



Report Identification Number: BU-19-047

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

Issue Date: Jun 03, 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 year(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 12/21/2019
Initial Date OCFS Notified: 12/21/2019

Presenting Information

An SCR report was received with concerns the child was experiencing stomach pain for two days, had chronic constipation and was prescribed laxatives. On the morning of 12/21/19, the child vomited and his eyes rolled into the back of his head. The mother called 911, and the child went into cardiac arrest. The child was pronounced dead at 6:41AM on 12/21/19. There was no plausible explanation for the child's death, and the mother was named the subject as she was the only caretaker.

Executive Summary

This fatality report concerns the death of a 4-year-old male subject child (SC) that occurred on 12/21/19. A report was made to the SCR on that same date with allegations of Inadequate Guardianship and DOA/Fatality against the child's mother (SM). Erie County Department of Social Services (ECDSS) received the report and investigated the child's death. An autopsy was completed, and the official cause of death was noted as complications of Respiratory Syntactic Virus (RSV) infection. The manner of death was natural.

At the time of the child's death, he resided with his mother and 9-year-old sister (SS). The child's biological father last saw the child one month prior to the fatality, and the sibling's biological father resided in another state. The child had a half-sibling who lived with his biological mother and had no contact with the child. The investigation revealed on 12/20/19, the child and his sister went from school to the babysitter's home to wait for their mother to finish working. At approximately 5:30PM, the child began complaining of a stomachache. The child had a chronic medical condition that was being treated by his pediatrician and would cause symptoms often. The babysitter contacted the mother to inform her the child had stomach pain. The mother picked the children up at 6:20PM, and the family walked home. The mother attempted several remedies to alleviate the child's symptoms throughout the night. Around 11:00PM, the child began vomiting and having diarrhea, and this continued until the child finally fell asleep around 3:30AM. The child awoke again at 5:30AM and went in the mother's room to lay on her floor, as he commonly did during a flare up of his condition. A few moments after laying down, the child stood up, vomited, lost his balance, and fell to the floor unresponsive. The mother immediately contacted emergency services and the ambulance arrived shortly thereafter. The child was transported to the hospital where he eventually died. The time of death was noted as 6:41AM on 12/21/19.

From the time the investigation began to the time of its closure, ECDSS met with family members and interviewed pertinent collateral sources. The mother reported the child had not shown any signs of illness in the days leading up to his death, aside from stomach issues which were typical of his medical condition. Law enforcement completed an investigation and their findings corroborated the information the mother and babysitter provided to ECDSS. The sibling was observed on several occasions and deemed safe. The case was unfounded and closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:



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: Laying down.

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

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	Deceased Child	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	39 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)

LDSS Response

On 12/21/19, ECDSS received the SCR report regarding the death of SC, which occurred on that same date. ECDSS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. ECDSS discovered there was a SS and promptly assessed her safety.

On 12/21/19, ECDSS met with SM and SS at a relative's home. SM reported SC had medical issues and was receiving treatment for his condition. SM explained on 12/20/19, she received a call from the babysitter around 5:30PM who informed her SC was crying and complaining of stomach pain. SM reported she picked the CHN up from the babysitter and they walked home. SM stated SC said he had eaten something at school that did not agree with him, but SM thought SC may have been experiencing a flare up of his medical condition. SM said at 6:30PM, she had SC lay on the couch naked with towels under him, as this sometimes helped alleviate symptoms; SC eventually got some relief. SM reported around 11:00 PM, SC started vomiting and having diarrhea and this continued throughout the night. SM said SC finally fell asleep around 3:00AM and awoke at 5:30AM. SM explained SC went into her room and asked to lay on her floor because his stomach still hurt. SM stated it was normal for SC to do this when having a flare up of his condition, so she put a blanket on the floor for him and he laid down. SM stated SC then stood up and began vomiting, lost his balance and fell, hitting his head on the bed frame. SM explained SC was unresponsive and breathing very slowly; she immediately called 911. She stated when the paramedics arrived, SC still had a pulse and was alive when he arrived at the emergency room but died shortly after. ECDSS then interviewed SS. SS stated she and SC went to the babysitter's house after school, and SC said his stomach hurt from something he ate at lunch time. SS said SM picked them up and they walked home; she watched TV while SC laid on the couch. SS reported she took a nap on the couch and awoke to SM screaming for SS to get dressed and then the ambulance arrived. ECDSS noted SS was difficult to interview, but denied any concerns surrounding SM's care of SC.

On 12/21/19, ECDSS met with SM at the family home to assess the safety of the environment. ECDSS observed feces and vomit from SC around the house, which was consistent with SM's account of events. There were no safety concerns noted.



