



**Report Identification Number: BU-21-034**

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

**Issue Date: May 09, 2022**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** Erie  
**Gender:** Male

**Date of Death:** 11/27/2021  
**Initial Date OCFS Notified:** 11/27/2021

## Presenting Information

An SCR report received on 11/27/21 alleged the mother's partner was the sole caregiver for the 4-month-old child on the same date. The mother's partner left the child unsupervised on a bed, covered with a comforter while she slept in another apartment. The child had a fever, cough, sinus congestion and had just vomited when the mother's partner left the child unsupervised around 8:00 AM. The child required a higher level of supervision due to his illness. Around 10:00 AM, the mother's partner checked on the child to find him unresponsive and not breathing, and without a pulse. At 10:06 AM, 911 was called. When EMS arrived, the mother's partner was outside and the child was inside on the floor. CPR was performed for approximately 30 minutes and the child was transported to the hospital where he was pronounced deceased around 11:09 AM. The mother and her partner had a history of physical domestic violence in the presence of the child.

## Executive Summary

This fatality report concerns the death of the 4-month-old male subject child that occurred on 11/27/21. A report was made to the SCR on the same day regarding concerns the mother's partner left the child unsupervised on a bed with a comforter. The child was found unresponsive and subsequently passed away. At the time of the child's death, he resided with the mother and the mother's partner. There were no surviving siblings or other children in the home. The mother would not provide information regarding the father.

Erie County Department of Social Services (ECDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. An autopsy was performed; however, the final report was not yet available at the time this report was written. The medical examiner noted there was no trauma to the child. The criminal investigation remained open pending the results of the autopsy report.

While the mother was at work, the mother's partner placed the child to sleep on top of the adult bed despite being educated on safe sleeping recommendations. The mother's partner then went to another part of the home and when she checked on the child approximately two hours later, she found the child unresponsive, not breathing and he had vomit on his face. She immediately called 911. First responders arrived and took over resuscitation efforts while the child was transported to the hospital via ambulance. The mother and her partner reported the child was ill with congestion and a cough on the days prior to his death and had sought appropriate medical attention.

First responders were interviewed and did not report any visible signs of trauma to the child's body. A family friend and the maternal grandmother reported there was a history of physical domestic violence between the mother and her partner. The mother's partner was the perpetrator as she would hit the mother and threaten to harm her. As a result, the mother contacted law enforcement on multiple occasions. There was not an order of protection regarding the adults and the mother did not press charges. The family friend and the maternal grandmother expressed significant concern for the child's safety in the care of the mother's partner as she had untreated mental health illnesses, had a history of being physically aggressive and had threatened to harm the mother and the child in the past.

ECDSS conducted home visits and interviews with the family and collateral contacts were documented timely. The allegation of Inadequate Guardianship was substantiated against both adults. In the past, the mother was battered by her partner. It was reported on one occasion, the mother's partner became angry and threw an object while the mother was holding the child. The object hit the child and he sustained bruising around his eye. When questioned by ECDSS, the



mother denied the incident had occurred; the mother's partner was not documented to have been interviewed regarding the injury. This information was used as a basis for determination regarding the allegation of Inadequate Guardianship; however, the allegation of Lacerations/Bruises/Welts was not added to the investigation. The allegations of Lack of Supervision and DOA/Fatality were unsubstantiated against the mother's partner noting there was no credible evidence.

The adults were offered mental health counseling and bereavement services. The mother was not engaged in services; however, the mother's partner was engaged in mental health therapy yet was not consistently attending.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### 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 decision to close the case was appropriate.

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:

Casework activity reflected best casework practice.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 11/27/2021

Time of Death: 11:09 AM



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

**County where fatality incident occurred:** Erie

**Was 911 or local emergency number called?** Yes

**Time of Call:** 10:06 AM

**Did EMS respond to the scene?** Yes

**At time of incident leading to death, had child used alcohol or drugs?** N/A

**Child's activity at time of incident:**

Sleeping                       Working                       Driving / Vehicle occupant

Playing                           Eating                           Unknown

Other

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

**How long before incident was the child last seen by caretaker?** 2 Hours

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

Distracted     Absent

Asleep     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	Male	4 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Female	20 Year(s)

**LDSS Response**

On 11/27/21, ECDSS received the fatality report from the SCR. Within the first 24 hours of the investigation, ECDSS contacted law enforcement, completed a CPS history check, contacted the source of the report and notified the district attorney and medical examiner's offices of the death.

On 11/28/21, a home visit was made, and the mother and her partner were interviewed separately. The child was ill in the week prior to his death with congestion and a cough. On 11/20/21, the family sought medical attention and the provider said to bring the child to the pediatrician if his fever was 103 degrees or higher. The adults gave the child Pedialyte, a fever reducer and Vick's BabyRub. Although the child's temperature remained under 103 degrees, the adults scheduled an appointment with the pediatrician on 12/10/21 so the child could be examined. The mother's partner recalled the family went to the maternal grandmother's home on 11/25/21 and the child was coughing, crying and had congestion. The child vomited several times yet ate and slept normally. On 11/27/21, the mother's partner fed and burped the child around 8:00 AM and placed him on the adult bed with a thick comforter on his legs. She went to another area of the home to rest and when she checked on the child around 10:00 AM, he was unresponsive with vomit on his face. She called 911 and attempted to perform CPR.



