



Report Identification Number: BU-21-036

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

Issue Date: May 25, 2022

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 7 month(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 12/10/2021
Initial Date OCFS Notified: 12/10/2021

Presenting Information

Erie County Department of Social Services (ECDSS) received an SCR report that alleged on 12/10/21, the subject child was left in the care of the parent substitute. The parent substitute gave the child a bath and sometime after that, placed the child in a car seat and noticed he appeared lethargic and limp. The parent substitute failed to seek immediate medical attention for the child. Approximately 30 to 60 minutes later, at 3:09PM, the parent substitute called emergency medical services who arrived on scene at 3:15PM. Upon their arrival, the child's hands were pale, his lips were blue, and he had no pulse. Emergency medical services began cardiopulmonary resuscitation and after 30 minutes were able to detect a pulse. The child was transported to the hospital and eventually pronounced deceased. The child was otherwise healthy and the parent substitute had no explanation for his death. The roles of the mother and sibling were unknown.

Executive Summary

On 12/10/21, ECDSS received an SCR report regarding the death of the 7-month-old male child that occurred on the same day. The child resided at a motel for temporary homeless housing with the mother, parent substitute and 2-year-old sibling. ECDSS determined the sibling was not safe in the care of the mother and parent substitute, and the child was placed with the maternal grandmother through a safety plan.

Throughout the investigation, ECDSS gathered information from collateral sources, the mother and parent substitute regarding the death. On the morning of 12/10/21, the child and sibling were in the care of the parent substitute while the mother was at work. The child became unresponsive and the parent substitute contacted 911 after the child had been unresponsive for approximately an hour. The parent substitute provided possible explanations for the death, which included that he had accidentally run the child's head under water while bathing him and the temperature of the motel room being too hot.

An autopsy was conducted and the Medical Examiner provided preliminary information to ECDSS. The preliminary results showed the child had multiple rib and skull fractures. There were scars on the child's feet, wrist, thighs, and scabbing on his body. The child had bruising on his back and marks on his skin in various stages of healing. The rib fractures caused a small tear on the child's lung and caused blood to leak into his chest cavity. The child had a hemorrhage around his heart and in his abdominal cavity. The Medical Examiner stated the cause of death was likely blunt force trauma and the manner was likely homicide, but the final report was pending further examination and testing. The Medical Examiner further stated that the head injury was caused within the past 24 hours and the child would not have been able to survive his injuries. It was determined drowning had nothing to do with the death.

Upon receipt of the preliminary autopsy, the parent substitute was re-interviewed by law enforcement and admitted to intentionally squeezing the child and dropping him on his head at least two times. The parent substitute was charged with second degree murder and was incarcerated without bail. Law enforcement did not believe the mother was aware of the abuse and there were no criminal charges pursued against her.

ECDSS implemented a safety plan, in which the sibling was placed with the maternal grandmother and there was no contact between the sibling and the parent substitute and supervised contact between the mother and sibling. On 12/14/21, ECDSS filed Derivative Abuse Petitions against the mother and parent substitute. The sibling was released to the custody of the biological father and Orders of Protection were issued. As part of ECDSS protocol, the SS received a medical exam



and skeletal survey, which yielded no concerns. The sibling was determined to be safe with the father.

ECDSS substantiated the allegations of Lack of Medical Care, Inadequate Guardianship, DOA/Fatality, Fractures and Internal Injuries against the parent substitute regarding the child due to the medical examiner’s report and his admission of intentionally injuring the child. Inadequate Guardianship was substantiated against the mother and parent substitute regarding the sibling and child. It was determined the mother had previously observed a bruise on the child after being in the care of the parent substitute. Despite this, the mother continued to use the parent substitute as a caretaker.

ECDSS offered the father grief counseling services for himself and on behalf of the sibling. The sibling was referred to Early Intervention Services. The mother was offered assistance with funeral arrangements, counseling services, parenting classes and a substance misuse referral. The mother refused to participate in parenting or a substance misuse assessment. The CPS investigation was closed on 1/28/22 and the family was opened to preventive services.

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:

Throughout the investigation, ECDSS gathered sufficient information by way of casework and collateral contacts to determine the allegations. An appropriate determination was made given the evidence gathered.

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:

ECDSS filed Abuse Petitions and the family remained open with mandatory preventive services.

