



Report Identification Number: BU-17-002

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

Issue Date: Jul 31, 2017

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		
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
CPR-Cardiopulmonary Resuscitation		
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



Case Information

Report Type: Child Deceased
Age: 0 day(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 02/03/2017
Initial Date OCFS Notified: 02/03/2017

Presenting Information

On 2/3/2017 the SM delivered the SC at 12:00 PM. The SC was born at twenty-two weeks and four days' gestation. The SC died five minutes after her birth at 12:05 PM due to gestational age and placental abruption. The SM tested positive for cocaine and methadone at the time of the SC's birth. The SM had not received any prenatal care during the pregnancy. The SC's BF had an unknown role.

Executive Summary

An SCR report was received on 2/3/2017, and a joint investigation was conducted by the LE and Erie County Department of Social Services (ECDSS). ECDSS initiated an immediate investigation that included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed, it was learned that the SM and BF have previous history with ECDSS and LE.

In the first 24 hours of the investigation, ECDSS adequately assessed the safety of the SS (age 3) the SS (age 7). The SSs' were in the custody of the MGM under an Article 6 since 2014 due to SM's on going drug use. ECDSS offered mental health and trauma services to the SM.

The SM named two different men to ECDSS as the SC possible BF. ECDSS made diligent efforts to locate these two men. One of them had died of an overdose shortly after the SC died. ECDSS was unable to speak with the other man named as the BF in the report but made every effort to do so.

An autopsy was performed by the ME on 2/4/17. The autopsy results were received and the cause of death was listed as, "complications of prematurity due to placental abruption due to maternal cocaine use." The manner of death was accidental. The SM and the SC both tested positive for cocaine at the time of the SC birth. No criminal charges were filed and no arrests were made.

On 7/13/2017, the allegations of DOA/Fatality, PD/AM and IG were appropriately substantiated against the SM regarding the SC. On 2/3/2017, the SM gave birth to the SC, who was born at 22 weeks' gestation. The SC survived for 5 minutes after birth. Prior to the SC's birth, the SM had tested positive for cocaine and methadone. The SM had a placental abruption, which was determined to be in part due to the SM's cocaine use as indicated in the ME's final report. The SS were found to be safe in the MGM's care. The SM only had supervised visits with the SS. ECDSS referred the SM to community based services. The SM was in a treatment program but continued to test positive for cocaine use at the time of the closing of this report. The case was indicated and closed with no other services needed.

From the time of the receipt of the report ECDSS had frequent contact with the SM, as well as the MGM and SS. ECDSS continued to gather information relevant to the investigation. ECDSS conducted adequate safety and risk assessments. The OCFS review of the history resulted in a casework practice citation. LDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) the Regional Office has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, LDSS will review the plan(s) and revise as needed to further address on-going concerns.

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:

The SM has no surviving siblings in her care. The SM's two other children are in the custody of the MGM. The SM only had supervised visits.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

The case record had detailed notes regarding case conferences between the caseworker and supervisor at pertinent points throughout the investigation.

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: 02/03/2017

Time of Death: 12:05 PM

County where fatality incident occurred:

Erie



Was 911 or local emergency number called? No
 Did EMS to 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:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: birth | | |

Did child have supervision at time of incident leading to death? Yes
 How long before incident was the child last seen by caretaker? 5 Minutes
 Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Drug Impaired | <input type="checkbox"/> Absent |
| <input type="checkbox"/> Alcohol Impaired | <input type="checkbox"/> Asleep |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Impaired by illness |
| <input type="checkbox"/> Impaired by disability | <input type="checkbox"/> 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	Deceased Child	Alleged Victim	Female	05 Minute(s)
Deceased Child's Household	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)

LDSS Response

On 2/3/17, ECDSS received an SCR report alleging DOA/Fatality, PDM/AM and IG against the SM in regards to the SC. A joint investigation was conducted by ECDSS and LE. Through investigation and interviews it was learned the SM had minimal prenatal care and had been in the emergency room a few times prior to the birth of the SC. On 2/3/2017 the SM told ECDSS that she woke up at 5:48 AM in severe pain and bleeding. The SM said she was at a friend's home and went straight to the hospital from there and delivered the SC at 12:00 PM. The SC died five minutes after being born.

SCR history check was completed and reviewed. A criminal history check was completed. The SM was questioned regarding drug and alcohol use. While the SM denied current drug use, she tested positive for cocaine and methadone at the time of the SC's birth. ECDSS made diligent efforts to locate the BF named in the report but were not able to make contact. The SM had also named another man as the SC's possible BF but he died of a drug overdose the same day the SC died.

During the investigation ECDSS interviewed the source. The SM, MGM and SS were interviewed and observed. All appropriate collateral contacts were made including the pediatricians, treatment professionals and family members; there were no reported concerns regarding the care of the SS by the MGM. The SS (age 3) and the SS (age 7) had been placed in the custody of the MGM since 2014 due to a neglect petition that was filed. The Judge placed the SS with the MGM under



an Article 1017 due to SM's ongoing drug use and MGM was later awarded full custody after filing an Article 6 custody petition.

