



**Report Identification Number: BU-19-035**

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

**Issue Date: Feb 26, 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:** 11 year(s)

**Jurisdiction:** Erie  
**Gender:** Female

**Date of Death:** 02/22/2019  
**Initial Date OCFS Notified:** 09/25/2019

## Presenting Information

An SCR report received on 9/25/19, alleged the 11-year-old subject child was diagnosed with numerous medical conditions. Due to her medical state, she required a higher level of supervision. On 2/22/19, while alone in her room, the child passed away after drowning in her own vomit. The child had the flu for approximately 1-2 weeks prior to that. The mother, cousin, and adult sibling were home at the time of the incident and failed to provide adequate supervision for the child. The adult sibling attempted CPR and then called 911. Prior to the incident, the mother only bathed the child once a month. As a result, the child had a foul odor. The mother, cousin, and 2 adult siblings resided in the home and it was a safety hazard for the subject child and her 5-year-old sibling. The residence was infested with rats, maggots, and there was mold and mildew in the bathroom. Additionally, there was no hot water and garbage was strewn throughout the home. The 5-year-old sibling missed meals.

## Executive Summary

On 9/25/19, ECDSS received a report from the SCR concerning the death of the 11-year-old medically fragile child that occurred on 2/22/19. The child was diagnosed with multiple medical conditions and due to her conditions, required a higher level of supervision. The child passed away on 2/22/19, while alone in her room. At the time of the child's death, she was residing at home with her mother, 5-year-old sibling, adult siblings, and adult cousin.

In speaking with family members, it was learned the child was diagnosed with Spina Bifida and multiple other conditions. The adult sibling helped care for the child and noted that she had been sick with what seemed to be a common cold in the days leading up to her death. Additionally, the school the child attended reported the child was sick in the weeks leading up to her death and only attended school a handful of times in February. The child was brought to the feeding clinic prior to her death and the mother was told she likely had the flu. It was recommended that the mother follow up with the child's primary care physician and no medication was prescribed. On the day the child died, the mother checked on her between 2-3AM and again between 6-7AM. Both times the mother observed the child to be alive. Around 8:40AM the adult sibling went to check on the child and found her to be unresponsive and contacted 911. The mother and adult cousin attempted resuscitation efforts while awaiting the arrival of EMS. EMS arrived and remained on the scene for several hours prior to the child being pronounced dead.

Due to the circumstances surrounding the child's death, an autopsy was not performed. The death certificate listed the manner of death to be natural causes. Buffalo Police Department investigated the death and determined the child expired due to complications from a medical condition. Buffalo Police Department did not observe any signs of abuse or maltreatment.

Following the child's death, the sibling was assessed by ECDSS. A safety plan was implemented due to concerns that the subject child and sibling were not receiving appropriate medical care and an appropriate education due to their mother's failure to provide both. The sibling was assessed medically at the CAC within 24 hours of receipt of the report; no medical concerns were noted for the child. Due to concerns surrounding the death, an Article 10 neglect petition was filed, and an order of supervision was requested by the department. The allegations against the mother for inadequate guardianship and lack of medical treatment regarding the subject child were indicated. It was learned the child was to be seen by a neurologist on a yearly basis but had not been seen since May 2017. Though the child was seen at the feeding clinic on 2/14/19, the child had not been seen for 3 years prior to that despite a recommendation to be seen regularly. The mother had a history of medical neglect with respect to the subject child and had a prior Article 10 proceeding as a result.



Additionally, concerns regarding educational neglect of the surviving sibling were investigated, added, and indicated during the investigation.

## 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:

At the time of this writing, the case remained opened for Preventive Services. ECDSS filed an Article 10 Neglect Petition in family court and were awaiting further orders of the Court.

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 remained open for Preventive Services at the time of this writing. The level of casework activity was commensurate with case circumstances.

## 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: 02/22/2019

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:

08:54 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

 Sleeping Working Driving / Vehicle occupant Playing Eating Unknown Other

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

How long before incident was the child last seen by caretaker? 30 Minutes

At time of incident supervisor was: Not impaired.