Required Actions Related to the Fatality



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

Issue:	Failure to provide notice of report
Summary:	ECDSS notified the mother and parent substitute of the CPS investigation and provided them with a written notice of existence; however, the written notices were provided late on 4/14/22.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	ECDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/10/2021

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:

03:09 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

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: **Unknown**

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	7 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Other Adult - Parent substitute	Alleged Perpetrator	Male	20 Year(s)



Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)

LDSS Response

On 12/10/21, ECDSS received the SCR report regarding the death of SC, which occurred on the same date. ECDSS initiated their investigation within 24 hours and coordinated their efforts with LE.

ECDSS interviewed the SM at the police station. The SM reported that on 12/10/21, she woke up about 9:30AM and the SC woke at 10:15AM. The SM left for work and the CHN remained with the PS. The SM and PS exchanged texts a few hours later and there were no concerns. The SM missed a call from the PS around 3:06PM, and when she later spoke to him at 3:23PM, he informed her of the SC's death. The PS provided no definitive explanation for the death, but stated the SC might have died due to the room being too hot. The SM said the room was between 80 to 90 degrees. The SM had known the PS since the Fall of 2021 and denied she had any concerns for the PS' care of the CHN. The SM reported the SC had no major illnesses; however, recent to the death, the SC had cold-like symptoms. When the results of the autopsy were discussed with the SM, she reported a few weeks prior to the death, she returned home and the SC had a bruise on his head. When the SM confronted the PS, he reported the SC fell off the bed. The SM accepted the PS' explanation and reported no reason to believe he was abusing the SC.

ECDSS interviewed the PS at the police station prior to receiving the preliminary autopsy report. The PS reported that on 12/10/21, he watched the CHN while the SM worked. After the SM left for work, the PS made the SC a bottle of formula and the SC took a 45-minute nap. When the SC woke, the PS fed the SS and SC ravioli, which he mashed up for the SC. The PS gave the SC a bath and reported he accidentally ran the SC's face under the faucet when he turned away to supervise the SS. The PS patted the SC's back and the SC threw up and was coughing. The PS made the SC a bottle and placed him in his car seat. The PS noticed the SC had his eyes open but was unconscious and had no heartbeat. The PS laid the SC on the bed and put his arms up over his head and the SC threw up more. The PS reported he called 911 approximately 10 to 15 minutes after finishing the SC's bath.

ECDSS interviewed first responders who stated they responded to a call about the SC being unresponsive. The PS refused to provide CPR to the SC as instructed by 911 dispatch. Upon their arrival, the SC was placed in a car seat, was not breathing and his lips were blue. The PS told first responders the SC had been in that condition for approximately one hour. The PS provided a similar account of events to LE and CPS; however, once the results of the preliminary autopsy were received, LE interviewed the PS again and he admitted that the SC would not stop crying so he dropped the SC on his head and then squeezed him around his midsection. ECDSS learned from LE that the PS was on probation and at the time of the SCs death there was a warrant for his arrest due to him not complying with his terms and conditions, including not living at his reported residence.

ECDSS interviewed the BF who reported he had seen the SC three weeks prior to the death and had no concerns for his safety. The BF stated a few months prior to the death, he was visiting the SS and she was missing front teeth. When questioned, the SM reported the SS jumped off of a table. In addition, the SS had a scar on her chest and underarm, and the SM did not provide an explanation for the scar, only that the SS was in the care of a relative when it happened. Medical records were obtained from the pediatrician. The CHN obtained routine medical care and there had been no concerns for their well-being. The SS was brought in on 8/9/21, with swelling to her face and trauma to her teeth. The SM reported the SS fell from a table and hit her face on the ground. The SS was overdue for a well child exam and ECDSS made the BF aware.

