



## Report Identification Number: BU-17-004

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

Issue Date: Aug 17, 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

<b>Relationships</b>		
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		
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 09/30/2014  
**Initial Date OCFS Notified:** 03/12/2017

## Presenting Information

An SCR report was made on 3/12/17 that alleged SM was abusing opiates and prostituting while pregnant. The child contracted a medical condition from the mother, which also caused premature birth. Child also was born with a positive toxicology for opiates at birth and died shortly after. SM has a long history of heroin and/or opiate use and a history of prostitution in the presence of her own children who were removed from her. SM is now caring for the parent substitute's (PS) four children along with two of her own children on the weekends. SM continues to use heroin and/or opiates to the point of impairment while she is the sole caretaker of the children. SM continues to prostitute herself while she is the sole caretaker of the children. The role of BF is unknown.

## Executive Summary

This death was investigated by Erie County Department of Social Services (ECDSS) beginning on 9/30/14 in response to an SCR report made on 9/30/14 alleging DOA/Fatality, PD/AM, and IG against SM regarding SC.

The ECDSS investigation revealed that SM went into premature labor. SM tested positive for opiates and marijuana while in the hospital giving birth to SC. SM admitted to using marijuana and heroin during her pregnancy. Medical providers did not establish that the SC's death was related to the mother's drug use. ME's autopsy report stated the SC's cause of death was "complications of prematurity due to acute chorioamniotitis." ME listed the manner of death as undetermined. LE was not involved and there were no criminal charges. The allegations were unsubstantiated and this case was unfounded and closed.

The death was reported again on 3/12/17, alleging DOA/Fatality, PD/AM, and IG against SM for SC. There were also allegations of PD/AM and IG against SM for her two sons (SS1 & SS2), and her partner's children (OC1 & OC3). Within the first 24 hours of receiving this report, ECDSS reviewed the family's CPS history, and made a home visit to SM's home and assessed the safety of SS2 and OC2 (SM's partner's son). The home was appropriate with no safety concerns. The other children were at the homes of their other parents and were seen within the next couple of days. All allegations were appropriately unsubstantiated and the report was unfounded. The case was closed as there were no safety concerns and the family was already involved in needed services.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment** Yes



appropriate?

**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:**

The casework was very thorough and commensurate with case circumstances.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 09/30/2014

Time of Death: 03:45 AM

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:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: SC had just been born

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

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	Female	0 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Mother's Partner	No Role	Male	45 Year(s)
Deceased Child's Household	Other Child - Mother's Partner's child (OC2)	No Role	Male	14 Year(s)
Deceased Child's Household	Other Child - Mother's Partner's child (OC1)	Alleged Victim	Female	16 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	7 Year(s)
Other Household 1	Other - SS1's father	No Role	Male	30 Year(s)
Other Household 1	Sibling	Alleged Victim	Male	11 Year(s)
Other Household 2	Other - SS2's father	No Role	Male	30 Year(s)
Other Household 3	Aunt/Uncle	No Role	Male	40 Year(s)
Other Household 3	Aunt/Uncle	No Role	Female	46 Year(s)
Other Household 3	Sibling	No Role	Male	3 Year(s)
Other Household 4	Father	No Role	Male	26 Year(s)
Other Household 5	Other Adult - Mother to OC3, OC4&OC5	No Role	Female	30 Year(s)
Other Household 5	Other Child - Mother's Partner's child (OC4)	No Role	Male	2 Year(s)
Other Household 5	Other Child - Mother's Partner's stepson (OC5)	No Role	Male	12 Year(s)
Other Household 5	Other Child - Mother's Partner's child (OC3)	Alleged Victim	Female	6 Year(s)
Other Household 6	Other Adult - OC5's Father	No Role	Male	31 Year(s)

## LDSS Response

ECDSS initiated their investigation on 3/13/17 by reviewing the family's CPS history and then making a home visit to SM's home. CW interviewed SM and assessed safety of SS2 and OC2. The home appeared to be appropriate and safe with no concerns of drug or alcohol use. SM provided CW with contact information for her private counselor. The other SS and children were not home at the time but were all assessed for safety on 3/14/17 and 3/20/17. The 24-hour safety assessment was completed and approved in the progress notes. The other safety assessments were adequately completed at 7 days, 30 days and at the determination of the investigation.

