



Report Identification Number: SY-16-019

Prepared by: Syracuse Regional Office

Issue Date: 12/8/2016

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	

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-Cardio-pulmonary 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-Others	

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	



Case Information

Report Type: Child Deceased
Age: 5 year(s)

Jurisdiction: Broome
Gender: Male

Date of Death: 05/07/2016
Initial Date OCFS Notified: 05/07/2016

Presenting Information

Initial SCR report received 5/7/16-

On 5/7/16, the SC (age 5) died of cardiac arrest for unknown reasons while in the care of the BM and the BF at the family's home. The SC had a seizure and stopped breathing. At that time, the parents started CPR until EMS arrived and continued CPR. The SC was pronounced dead later at the hospital. It is unknown if the seizure contributed to the SC's death, therefore, the death is suspicious in nature.

Executive Summary

This review concerns the death of a five-year old male due to lethal levels of oxycodone and diphenhydramine that were believed to have been intentionally administered by either or both of his biological parents. The SC resided in the care of his BF and BM prior to his death, along with his fifteen year old half-sibling, his adult sibling, the adult sibling's girlfriend and her six year old daughter. SC was severely physically and mentally disabled due to an incident approximately one year prior to his death in which he ingested methadone and trazadone, and as a result was left unable to walk, talk or feed himself. Law enforcement had responded to and investigated this incident following a 911 call on 5/15/15 and at the conclusion of the investigation no charges were filed. The SC was hospitalized at the time of the incident and remained there for approximately one month receiving inpatient treatment. The SC was ultimately released from the hospital back into his parents' care.

An SCR report was filed on 5/20/15 which initiated Broome County Department of Social Services (BCDSS) involvement. Neither parent ever provided a reasonable explanation for how this occurred and were indicated on the SCR report for neglecting the SC. The SC returned home to the care of his parents with a voluntary Protective services case in place, along with community services in the home such as occupational, physical and speech therapy multiple times per week.

Upon initiation of the 5/7/16 investigation the BF and BM fled NYS with the fifteen year old sibling. BCDSS initiated Family Court intervention. The fifteen year old sibling was located by BCDSS and through BCDSS' court intervention was safely returned to NYS where he was placed safely in the custody of an aunt. The BM then gave birth to a child in NC who was severely dependent on opiates and required an extensive hospital stay and medical treatment. BCDSS again initiated Family Court intervention prior to the newborn being taken into BCDSS custody, and through BCDSS' Family Court intervention placed the newborn in a foster home in NYS.

Both parents were arrested on multiple felony charges including Manslaughter and remain incarcerated as of this review. Following the fatality, law enforcement charged the parents with Assault 2nd degree related to the May 2015 incident. BCDSS conducted the fatality investigation appropriately and took adequate action to protect the surviving children from harm. The unrelated child who lived in the home was assessed as safe; she and her mother moved out of the home prior to the closure of the investigation. During the fatality investigation, neither parent could provide an explanation for how the SC ingested the drugs that led to his death. The investigation concluded that the delivery of the drugs had to have been administered by someone else through a G-tube that the SC had in place since the May 2015 incident. Allegations of DOA/Fatality, LMC,IG, and CDRG were substantiated against BF and BM on behalf of the SC as well as IG, PD/AM related to the newborn child born during the investigation.

OCFS review found that the investigation was conducted thoroughly and that safety and risk were adequately



assessed. The case determination was appropriate and casework activities were commensurate with the circumstances. During the fatality investigation, BCDSS gathered information which indicated that outside service providers were in the home regularly and that the parents had complied with allowing them to treat the SC prior to his death. The service providers had no contact with BCDSS and reported no concerns during the time the services case was open. OCFS review further found that insufficient casework activity and documentation compliance issues were present following the May 2015 incident during the ongoing services case. These compliance issues are addressed in further detail within this report under the Required Actions section.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Was the decision to close the case appropriate? Yes

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

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

Explain:

Casework activity was 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: 05/07/2016

Time of Death: Unknown



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

County where fatality incident occurred: BROOME

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? Yes

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

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

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At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	No Role	Male	20 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	45 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	39 Year(s)
Deceased Child's Household	Other Adult	No Role	Female	19 Year(s)
Deceased Child's Household	Other Child	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Month(s)