Official Manner and Cause of Death

Official Manner: Pending



Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: ECDSS indicated in their 30-day fatality report that the death would be referred to their OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060221 - Deceased Child, Male, 7 Mons	060223 - Other Adult - Parent substitute, Male, 20 Year(s)	DOA / Fatality	Substantiated
060221 - Deceased Child, Male, 7 Mons	060223 - Other Adult - Parent substitute, Male, 20 Year(s)	Fractures	Substantiated
060221 - Deceased Child, Male, 7 Mons	060223 - Other Adult - Parent substitute, Male, 20 Year(s)	Inadequate Guardianship	Substantiated
060221 - Deceased Child, Male, 7 Mons	060223 - Other Adult - Parent substitute, Male, 20 Year(s)	Internal Injuries	Substantiated
060221 - Deceased Child, Male, 7 Mons	060223 - Other Adult - Parent substitute, Male, 20 Year(s)	Lack of Medical Care	Substantiated
060224 - Sibling, Female, 2 Year(s)	060222 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
060224 - Sibling, Female, 2 Year(s)	060223 - Other Adult - Parent substitute, Male, 20 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The sibling was placed with the maternal grandmother as part of a safety plan implemented by ECDSS. On 12/14/21, the sibling was remanded and released to the custody of the father.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

- Family Court
 Criminal Court
 Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
12/14/2021	There was not a fact finding	There was not a disposition
Respondent:	060223 Other Adult Male 20 Year(s)	
Comments:	On 12/14/21, ECDSS filed a Derivative Abuse Petition against the parent substitute in relation to the sibling. As a result, there was a stay-away Order of Protection, prohibiting any contact between the sibling and the parent substitute.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
12/14/2021	There was not a fact finding	There was not a disposition
Respondent:	060222 Mother Female 24 Year(s)	
Comments:	On 12/14/21, ECDSS filed a Derivative Abuse Petition against the mother regarding the sibling. The sibling was remanded and released to the care of the biological father. There was an Order of Protection, which allowed the mother to have supervised contact with the sibling.	

Criminal Charge: Murder Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
12/11/2021	Parent substitute	Pending	Pending
Comments:	The parent substitute was charged with second degree murder after he admitted to intentionally causing injuries to the child, which resulted in his death. The parent substitute was incarcerated without bail pending criminal court proceedings.		



Have any Orders of Protection been issued? Yes

From: 12/14/2021

To: Unknown

Explain:

There was a stay-away Order of Protection against the parent substitute regarding the sibling. The mother was allowed supervised visitation with the sibling.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

ECDSS offered the mother a substance use evaluation due to her use of marijuana and testing positive at the time of the child's birth.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

Yes



Was the child ever placed outside of the home prior to the death? No
 Were there any siblings ever placed outside of the home prior to this child's death? No
 Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/03/2021	Deceased Child, Male, 1 Days	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

Report Summary:

An SCR report alleged that the mother gave birth to the subject child on 5/3/21. At the time of the child's birth, the mother tested positive for marijuana. The child's toxicology was negative.

Report Determination: Unfounded**Date of Determination:** 07/02/2021**Basis for Determination:**

ECDSS determined there was no credible evidence to support the allegations. The mother tested positive for marijuana at birth; however the child was negative and did not suffer any withdrawal symptoms. The mother reported she did not use marijuana around the child and sibling and there was no evidence that the mother's marijuana use had a negative impact on the children. Collateral sources report no concerns for the mother and children. ECDSS offered services and the mother declined them.

OCFS Review Results:

ECDSS completed face-to-face contact with the mother and child at the hospital within 24 hours of receiving the SCR report. The sibling was staying with the MGM and ECDSS completed a visit to her residence and assessed the safety of the sibling. Safe sleep information was provided to the mother, father and maternal grandmother. A Plan of Safe Care was completed with the mother. The father refused face-to-face contact with ECDSS, and ECDSS interviewed him over the phone. ECDSS completed a home visit at the mother's residence, completed assessments on time and with accurate information and there was supervisory consultation documented. The mother's NOE letter was provided late.

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

Issue:

Failure to provide notice of report

Summary:

ECDSS notified the mother of the CPS investigation and provided her with a written notice of existence; however, the written notice was provided late on 6/29/21.

**Legal Reference:**

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

Action:

ECDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

We at the Erie County Department of Social Services (ECDSS) appreciate the opportunity given us to review the draft report in advance. We find that the facts, as written, describe the unfortunate events and the actions taken in response. We must unfortunately concur that, during the course of the fatality investigation and during the historical investigation dated May 3, 2021, ECDSS failed to provide notice of existence letters in a timely manner. We note that the issue of providing timely notices is part of a consolidated Program Improvement Plan currently being implemented by ECDSS with the assistance and support of OCFS' Buffalo Regional Office.

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