An autopsy was performed by the ME on 2/4/17. The autopsy results were received and the cause of death was listed as, "complications of prematurity due to placental abruption due to maternal cocaine use." The manner of death, accidental. The SM and the SC both tested positive for cocaine at the time of the birth. No criminal charges were filed and no arrests were made. The report was IND and closed. The SM was referred to community based services and grief counseling. It was also noted that the SM was enrolled in a treatment program and attending but continued to test positive for cocaine.

ECDSS conducted adequate safety and risk assessments, and appropriately substantiated the allegations of DOA/Fatality, PD/AM and IG against the SM.

Official Manner and Cause of Death

Official Manner: Pending

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)?No

Comments: ECDSS followed MDT protocol and conducted a joint investigation with LE.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: ECDSS does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
039141 - Deceased Child, Female, 05 Minute(s)	038786 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated
039141 - Deceased Child, Female, 05 Minute(s)	038786 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
039141 - Deceased Child, Female, 05 Minute(s)	038786 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:

The SC died five minutes after being born at the hospital as a result no death scene investigation was performed. ECDSS made diligent efforts to locate the BF and was unsuccessful.

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 safety 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"/>

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 were two SS that were already in the custody of MGM prior to the fatality report. The SM had no other children in her care and custody.

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	Needed but 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The SM was attending a treatment program at the time the case closed. Bereavement services were offered to the family; however, at the time of this writing they had yet to engage.

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? N/A

Explain:

There were two other SS who were in the custody of the MGM. The SS were assessed to have no need for services related to the fatality, they had never had contact with the SC.

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

Explain:

ECDSS provided the SM with information regarding grief counseling and housing.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- 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? Yes
- 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)	Status/Outcome	Compliance Issue(s)
08/29/2016	Sibling, Female, 3 Years	Other - MGM boyfriend, Male, 60 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	Sibling, Female, 3 Years	Grandparent, Female, 56 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 3 Years	Grandparent, Female, 56 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 3 Years	Grandparent, Female, 56 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 3 Years	Other - MGM boyfriend, Male, 60 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 3 Years	Other - MGM boyfriend, Male, 60 Years	Inadequate Guardianship	Unfounded	

Report Summary:

SCR report received on 8/29/2016 with allegations of PD/AM, F/C/S and IG against the MGM and MGM's significant other in regard to the SS age 3. Report alleged that the MGM exposed the SS to marijuana and cigarette smoke in the home on a regular basis. The home was in deplorable condition with garbage, flies, dirt and the strong smell of smoke throughout. This was not sanitary for the SS who was 15 months old at the time of the report.

Determination: Unfounded**Date of Determination:** 11/03/2016**Basis for Determination:**

The report dated 8/29/16 against the MGM and MGM's significant other with the allegations of PD/AM, F/C/S and IG with respect to the SS were unsubstantiated. Through interviews, HV and contact with collaterals there was no credible evidence to support the allegations. The home was observed to be safe and clean and no safety concerns were noted. The SS needs were being met and there were no concerns regarding the SS care by the MGM who had custody of the SS through Family Court.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/25/2016	Other Child - friends child, Female, 4 Years	Other Child - friends child, Male, 33 Years	Inadequate Guardianship	Unfounded	No
	Other Child - friends child, Female, 4 Years	Other Child - friends child, Male, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - friends child, Female, 4 Years	Other Child - friends child, Male, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded	

Report Summary:

On 4/25/2016, the SCR received a report with allegations of PD/AM, F/C/S and IG against the BF regarding a 4-year-old child residing in the home. The BF was alleged to be abusing heroin while he was the sole caretaker of a 4-year-old. Report also alleged that the BF was selling heroin from the home where the 4-year-old resided. BF was allowing drug



abusers to use drugs in the home. The BF was verbally abusive towards the 4-year-old child and unable to provide minimal degree of care and a stable and safe environment for the child.

Determination: Unfounded

Date of Determination: 06/28/2016

Basis for Determination:

The report dated 4/25/2016 with allegations PD/AM, F/C/S and IG against BF in regards to 4-year-old child were unfounded. The BF is not the father of the 4-year-old child. It was determined during the investigation that he was in fact an unrelated home member and a friend of the child's father. At no time did he have caretaking responsibilities of the 4-year-old. It was also learned the 4-year-old lived with her BM and only visited her father. The BF moved out of the friend's home before the investigation closed and there was no evidence to support the allegations.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/05/2014	Sibling, Female, 3 Months	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Indicated	Yes
	Sibling, Female, 2 Days	Mother, Female, 21 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 2 Days	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 3 Months	Mother, Female, 21 Years	Lack of Medical Care	Unfounded	
	Sibling, Female, 3 Months	Mother, Female, 21 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 3 Months	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

On 1/5/2014 the SCR received a subsequent report with allegations of IF/C/S, IG, LMC and PD/AM against the SM in regard to the SS. The SM abused heroin and cocaine. The SM had a history of drug use and it was alleged that the SM left drug needles around the home and in the infant's diaper bag. The SM was not able to provide food and supplies for the SS. Report also alleged the SS had a mouth infection and SM had to take the SS for medical treatment. The SM's drug use impacted her care of the SS.