The mother said she had been giving the child full bottles of Pedialyte as he was ill. When asked if the provider the child had seen on 11/20/21 recommended giving the child Pedialyte, the mother said the provider did not say one way or the other. The mother reported the child did have a bassinet, but it was not being used as the child had outgrown it. The mother was at work at the time the child was found unresponsive, and she spoke to her partner over the phone and learned something was not right with the child. The mother arrived at the home to find first responders performing lifesaving measures on the child.

The child was transported to the hospital and was in cardiac arrest upon arrival. The child was pronounced deceased at 11:09 AM. ECDSS gathered collateral information from first responders who reported the adults were acting appropriately considering the circumstances. Law enforcement reported the home was estimated to be above 90 degrees. Additionally, a responding officer noted there was a blanket folded around the child, in the shape of a “c” and was on the child’s legs. The mother’s partner told law enforcement that there was nothing covering the child’s face when she found the child unresponsive. Law enforcement also provided information that the medical examiner said there were possible signs that the child may have been smothered; however, the medical examiner did not report this to ECDSS. Furthermore, law enforcement believed the death may have been suspicious and their investigation remained open pending the final autopsy report. Diligent attempts were made to gather the pediatrician’s records to no avail.

ECDSS interviewed the maternal grandmother and a family friend who both were concerned for the child while in the care of the mother’s partner. Information was obtained that the mother’s partner had a history of physically assaulting the mother in the presence of the child. Additionally, there were concerns for the mother’s partner’s untreated mental health diagnoses. The grandmother and the family friend reported the mother’s partner had caused bruising on the child’s face after throwing water and an object at the mother and subsequently the item hit the child. Furthermore, the mother’s partner threatened to harm the mother and child in the past. The family friend said, “something is not right” and was unsure if the death was intentionally caused by the mother’s partner.

After completing all required casework activity and offering the adult services in response to the fatality, ECDSS closed their investigation.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Unknown

### Multidisciplinary Investigation/Review

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

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060109 - Deceased Child, Male, 4 Mons	060110 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
060109 - Deceased Child, Male, 4 Mons	060111 - Mother's Partner, Female, 20 Year(s)	Inadequate Guardianship	Substantiated



# Child Fatality Report

060109 - Deceased Child, Male, 4 Mons	060111 - Mother's Partner, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
060109 - Deceased Child, Male, 4 Mons	060111 - Mother's Partner, Female, 20 Year(s)	Lack of Supervision	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input 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	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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"/>

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

Explain:  
The adults were offered grief services and burial assistance. Additionally, a referral was made regarding a domestic violence advocate; however, it remained unknown if the service was utilized.

### 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? N/A
- Was the child acutely ill during the two weeks before death? Yes

#### Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



**Infant was born:**

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/15/2021	Deceased Child, Male, 2 Months	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 2 Months	Mother's Partner, Female, 20 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

An SCR report alleged the mother's partner (PS) was diagnosed with a MH illness with a history of verbally and physically abusing the SM. On 9/14/21, the PS was brought to the hospital under the mental hygiene law after threatening suicide, running in traffic and telling LE to shoot her. At the hospital, the PS hit the SM on the head, pulled on her clothes and attempted to take the SC from the SM's arms. A subsequent report alleged the PS had multiple MH diagnoses and had a drug disorder. The PS had a psychotic break and the SM called 911. The PS screamed for the SM put the child down so she could hit the SM and said she was going to kill the SM and the child and she was suicidal.

**Report Determination:** Indicated

**Date of Determination:** 12/09/2021

**Basis for Determination:**

The allegation of Inadequate Guardianship against the mother and her partner was substantiated regarding the child. The mother's partner had a history of being physically and verbally aggressive with the mother. The partner was upset and threatened the mother who was caring for the child and her partner placed the child at risk of harm. The mother was aware of her partner's mental health disorder and history of aggressive behaviors and did not seek and order of protection.

**OCFS Review Results:**

The investigation was initiated timely, and an SCR history check was documented. The sources of the reports were contacted, and a home visit was made. Interviews were thorough and gathered relevant information. A safety plan was created with the family. The adults were provided with safe sleep information. ECDSS consulted their legal department who advised providing the family with community services regarding domestic violence. The family declined the referral as well as having continued involvement with ECDSS through a Services case.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/05/2021	Deceased Child, Male, 0 Days	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

**Report Summary:**

An SCR report alleged the mother gave birth to the child on 7/5/21. The mother tested positive for THC at the time of delivery. The child's toxicology results were pending. The role of the mother's partner was unknown.

**Report Determination:** Unfounded

**Date of Determination:** 09/02/2021

**Basis for Determination:**

The allegation of Parent Drug/Alcohol Misuse was unsubstantiated against the mother. The mother tested positive for



THC at the time she gave birth to the child; however, the child did not test positive. The child appeared safe, and the mother appeared sober and coherent during home visits. The child's pediatrician did not have concerns for the child.

**OCFS Review Results:**

The investigation was initiated timely, and the source of the report was contacted. The mother and her partner were provided with safe sleeping recommendations during multiple occasions and a Plan of Safe Care was completed. A CPS history check was completed timely. The 7-day Safety Assessment was completed timely and the Risk Assessment Profile accurately reflected case circumstances.

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

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

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

**Known CPS History Outside of NYS**

There is no known CPS history outside of New York.

**Legal History Within Three Years Prior to the Fatality**

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

**Additional Local District Comments**

We at the Erie County Department of Social Services appreciate the opportunity given us to review the draft report in advance. We find that the facts, as written, describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality or to the CPS investigations conducted during the three years preceding the fatality.

**Recommended Action(s)**

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Are there any recommended prevention activities resulting from the review?**  Yes  No