LDSS Response

BCDSS responded in a timely manner upon receipt of the SCR report alleging the SC's fatality. BCDSS coordinated with law enforcement appropriately. The safety of the surviving children was assessed and appropriate action was taken regarding placement and Court intervention. All family and household members were interviewed as well as collateral sources who provided relevant information to the investigation. Services were offered to the family as needed. BCDSS sought out contact with authorities in North Carolina when the parents fled NYS and the BM gave birth to the sibling. BCDSS also established contact with medical personnel during the child's extended hospital stay due to drug



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dependency and resulting withdrawal. The coordinated efforts of BCDSS and these agencies led to the safe return of the infant to NYS.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external 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: Broome County worked cooperatively and appropriately with law enforcement to conduct the fatality investigation.

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

Comments: Broome County's Child Fatality Review Team does not review cases with pending criminal matters.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
031321 - Deceased Child, Male, 5 Yrs	031322 - Mother, Female, 39 Year(s)	DOA / Fatality	Substantiated
031321 - Deceased Child, Male, 5 Yrs	031322 - Mother, Female, 39 Year(s)	Inadequate Guardianship	Substantiated
031321 - Deceased Child, Male, 5 Yrs	031323 - Father, Male, 45 Year(s)	Childs Drug / Alcohol Use	Substantiated
031321 - Deceased Child, Male, 5 Yrs	031322 - Mother, Female, 39 Year(s)	Childs Drug / Alcohol Use	Substantiated
031321 - Deceased Child, Male, 5 Yrs	031322 - Mother, Female, 39 Year(s)	Lack of Medical Care	Substantiated
031321 - Deceased Child, Male, 5 Yrs	031323 - Father, Male, 45 Year(s)	DOA / Fatality	Substantiated
031321 - Deceased Child, Male, 5 Yrs	031323 - Father, Male, 45 Year(s)	Inadequate Guardianship	Substantiated
031321 - Deceased Child, Male, 5 Yrs	031323 - Father, Male, 45 Year(s)	Lack of Medical Care	Substantiated
031326 - Sibling, Male, 4 Month(s)	031322 - Mother, Female, 39 Year(s)	Inadequate Guardianship	Substantiated
031326 - Sibling, Male, 4 Month(s)	031323 - Father, Male, 45 Year(s)	Inadequate Guardianship	Substantiated
031326 - Sibling, Male, 4 Month(s)	031322 - Mother, Female, 39	Parents Drug / Alcohol	Substantiated



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	Year(s)	Misuse	
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CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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"/>



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: Both the 15-year old sibling and the infant born during the investigation were placed in DSS custody and removed from the parents' care.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?
 Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS



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Date Filed:	Fact Finding Description:	Disposition Description:
Pending	There was not a fact finding	There was not a disposition
Respondent:	031322 Mother Female 39 Year(s)	
Comments:		

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
Pending	There was not a fact finding	There was not a disposition
Respondent:	031323 Father Male 45 Year(s)	
Comments:		

Criminal Charge: Manslaughter Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
08/11/2016	BF	Pending	Pending
Comments:	BF was charged with Manslaughter 2nd in relation to the SC's fatal ingestion of opiates.		

Criminal Charge: Assault Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
08/18/2016	BF	Pending	Pending
Comments:	BF was charged with Assault 2nd in relation to the SC's fatal ingestion of opiates. Over a year after the incident, after the SC's death, BF was also charged with another count of Assault 2nd regarding the SC's May 2015 ingestion of methadone. BF was also charged with Criminal Sale of a Controlled Substance 3rd.		

Criminal Charge: Assault Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
08/18/2016	BF	Pending	Pending
Comments:	BF was charged with Assault 1st in relation to the SC's fatal ingestion of opiates.		

Criminal Charge: Manslaughter Degree: 2			
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Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
08/11/2016	BM	Pending	Pending
Comments:	BM was charged with Manslaughter 2nd in relation to the SC's fatal ingestion of opiates.		