Determination: Indicated

Date of Determination: 07/30/2014

Basis for Determination:

On 7/30/2014, the allegations of IF/C/S, IG and PD/AM against SM regarding the impact on the SS were substantiated. On 10/6/2013 the SS tested positive for opiates and had withdrawal symptoms. The SM tested positive for morphine, hydrocodone, cocaine and heroin on 12/2013. Through investigation it was determined SM abused substances while caring for SS. The SM was also evicted from her home and was not engaged in treatment. On 1/16/2014, the SS was placed in the temporary custody of the MGM under an Article 1017 after a neglect petition had been filed. The BF had been in jail. He was not yet adjudicated the father but planned to file for paternity. Case IND and opened-CPS required.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered; however, the OCFS review also noted ECDSS had entered almost all case progress notes 1 to 5 months after the event.

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

Issue:



Timely/Adequate Case Recording/Progress Notes

Summary:

ECDSS entered almost all of the progress notes 1 to 5 months after the event.

Legal Reference:

18 NYCRR 428.5(a) and (c)

Action:

ECDSS will enter progress notes as contemporaneously as possible.

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

10/6/2011 UNF 10/25/2011 allegations of IG, L/B/W, PD/AM in regard to a non-related child against the SM and SM's boyfriend, the BF of the unrelated child. The report alleged the unrelated child was present when the SM and BF were purchasing cocaine. There were additional concerns the unrelated child had multiple unexplained marks on her body. Through home visits, interviews with all relevant parties and collateral contacts it was determined that there was no credible evidence to substantiate the allegations. Case was unfounded and closed.

1/7/2013 IND 2/14/2013 allegations of PD/AM in regards to SM niece against the SM's sister, the BM of her niece. The niece tested positive for cocaine at birth. SM's sister admitted to using a few days before she gave birth and also to using during pregnancy. The SM had no role, and was listed as an adult in the household. Through investigation and interviews the SM's sister was indicated and the case was opened for services. A neglect petition was filed against the SM's sister and her niece was placed under an A1017 relative placement to MGM. The family services case closed on 10/1/2013 and MGM was granted Article 6 custody of the SM's niece.

Known CPS History Outside of NYS

ECDSS suspected there might be history in Tennessee where SM resided before giving birth to the SC. ECDSS requested a history search from Tennessee, and no CPS history was found.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

On 1/16/2014, SS, age 3-months-old, was placed under an Article 1017 relative placement due to an Article 10 neglect petition. A family services case was opened on the same date the program choices were Non-LDSS Custody-Relative Placement and Protective. The Permanency Planning Goal was Reunite with Parent and Protect Child. The SS was placed due to SM's substance abuse. The SS was born with a positive toxicology for opiates and had withdrawal systems. The SM was also being evicted and did not have housing. The SM was ordered to substance abuse treatment, to family drug treatment court and parenting classes. The SM was not allowed supervised visits until she was actively engaged in substance abuse treatment. The SM failed to follow through with services even though efforts were made to engage SM. The MGM filed for Article 6 custody and SM agreed to this. Court was settled, and MGM was awarded Article 6 custody on 7/28/2014. The SM was only allowed supervised visits. On 8/6/2014, ECDSS closed the case as the SS was safe in MGM custody and there were no other services needed.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to 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:
Unknown	Adjudicated Neglected	CustodyGuardianship assigned to relative or non-relative (Article 6 non-foster care)
Respondent:	038786 Mother Female 24 Year(s)	
Comments:	MGM grandmother was given custody under an Article 1017 on the same day the neglect petition was filed and heard in family court 1/16/2014. On 7/28/2014 the MGM was awarded custody under an Article 6 custody petition. The SM only had supervised visits with the SS. The SM was in non compliance with services as ordered under the Article 10 and finally agreed to MGM having custody in Family Court. The case was closed 7/30/2014 no other services required.	

Additional Local District Comments

We at the Erie County Department of Social Services (ECDSS) 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 and two of the three investigations from the period three years prior were conducted appropriately and that there are no required actions related to said cases. We unfortunately concur with the reviewer’s finding that one of the cases in the past history dated January 5, 2014 had notes that were not entered contemporaneously. This investigation occurred at a time of very high caseloads at the county, which at times impacted the caseworkers’ ability to enter their progress notes in a timely fashion. This issue has been addressed in past Program Improvement Plans and is an issue that is regularly and consistently addressed with all staff. Caseworkers and Team Leaders are frequently reminded about the importance of notes being entered within 14 days. Through our concerted efforts in recent years to improve our practice and overcome a multiyear crisis involving high caseloads, we are striving to make such gaps in entry of progress notes a thing of the past here at Erie County. We appreciate the opportunity to partner with OCFS in providing the best possible service to families in our community.

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