



Report Identification Number: BU-19-041

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

Issue Date: Apr 24, 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: 4 month(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 11/27/2019
Initial Date OCFS Notified: 11/27/2019

Presenting Information

On 11/27/19, Erie County Department of Social Services (ECDSS) received a report from the SCR regarding the death of the 4-month-old subject child that happened on the same day. The report alleged the father drove the infant to the hospital at 8:45AM in his personal vehicle. Upon arrival at the hospital, the infant was limp and lifeless and was in cardiac arrest with no heartbeat. Resuscitation attempts were made by medical personnel, but were unsuccessful. The infant passed away at 9AM. Prior to the incident, the infant was healthy and there was no explanation for why the infant suffered cardiac arrest.

Executive Summary

This fatality report concerns the death of a 4-month-old male subject child who died on 11/27/19. A report was made to the SCR on the same day. The child resided with his parents, maternal grandparents, uncle, and 16-year-old aunt.

Erie County Department of Social Services (ECDSS) coordinated investigative efforts with law enforcement immediately upon learning of the death. The parents were known to CPS as they had an open Preventive Services case related to the infant's positive toxicology at birth and the parents' ongoing substance abuse. An Autopsy was performed; however, the medical examiner's report was not completed at the time of this writing.

The parents reported the infant acted normally the night prior to the child's death. Both parents said the child was sleeping in his bassinet located next to their bed. The mother woke around 1AM to feed and change the infant and then placed him back in his bassinet to sleep. The mother and father awoke and checked on the infant around 8:30AM and found the infant unresponsive and not breathing. The parents alerted the grandparents and called 911. The father and uncle drove the infant to the hospital as they were worried the ambulance would not make it to their residence in a timely manner. The infant arrived at the ER at 8:45AM and was pronounced deceased at 9:09AM.

All household members were contacted and did not express concerns for the safety of the 16-year-old aunt. The aunt was assessed and deemed safe residing in the home with her parents.

ECDSS gathered information regarding the child's death from the family, first responders and the medical examiner.

Several home visits were completed throughout the investigation and an abundance of services were offered to the parents. It remained unknown if they engaged in services. A multitude of services were additionally offered to the grandparents for the minor aunt as well as the uncle.

ECDSS substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the parents regarding the infant. The investigation revealed the parents placed the infant in his bassinet on top of a pillow, with multiple blankets. The investigation determination noted it was apparent the parents had knowledge of safe sleep practices.

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

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:
ECDSS investigated the facts and circumstances of the child's death and closed the investigation once all case objectives were met.

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: 11/27/2019

Time of Death: 09:09 AM

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

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

How long before incident was the child last seen by caretaker? 6 Hours

At time of incident supervisor was:

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

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	16 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	27 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	37 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	49 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	53 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)

LDSS Response

On 11/27/19, ECDSS received the SCR report regarding the infant's death. Within the first 24 hours of the investigation, ECDSS coordinated with law enforcement, contacted the source of the report, documented a CPS history check and assessed the safety of the surviving children.

Law enforcement provided information the infant was sleeping in his bassinet, located adjacent to the parents' bed and was found unresponsive around 8:30AM.

All household members were interviewed. The aunt and uncle reported the mother struggled with substance abuse, but had been doing well, as far as they were concerned. The mother, father, and infant had moved into the home following the infant's birth as they needed the family support. On 11/27/19, the aunt heard the mother and father screaming that the infant was unresponsive. The aunt went outside the home and called 911. The uncle reported he and the father transported the infant to the ER in his car as they had issues in the past with first responders getting to their home in a timely manner. The parents corroborated this and reported they believed they would get the infant to the ER faster. Neither the aunt or uncle had additional information to add.

ECDSS learned the father had two children with two separate mothers. ECDSS appropriately assessed the safety of those siblings and learned they had limited contact with their father. They were deemed safe in the care of their family.

The mother and father were interviewed and reported the infant was placed to sleep in his bassinet located next to their



bed. The parents reported the infant was swaddled and placed atop a pillow amongst several blankets. The mother awoke around 1AM to feed and change the infant and then placed him back in the bassinet. Both the mother and father denied the infant was fussy and denied concerns for the infant leading up to his death. The mother and father were not compliant with ECDSS through the duration of the investigation and were not forthcoming with information surrounding the death other than the information given.

Medical records reflect the infant was born with a positive toxicology for illicit substances and the mother suffered an overdose during her pregnancy. The final autopsy was not completed at the time of this writing, though the preliminary report lists the death as undetermined. The ME reported the death could have been related to unsafe sleep due to the items in the bassinet.

Law enforcement informed ECDSS their investigation would remain open until the final autopsy report was received.