Criminal Charge: Assault Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
08/18/2016	BM	Pending	Pending
Comments:	BM was charged with Assault 2nd in relation to the SC's fatal ingestion of opiates. Over a year after the incident, after the SC's death, BM was also charged with another count of Assault 2nd regarding the SC's May 2015 ingestion of methadone. BM was also charged with Criminal Sale of a Controlled Substance 3rd.		

Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
08/18/2016	BM	Pending	Pending
Comments:	BM was charged with EWOC in relation to the SC's fatal ingestion of opiates.		

Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
08/18/2016	BF	Pending	Pending
Comments:	BF was charged with Endangering the Welfare Of a Child in relation to the SC's fatal ingestion of opiates.		

Criminal Charge: Assault Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
08/18/2016	BM	Pending	Pending
Comments:	BM was charged with Assault 1st in relation to the SC's fatal ingestion of opiates.		



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Have any Orders of Protection been issued? Yes	
From: Unknown	To: Unknown
Explain: Orders of Protection were issued on behalf of the surviving children who were placed.	

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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:
 Both parents/alleged subjects were arrested and incarcerated prior to the closure of the investigation. Appropriate services were offered/provided to the family members and surviving children.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes
Explain:
 Bereavement and other services were appropriately offered to the family.



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? Yes
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? No
Was the child acutely ill during the two weeks before death? Yes

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)
04/27/2016	11780 - Other Child - Unrelated Child, Female, 6 Years	11782 - Father, Male, 45 Years	Other	Unfounded	No
	11780 - Other Child - Unrelated Child, Female, 6 Years	11783 - Other Adult - Other Child's Mother, Female, 20 Years	Educational Neglect	Unfounded	
	11781 - Deceased Child, Male, 5 Years	11782 - Father, Male, 45 Years	Other	Unfounded	

Report Summary:

Report alleged that the unrelated child living in the home (6) had missed 34 days of school and was struggling academically, despite extra help. Last school year, child only attended school from April to June and she was absent 18 times. Mother of child was not reachable and had failed to provide any explanation for the excessive absences. An allegation of Other was added to the report due to BF being a sex offender living in the home.

Note that SC died while this investigation was open. This was addressed in the 5/7/16 investigation that is the focus of this report.

Determination: Unfounded

Date of Determination: 10/11/2016

Basis for Determination:

BCDSS investigation found that child did miss quite a bit of school due to her mother having two jobs and having to rely on someone else to get her up and on the bus. The child's mother addressed this issue prior to BCDSS involvement and the child had been attending regularly. There was no negative impact on the child educationally. Further, there was no evidence found that BF's sex offender status impacted the safety of the children in the home. Child and her mother moved out of the home following the SC's fatality.

OCFS Review Results:

OCFS review found that case activities were conducted appropriately. Safety and risk were adequately assessed and casework activities were commensurate with case circumstances.



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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)
05/20/2015	11761 - Deceased Child, Male, 4 Years	11763 - Aunt/Uncle, Female, 79 Years	Inadequate Guardianship	Unfounded	Yes
	11761 - Deceased Child, Male, 4 Years	11763 - Aunt/Uncle, Female, 79 Years	Poisoning / Noxious Substances	Unfounded	
	11761 - Deceased Child, Male, 4 Years	11765 - Adult Sibling, Male, 19 Years	Internal Injuries	Unfounded	
	11761 - Deceased Child, Male, 4 Years	11766 - Unrelated Home Member, Female, 18 Years	Internal Injuries	Unfounded	
	11761 - Deceased Child, Male, 4 Years	11766 - Unrelated Home Member, Female, 18 Years	Poisoning / Noxious Substances	Unfounded	
	11761 - Deceased Child, Male, 4 Years	11762 - Father, Male, 44 Years	Inadequate Guardianship	Indicated	
	11761 - Deceased Child, Male, 4 Years	11764 - Mother, Female, 38 Years	Inadequate Guardianship	Indicated	
	11761 - Deceased Child, Male, 4 Years	11765 - Adult Sibling, Male, 19 Years	Inadequate Guardianship	Unfounded	
	11761 - Deceased Child, Male, 4 Years	11765 - Adult Sibling, Male, 19 Years	Poisoning / Noxious Substances	Unfounded	
	11761 - Deceased Child, Male, 4 Years	11766 - Unrelated Home Member, Female, 18 Years	Inadequate Guardianship	Unfounded	
	11761 - Deceased Child, Male, 4 Years	11764 - Mother, Female, 38 Years	Poisoning / Noxious Substances	Indicated	
	11761 - Deceased Child, Male, 4 Years	11763 - Aunt/Uncle, Female, 79 Years	Internal Injuries	Unfounded	
	11761 - Deceased Child, Male, 4 Years	11762 - Father, Male, 44 Years	Internal Injuries	Indicated	
	11761 - Deceased Child, Male, 4 Years	11762 - Father, Male, 44 Years	Poisoning / Noxious Substances	Indicated	
	11761 - Deceased Child, Male, 4 Years	11764 - Mother, Female, 38 Years	Internal Injuries	Indicated	