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 | Male   | 24 Year(s) |
| Deceased Child's Household | Deceased Child | Alleged Victim      | Female | 11 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 45 Year(s) |
| Deceased Child's Household | Sibling        | Alleged Victim      | Male   | 5 Year(s)  |
| Deceased Child's Household | Sibling        | Alleged Perpetrator | Male   | 21 Year(s) |
| Deceased Child's Household | Sibling        | Alleged Perpetrator | Male   | 18 Year(s) |

## LDSS Response

On 9/25/19, ECDSS received an SCR report regarding the 11-year-old child's death, which occurred on 2/22/19. ECDSS obtained information from medical providers, school staff, all first responders, family members, the source of the report and reviewed CPS history.

ECDSS spoke with the mother who reported the child was sick in the days leading up to her death. The child was seen at the feeding clinic on 2/14/19 and the mother was told the child had the flu. The mother scheduled the appointment because the child had been sick and vomiting since 2/8/19. The mother reported she was planning to take the child to the ER the night prior to her passing because she was not acting like herself. The mother reported the child fell asleep and was quiet, so she decided to wait to bring her the following day. On 9/22/19, the mother checked on the child several times in the morning. The adult sibling checked on the child sometime after 8AM, found the child to be unresponsive and called to the mother. The mother found the child had vomited and was unresponsive. The sibling called 911 while the mother attempted



CPR until first responders arrived.

ECDSS spoke with the adult sibling and cousin residing in the home. Both corroborated the mother’s account of events. Both relayed the child required heightened care and supervision due to her medical condition. The sibling reported he dropped out of school to assist his mother in caring for the subject child. They reported having no concerns for the care the mother provided to the child.

ECDSS spoke with numerous medical personnel regarding the subject child. It was learned the child was diagnosed with Spina Bifida and hydrocephalus. It was recommended the child be seen yearly at the Spina Bifida clinic, but she had not been seen since May 2017. The child was recommended to be seen by the neurologist every 6 months but had not been seen since March of 2018. The child was a patient at a feeding clinic and was last seen on 2/14/19. Prior to that appointment, the child had not been seen in 3 years. The doctor noted that when the child was seen on 2/14/19, the feeding tube was too tight. The doctor changed the feeding tube and ordered a follow-up to be done in 6-8 weeks. In speaking with the primary care physician for both children, it was learned that both were over-due for well-child visits.

ECDSS interviewed and observed the surviving minor sibling several times throughout the investigation. At the onset of the investigation, the sibling had not been enrolled in school and was not up to date on well-child visits. ECDSS assisted the mother in enrolling the child in school and getting up to date medically. At the time of this writing, there were no safety concerns for the sibling.

ECDSS filed an Article 10 neglect petition in Family Court on behalf of the subject child and the surviving sibling. At the time of this writing, a disposition had not yet been made but the judge ordered an Order of Supervision at the Department’s request. ECDSS provided a multitude of resources to the family. At the time of this writing, ECDSS remained involved with the family through an open Preventive Services case.

### 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:** Hospital physician

### 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

### SCR Fatality Report Summary

| Alleged Victim(s)                       | Alleged Perpetrator(s)                | Allegation(s)           | Allegation Outcome |
|---|---------------------------------------|-------------------------|--------------------|
| 052876 - Deceased Child, Female, 11 Yrs | 052877 - Mother, Female, 45 Year(s)   | Inadequate Guardianship | Substantiated      |
| 052876 - Deceased Child, Female, 11 Yrs | 052880 - Aunt/Uncle, Male, 24 Year(s) | Lack of Supervision     | Unsubstantiated    |
| 052876 - Deceased Child, Female, 11 Yrs | 052877 - Mother, Female, 45 Year(s)   | Lack of Supervision     | Unsubstantiated    |
| 052876 - Deceased Child, Female, 11 Yrs | 052880 - Aunt/Uncle, Male, 24 Year(s) | DOA / Fatality          | Unsubstantiated    |