All required reports and Safety Assessments were completed timely and accurately, and the investigation was closed. ECDSS offered the parents bereavement service referrals which the family was receptive to, though it was unknown whether they were engaged in services at the time of this writing. Additionally, ECDSS coordinated with the case manager for the reservation the family resided on, in order to provide the mother and father with referrals for substance abuse treatment. At the time of this writing, information was received that the parents were not engaged in the recommended treatment.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053730 - Deceased Child, Male, 4 Mons	053733 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated
053730 - Deceased Child, Male, 4 Mons	053733 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
053730 - Deceased Child, Male, 4 Mons	053734 - Father, Male, 37 Year(s)	DOA / Fatality	Substantiated
053730 - Deceased Child, Male, 4 Mons	053734 - Father, Male, 37 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
 A multitude of services were offered related to bereavement counseling and substance abuse treatment. It was unknown if services were being utilized at the time of this writing.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
 There was no removal regarding the 16-year-old aunt as she was safe in the care of her parents.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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 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"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Case management at the reservation

Additional information, if necessary:

ECDSS offered a multitude of resources to the family following the death. ECDSS made a referral to Endeavor services to assist the parents with substance abuse treatment. Additionally, ECDSS collaborated with case management from the reservation to provide ongoing services.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

A multitude of services were offered for the 16-year-old aunt residing in the home.

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 parents following the death. Services for substance abuse treatment were offered, but it is unknown if the services were being utilized as the family was not engaging with ECDSS.

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 fetal alcohol effects or syndrome With neither of the issues listed noted in case record**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)
07/19/2019	Deceased Child, Female, 1 Days	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Days	Father, Male, 37 Years	Inadequate Guardianship	Substantiated	

Report Summary:

Broome County Department of Social Services (BCDSS) received the SCR report alleging the subject child was born on 7/17/19. At the time of birth, the mother was an active substance abuser and used during pregnancy. The mother was not compliant with treatment for her substance abuse. On 6/28/19, the mother suffered an overdose while pregnant. Upon the child's birth, he was admitted to the Neonatal Intensive Care Unit due to multiple medical conditions. The mother required surgery after the birth and was incapacitated and unable to plan for the newborn's medical treatment.

Report Determination: Indicated**Date of Determination:** 09/10/2019**Basis for Determination:**

BCDSS determined there was credible evidence that the mother's substance abuse had a negative effect on the infant. The child was born with a positive toxicology and suffered withdrawal symptoms. The mother was not following through with substance abuse treatment. The mother, father, and newborn subject child moved to Erie County and a preventive service case was opened with the family in Erie County.

OCFS Review Results:

BCDSS completed all casework activity in a timely and adequate fashion. BCDSS consulted their legal department due to concerns for the parents' substance abuse and the infant's fragile state. BCDSS completed and monitored a Plan of Safe Care. BCDSS appropriately indicated and opened for Preventive Services once all case objectives were met.

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)
01/16/2018	Aunt/Uncle, Female, 14 Years	Mother, Female, 21 Years	Childs Drug / Alcohol Use	Substantiated	No
	Aunt/Uncle, Female, 14 Years	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report was received which alleged the mother was using illicit drugs with her minor sibling.

Report Determination: Indicated**Date of Determination:** 03/15/2018**Basis for Determination:**

ECSSS determined there was credible evidence that the mother abused illicit substances with her minor sibling. The mother had a history of substance abuse issues and was residing in the home with her sibling.

**OCFS Review Results:**

ECDSS initiated their investigation within 24 hours of receipt of the report. They reviewed SCR history and completed all casework objectives in a timely and accurate manner. ECDSS appropriately indicated and closed the case after completing a thorough 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)
04/03/2017	Aunt/Uncle, Female, 13 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	No
	Aunt/Uncle, Female, 13 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Aunt/Uncle, Female, 13 Years	Aunt/Uncle, Male, 24 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Female, 13 Years	Aunt/Uncle, Male, 24 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Aunt/Uncle, Female, 13 Years	Aunt/Uncle, Male, 25 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Female, 13 Years	Aunt/Uncle, Male, 25 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report was received alleging the mother and her adult sibling took their minor sibling (13-years-old at the time) to buy drugs. On the way home from buying drugs, the adult siblings were smoking the illicit substances. The mother had frequent contact and care-taking responsibilities for the minor sibling, thus making her a person legally responsible.

Report Determination: Indicated

Date of Determination: 07/03/2017

Basis for Determination:

ECDSS determined there was credible evidence that the mother took her minor sibling with her to purchase illicit substances. On the drive home, the mother used the illicit substances in the presence of the minor sibling.

OCFS Review Results:

ECDSS initiated their investigation within 24 hours of receipt of the report. They reviewed SCR history, spoke to the source, and completed all casework activity in a timely fashion. Additionally, ECDSS made referrals to the mother for community based resources due to her substance abuse history. ECDSS appropriately indicated and closed the case once all objectives were met.

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

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

The grandmother has history from 2010 and 2011 regarding educational neglect of the aunt and mother. The grandmother was IND on one occasion.

The father has history dating back to 2005. In 2005, the father was IND for sexual abuse regarding an unrelated child. Additionally, the father was IND for drug and alcohol misuse regarding his own children in 2015.

Known CPS History Outside of NYS

There is no known history outside of New York.

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: 08/08/2019

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<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
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The most recent required FASP was not completed.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Provider

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

Additional information, if necessary:

Broome County and Erie County provided services to the family.

Preventive Services History

A Preventive Services case was opened on 8/8/19 at the time of the subject infant's birth. The Services case was opened in Broome County, where the family was residing. Both parents had a history of illicit substance abuse and the mother overdosed during pregnancy. The subject infant was born with a positive toxicology. The Preventive Services case was opened on a voluntary basis and the family was not compliant with the services. The case closed following the infant's death.

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