiated allegations for deplorable conditions of the home and educational neglect.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality?** Yes

**Date the preventive services case was opened:** 12/07/2020

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

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

### Casework Contacts

	Yes	No	N/A	Unable to Determine
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# Child Fatality Report

<b>Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Services Provided

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were services provided to parents as necessary to achieve safety, permanency, and well-being?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

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

### Provider

	Yes	No	N/A	Unable to Determine
<b>Were Services provided by a provider other than the Local Department of Social Services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
Preventive services were provided by two separate agencies to address the concerns of the condition of the household.

### Preventive Services History

Prevention services were put in place historically to address concerns for educational neglect of the eldest sibling. A prevention services case was open at the time of the child's death to assist the family with addressing the condition of the home and maintaining it's cleanliness.

### 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.

With respect to the required action related to the fatality, we must unfortunately concur that ECDSS failed to report the death of a child on an open CPS report until 25 days after learning of the death of the child. This compliance issue has been addressed with the caseworker who was assigned to the case. The caseworker reports not being aware that she needed to inform her supervisor of the death of the child. Additionally, an all CPS staff e-mail will be generated informing them of the policy of notifying OCFS within 72 hours of the death of a child on an open CPS or Preventive services case.

With respect to the compliance citation related to the Adequacy of face-to-face contacts with the child and/or child's parents or guardians we concur that ECDSS failed to document any attempts to speak directly with the fathers of the Subject Child or the surviving siblings despite having information as to their whereabouts. These concerns are being addressed with the assistance and support of the Buffalo Regional Office of OCFS as relates to previous concerns whereby related PIP has been consolidated.

Again, we thank you for allowing us the opportunity to review DRAFT NYS OCFS Child Fatality Report BU-21-007.

**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