ECDSS found there was no new information regarding SC's death. Medical providers did not establish that the SC's death was related to the mother's drug use.

The autopsy report was reviewed and the ME listed the cause of death as complications of prematurity due to acute chorioamniotitis and the manner of death was undetermined. SM had three children before SC who were all delivered preterm. SM had a history of substance abuse but has been in treatment for approximately one year. SM was compliant with treatment and all toxicology tests have been negative. Collateral contacts acknowledged SM's history of substance abuse but denied any recent concerns of SM using drugs. ECDSS obtained records from LE, medical doctors, school staff, spoke to several collateral contacts, interviewed all surviving children and their respective parents who did not have any concerns for the children while in SM's care. SM and her family were offered services but declined as they are already participating in needed services. SS3 remained in the care of his father and SM has not had any contact with him in 3 years. Allegations of DOA/Fatality and IG against SM for the SC were unsubstantiated. Allegations of IG and PD/AM against SM for SS1, SS2, OC1, and OC3 were also unsubstantiated. Case was appropriately unfounded and closed on 5/11/17.



## Official Manner and Cause of Death

**Official Manner:** Undetermined

**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

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

**Comments:** Erie County does not have an OCFS approved Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
039621 - Deceased Child, Female, 0 Days	039622 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
039621 - Deceased Child, Female, 0 Days	039622 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
039621 - Deceased Child, Female, 0 Days	039622 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
039624 - Sibling, Male, 11 Year(s)	039622 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
039624 - Sibling, Male, 11 Year(s)	039622 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
039632 - Other Child - Mother's Partner's child (OC1), Female, 16 Year(s)	039622 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
039632 - Other Child - Mother's Partner's child (OC1), Female, 16 Year(s)	039622 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
039634 - Sibling, Male, 7 Year(s)	039622 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
039634 - Sibling, Male, 7 Year(s)	039622 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
039641 - Other Child - Mother's Partner's child (OC3), Female, 6 Year(s)	039622 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
039641 - Other Child - Mother's Partner's child (OC3), Female, 6 Year(s)	039622 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated

## 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>



# Child Fatality Report

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

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>





# Child Fatality Report

<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input 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:**  
 This is a previously investigated fatality. SM is involved in MH counseling.

**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:**  
 This was a re-reported fatality. There were no new needs identified in the subsequent investigation.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- 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
- Had heavy alcohol use
- Misused over-the-counter or prescription drugs
- Smoked tobacco
- Experienced domestic violence
- Used illicit drugs
- Was not noted in the case record to have any of the issues listed

**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)
09/30/2014	Deceased Child, Female, 1 Hours	Mother, Female, 25 Years	DOA / Fatality	Unfounded	No
	Deceased Child, Female, 1 Hours	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Deceased Child, Female, 1 Hours	Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

SM prematurely gave birth to SC at 5 and a half months gestation. SM had a positive toxicology for opiates and marijuana. SM admitted to using heroin during pregnancy. SC died at the hospital one hour after birth at 3:45AM.

**Determination:** Unfounded**Date of Determination:** 12/02/2014**Basis for Determination:**

SM tested positive for opiates while in the hospital giving birth to SC and she admitted to using marijuana and heroin during pregnancy. Hospital could not confirm if SM's drug use was related to SC being born prematurely, which caused SC's death.

**OCFS Review Results:**

ECDSS appropriately determined this report.

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)
08/07/2014	Sibling, Male, 1 Years	Mother, Female, 25 Years	Lack of Supervision	Indicated	Yes
	Sibling, Male, 1 Years	Mother, Female, 25 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

SM used drugs to impairment while being the sole caretaker for SS3. SM left the child locked in a bedroom without supervision while she went to use drugs.

**Determination:** Indicated**Date of Determination:** 12/04/2014**Basis for Determination:**

SM had left SS3 with relatives and was gone for several days without telling relatives of her whereabouts and when she would be back. SM has a history of drug use and she continued to use throughout this investigation. SM failed to engage in drug treatment.