On 12/23/19, ECDSS spoke with the ME who stated SC tested positive for Respiratory Syncytial Virus (RSV), which is highly contagious. The ME advised ECDSS to have the SS tested for the virus. The ME also noted SC was severely constipated and had two pounds of feces in his colon.

On this same date, the SS was examined medically and there were no concerns for her health.

On 1/8/20, ECDSS spoke with the CHN's pediatrician's office. Staff informed ECDSS that the CHN were up to date medically, and SM was following all recommendations for SC's medical condition. The pediatrician had no concerns surrounding the care of the CHN.

On 1/29/20, ECDSS again met with SM and SS at their home. During this visit, SM reported to ECDSS that SC was not complaining of feeling ill in the days leading up to his death, and only stated his stomach hurt on 12/20/19.

On 2/14/20, ECDSS interviewed the babysitter who was caring for SC when he fell ill. The babysitter reported SC complained of a stomachache at 5:30PM on 12/20/19, and due to his medical condition, this was not unusual. The babysitter stated SM picked the CHN up at 6:20PM. She had no concerns regarding SM's care of the CHN and had no further information to provide.

LE found no criminality in the death of SC, and ECDSS offered the family appropriate services in response to the fatality. There was no evidence to support the allegations in the report; therefore, ECDSS unfounded and closed the 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: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: This fatality investigation was conducted by the Erie County MDT.

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

Comments: This fatality was reviewed by the Erie County Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054101 - Deceased Child, Male, 4 Yrs	054102 - Mother, Female, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
054101 - Deceased Child, Male, 4 Yrs	054102 - Mother, Female, 39 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
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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"/>

Additional information:

ECDSS interviewed the family and appropriate collateral sources. Progress notes and other documentation were completed and entered timely.

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
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Child Fatality Report

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: ECDSS offered the family appropriate services in response to the SC's death.				

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: The SS did not need to be removed as a result of this fatality report.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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"/>



Child Fatality Report

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

Additional information, if necessary:
 ECDSS offered the family appropriate services in response to the SC's death.

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:
 ECDSS provided referrals for grief and bereavement counseling to the parents for the SS.

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

Explain:
 ECDSS provided the parents referrals for grief counseling and bereavement services.

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

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)
05/09/2017	Sibling, Female, 6 Years	Mother, Female, 36 Years	Educational Neglect	Unsubstantiated	Yes

Report Summary:
 This report was received with concerns that during the 2016-2017 school year, SS was absent a total of 31 days and failing some classes as a result. The report alleged SM was aware and failed to intervene.



Report Determination: Unfounded **Date of Determination:** 10/02/2017

Basis for Determination:
ECDSS investigated the allegations in the report. Some members and collateral sources were interviewed. SS moved successfully to the next grade level and her attendance improved. ECDSS provided service referrals and closed the case.

OCFS Review Results:
The step-father did not speak English. ECDSS did not offer interpreter services to discuss the allegations, nor was the step-father interviewed regarding the report. SM reported an issue with busing; however, ECDSS never followed up with the school regarding this. Concerns surrounding the step-father sleeping when SS was supposed to be getting ready for school were not addressed. Collateral sources with pertinent information were not contacted. NOEs were not mailed out timely.

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

Issue:
Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:
ECDSS did not interview the step-father surrounding the report or concerns SS informed the CW she was missing school in part due to her step-father sleeping in the mornings.

Legal Reference:
18 NYCRR 432.2(b)(3)(ii)(a)

Action:
The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report.

Issue:
Failure to provide notice of report

Summary:
Notices of existence letters were not mailed/delivered until 8/10/17.

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.

Issue:
Contact/Information From Reporting/Collateral Source

Summary:
SM reported having issues with busing SS to school, which was causing absences; however, ECDSS did not speak with the school regarding this. SM also provided ECDSS with contact information for her family support worker, but ECDSS did not reach out to this worker as a collateral source.

Legal Reference:
18 NYCRR 432.2(b)(3)(ii)(b)

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



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

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



Known CPS History Outside of NYS

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

Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

We at the Erie County Department of Social Services (ECDSS) appreciate the opportunity given us to review the draft response 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. Unfortunately, we must concur with the compliance issues cited by the reviewer with regard to an investigation conducted within the three years preceding the fatality. Specifically, with respect to the SCR report dated May 9, 2017, we acknowledge that ECDSS did not conduct an adequate interview of the step-father surrounding the report, did not mail Notice of Existence letters in a timely manner, and did not consult with two collateral contacts who may have had valuable information relevant to the investigation. Please be advised that a comprehensive Performance Improvement Plan (PIP) developed in conjunction with the OCFS Buffalo Regional Office and currently being implemented by ECDSS covers the above identified compliance issues. This PIP was formulated after the date of the investigation cited above.

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