|   |                                       |                                      |                 |
|---|---------------------------------------|--------------------------------------|-----------------|
| 052876 - Deceased Child, Female, 11 Yrs | 052879 - Sibling, Male, 21 Year(s)    | DOA / Fatality                       | Unsubstantiated |
| 052876 - Deceased Child, Female, 11 Yrs | 052879 - Sibling, Male, 21 Year(s)    | Lack of Supervision                  | Unsubstantiated |
| 052876 - Deceased Child, Female, 11 Yrs | 052877 - Mother, Female, 45 Year(s)   | Lack of Medical Care                 | Substantiated   |
| 052876 - Deceased Child, Female, 11 Yrs | 052877 - Mother, Female, 45 Year(s)   | DOA / Fatality                       | Unsubstantiated |
| 052878 - Sibling, Male, 5 Year(s)       | 052877 - Mother, Female, 45 Year(s)   | Educational Neglect                  | Substantiated   |
| 052878 - Sibling, Male, 5 Year(s)       | 052880 - Aunt/Uncle, Male, 24 Year(s) | Inadequate Guardianship              | Unsubstantiated |
| 052878 - Sibling, Male, 5 Year(s)       | 052877 - Mother, Female, 45 Year(s)   | Inadequate Guardianship              | Substantiated   |
| 052878 - Sibling, Male, 5 Year(s)       | 052877 - Mother, Female, 45 Year(s)   | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 052878 - Sibling, Male, 5 Year(s)       | 052879 - Sibling, Male, 21 Year(s)    | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 052878 - Sibling, Male, 5 Year(s)       | 052880 - Aunt/Uncle, Male, 24 Year(s) | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 052878 - Sibling, Male, 5 Year(s)       | 052881 - Sibling, Male, 18 Year(s)    | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| 052878 - Sibling, Male, 5 Year(s)       | 052879 - Sibling, Male, 21 Year(s)    | Inadequate Guardianship              | Unsubstantiated |
| 052878 - Sibling, Male, 5 Year(s)       | 052881 - Sibling, Male, 18 Year(s)    | Inadequate Guardianship              | Unsubstantiated |

**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"/> |



|  |                                     |                          |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

### 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"/> |

**Explain:**  
ECDSS filed an Article 10 abuse/neglect petition in Family Court. The surviving sibling remained in the care of his mother. ECDSS requested a one year order of supervision to monitor and provide support to the mother with regard to her historically not meeting the children's educational needs.

### Placement Activities in Response to the Fatality Investigation



|   | Yes                      | No                                  | N/A                      | Unable to Determine      |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Legal Activity Related to the Fatality**

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

Family Court

Criminal Court

Order of Protection

| Family Court Petition Type: FCA Article 10 - CPS |  |                          |
|--|--|--------------------------|
| Date Filed:                                      | Fact Finding Description:  | Disposition Description: |
| 11/26/2019                                       | There was not a fact finding   | Order of Supervision     |
| <b>Respondent:</b>                               | 052877 Mother Female 45 Year(s)  |                          |
| <b>Comments:</b>                                 | A petition was filed against the mother with regard to the surviving sibling as the child's needs were not being met and there was a history of his educational and medical needs being neglected as well as concerns for medical neglect of the subject child. An initial appearance was held on 12/4/19. The mother's attorney entered a general denial. ECDSS requested an order of supervision which the judge issued. |                          |

**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"/> |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
| 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"/> |



# Child Fatality Report

|   |                                     |                          |                          |                          |                          |                                     |                          |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Domestic Violence Services</b>           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Early Intervention</b>                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Alcohol/Substance abuse</b>              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Child Care</b>                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Intensive case management</b>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Family or others as safety resources</b> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

**Other, specify:** Preventive Services

**Additional information, if necessary:**

ECDSS offered the family a multitude of services with regard to bereavement counseling and mental health services. Additionally, ECDSS opened a Preventive Services case to offer continued support for the family.

**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 multitude of services were offered with regard to bereavement counseling for the surviving sibling. Additionally, due to the circumstances surrounding the death, a Preventive Services case was opened and support was being provided to the sibling.

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

**Explain:**

A multitude of services were offered to the family with regard to bereavement and mental health counseling. Additionally, due to the circumstances surrounding the death, a Preventive Services case was opened and support was being provided to the family.