**OCFS Review Results:**

ECDSS appropriately filed a neglect petition against SM and SS3 was removed and placed with a maternal uncle. ECDSS completed their 7 day safety assessment 5 days late.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

Seven day safety assessment was not completed within the required time. The assessment was 5 days late.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ECDSS will complete the required safety assessments in the regulatory amount of time.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/29/2014	Sibling, Male, 1 Years	Mother, Female, 25	Parents Drug /	Indicated	No



	Years	Alcohol Misuse	
Other Child - Aunt's child, Female, 11 Months	Aunt/Uncle, Female, 24 Years	Inadequate Guardianship	Indicated
Sibling, Male, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Indicated
Sibling, Male, 5 Years	Aunt/Uncle, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 1 Years	Mother, Female, 25 Years	Inadequate Guardianship	Indicated
Other Child - Aunt's child, Female, 11 Months	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 5 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated
Other Child - Aunt's child, Female, 11 Months	Mother, Female, 25 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 1 Years	Aunt/Uncle, Female, 24 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 1 Years	Aunt/Uncle, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded
Other Child - Aunt's child, Female, 11 Months	Aunt/Uncle, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated
Sibling, Male, 5 Years	Aunt/Uncle, Female, 24 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

SM and her sister were addicted to heroin and unable to care for SS2, SS3 and the sister's 11-month-old child. SM and her sister were impaired on heroin and stole a car and drove with SS3 and the 11-month-old in the back seat of the car.

**Determination:** Indicated

**Date of Determination:** 12/04/2014

**Basis for Determination:**

There was no evidence to suggest the adults ever stole a car. SM has a long history of drug use, and SM's sister went into drug rehab. A collateral contact had witnessed mother under the influence of drugs as she was nodding out and could not stay awake while the CHN were in her care. ECDSS used these facts as some credible evidence to support the allegations.

**OCFS Review Results:**

SM was not a person legally responsible for her 11-month-old niece and had no evidence that she had ever cared for this child. ECDSS appropriately UNF the allegations against SM and her niece.

**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)
03/12/2014	Sibling, Male, 8 Months	Mother, Female, 24 Years	Inadequate Guardianship	Indicated	Yes
	Sibling, Male, 8 Months	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

It was alleged that SM used heroin to the point of impairment while caring for SS3, and that she had taken the child with



her so she could use heroin.

**Determination:** Indicated

**Date of Determination:** 12/04/2014

**Basis for Determination:**

SM admitted to using drugs, and reports from collateral contacts state that SM would use drugs and then care for SS3 while under the influence.

**OCFS Review Results:**

The 7-day safety assessment was 3 weeks late, however safety of the child was assessed within the first 7 days. CW did provide the family with safe sleep information as well as packets on other child safety issues. CW made several unannounced home visits, interviewed collateral contacts, and tried to assist mother in getting medical insurance so she could engage in drug treatment services.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

Seven day safety assessment was completed 3 weeks late.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

ECDSS will complete the required documentation of safety assessments in accordance with regulations.

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

8/6/07-UNF- IG & PD/AM against SM. Report alleged SM was hospitalized for overdosing on drugs while caring for her two siblings, and her child (SS1). SM was actually in the hospital due to a medical reason.

8/14/13-IND- IG & LMC for SS3. SS3 was born two months premature and was hospitalized for nineteen days after birth due to respiratory issues. SM failed to bring the child for several follow-up medical appointments.

### Known CPS History Outside of NYS

There is no known history outside of NYS.

### Required Action(s)

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

Yes  No

### Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### 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 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 case. With regard to the August 7, 2014 and the March 12, 2014 investigations, the reviewer notes that the 7-day safety assessments were completed late. We would unfortunately concur with this observation but would note that this period was one of extremely high caseloads here at Erie County, which negatively impacted the timely completion of safety assessments. This is an issue that Erie County CPS has been striving to address in recent years and, as of May of 2017, our rate of timely completion of safety assessments is near 90%, a drastic improvement. We continue to strive to improve our practice and timeliness in our work. 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