## 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) |
|--------------------|----------------------------------|--------------------------|--------------------------------------|--------------------|---------------------|
| 09/18/2018         | Deceased Child, Female, 11 Years | Mother, Female, 44 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated    | No                  |



|                                  |                          |                                      |                 |
|----------------------------------|--------------------------|--------------------------------------|-----------------|
| Deceased Child, Female, 11 Years | Mother, Female, 44 Years | Inadequate Guardianship              | Unsubstantiated |
| Sibling, Male, 4 Years           | Mother, Female, 44 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Male, 4 Years           | Mother, Female, 44 Years | Inadequate Guardianship              | Unsubstantiated |

**Report Summary:**

A report was received by ECDSS alleging the home posed a health and safety hazard for the subject child and sibling who were 11 and 4 respectively at the time. The subject child had a medical condition which made her susceptible to infection. The ceiling had caved in and there was rat feces on the floors. The home was infested with bed bugs and the subject child's diaper was infested with a considerable amount of bed bugs and larva.

**Report Determination:** Unfounded**Date of Determination:** 11/19/2018**Basis for Determination:**

ECDSS determined there was no credible evidence to support the allegations. Both children were up to date medically and the family was working with community-based services who had no concerns. The family was no longer staying at the location alleged due to domestic violence and the mother did not want the father to ascertain her whereabouts.

**OCFS Review Results:**

ECDSS made extensive efforts to locate and engage the family. ECDSS spoke with multiple collaterals and assessed the safety of the children through contact with the school and providers. ECDSS completed all casework objectives accurately and in a timely manner. Once objectives were met, ECDSS offered community-based services and closed their investigation.

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) |
|--------------------|----------------------------------|--------------------------|---------------------------|--------------------|---------------------|
| 02/07/2018         | Sibling, Male, 20 Years          | Mother, Female, 43 Years | Inadequate Guardianship   | Unsubstantiated    | No                  |
|                    | Sibling, Male, 4 Years           | Mother, Female, 43 Years | Inadequate Guardianship   | Unsubstantiated    |                     |
|                    | Deceased Child, Female, 10 Years | Mother, Female, 43 Years | Inadequate Guardianship   | Unsubstantiated    |                     |
|                    | Sibling, Male, 20 Years          | Mother, Female, 43 Years | Childs Drug / Alcohol Use | Unsubstantiated    |                     |

**Report Summary:**

ECDSS received a report from the SCR which alleged the mother allowed the 16-year-old sibling to smoke marijuana. The subject child and 4 year old surviving sibling were present while the 16yo smoked. The subject child was a medically fragile child and the marijuana smoke posed a health hazard to her.

**Report Determination:** Unfounded**Date of Determination:** 04/20/2018**Basis for Determination:**

ECDSS determined there was no credible evidence to substantiate the allegations. ECDSS did not observe any drugs or paraphernalia in the home and all household members denied the allegations. Additionally, ECDSS was provided with evidence that the source made false allegations.

**OCFS Review Results:**

ECDSS assessed the safety of the children within the required timeframe and found no immediate safety concerns. ECDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. ECDSS appropriately determined the allegations given the information obtained during the investigation.



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 several CPS investigations between 2013 and 2016 regarding lack of medical care and educational neglect against the mother regarding the subject child and surviving sibling. In 2012, there were several reports regarding educational neglect of the now adult sibling. Prior to 2012, there were indicated cases regarding domestic violence between the mother and father, which is highlighted in the Preventive Services portion of this report.

### Known CPS History Outside of NYS

There is no known history outside of New York.

### Preventive Services History

A Preventive Services case was opened from 4/12/13-8/24/16 due to the mother's failure to provide adequate medical care for the medically fragile subject child. Additionally, the subject child and her sibling were not attending school on a regular and consistent basis. Preventive Services were put in place to support the mother in attending all appointments and assisting with the children's educational success. The family met all the service goals and Preventive Services ended.

A Preventive Services case was opened from 11/26/08-11/2/11 as the result of a neglect petition filed in family court against the mother and father regarding the children. There was serious physical domestic violence and the mother was failing to keep the children safe by refusing to follow the OP. The children were placed with a relative resource in Non-LDSS custody on 4/9/09 as the mother continued to fail to keep the children safe by allowing the father back. The children returned to the mother's custody and the order of supervision ended 10/21/11.

### Foster Care Placement History

The subject child and her now adult siblings were placed in a 1017 relative resource placement with their grandmother on 4/9/09 as a result of the continued domestic violence in the home and the parent's failure to follow the OP and order of supervision that were in place. The children remained in placement with the grandmother with DSS oversight until 10/21/10, at which time the mother remained living with the grandmother and had a continued order of supervision.

### 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 investigations 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