Report Summary:

Sometime prior to 05/15/15, SC (4) ingested Methadone while in the home. There was no explanation for how SC ingested the Methadone. As a result, SC had an Anoxic Brain Injury which suppressed his Respiratory System and cut off oxygen to his brain, rendering him unresponsive and putting him in an altered mental state. This caused irreversible brain damage and the SC had to be put on a ventilator. When first put on the ventilator, the SC went into distress and was



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screaming and grinding his teeth so bad that he broke some of his teeth. Sibling (14) and other child residing in the home (5) had unknown roles.

Determination: Indicated **Date of Determination:** 11/02/2015

Basis for Determination:
The investigation found that the SC ingested methadone which caused a seizure type reaction, low respirations and brain injury. The SC was rendered non-communicative and unable to walk, talk or feed himself. The adults in the home denied any knowledge of how the SC ingested the methadone, although BF had a prescription for the drug. Family was opened for ongoing Protective Services.

OCFS Review Results:
OCFS review found that the investigation was thorough. However, a Family Court petition was warranted due to the nature of the allegations and the SC's resulting state of extreme vulnerability upon returning to the care of his parents.

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

Issue:
Assessment as to need for Family Court Action

Summary:
Family Court intervention was warranted in this case however was not sought.

Legal Reference:
SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)

Action:
BCDSS has an existing policy regarding the documentation of meetings with Legal, including a Legal Dispute Resolution Process. BCDSS is revising this policy to more clearly define how meetings with Legal should be documented. Additionally, BCDSS is working to revise their Legal Dispute Resolution policy.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/14/2014	11784 - Deceased Child, Male, 2 Years	11785 - Father, Male, 42 Years	Other	Unfounded	No
	11786 - Sibling, Male, 13 Years	11785 - Father, Male, 42 Years	Other	Unfounded	
	11787 - Sibling, Female, 15 Years	11785 - Father, Male, 42 Years	Other	Unfounded	

Report Summary:
Report alleged that BF was a registered sex offender and was residing in the home with his minor children.

Determination: Unfounded **Date of Determination:** 01/30/2014

Basis for Determination:
BCDSS determined that although BF is a registered sex offender, there were no restrictions regarding his ability to be around children and no safety issues with the children in the home. BM resided in the home and had completed services and appeared aware of the risks and her need to protect the children. BF reportedly had significant medical conditions and the children had little contact with him.

OCFS Review Results:
OCFS review found no issues requiring corrective action.

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

Date of SCR	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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Report	Victim(s)	Perpetrator(s)			Issue(s)
09/26/2013	11788 - Deceased Child, Male, 2 Years	11789 - Mother, Female, 37 Years	Inadequate Guardianship	Indicated	No
	11788 - Deceased Child, Male, 2 Years	11789 - Mother, Female, 37 Years	Lack of Supervision	Indicated	

Report Summary:
 Report alleged that BM left then 2-year old SC home without making necessary arrangements for his care and supervision. As a result, SC left the house and was found wandering alone in the neighborhood for about half an hour. BM did not know SC was missing until he was taken home.

Determination: Indicated **Date of Determination:** 11/20/2013

Basis for Determination:
 BCDSS determined that there was sufficient credible evidence to substantiate the allegations and indicate the report. The family made appropriate arrangements to insure the SC's safety which enabled BCDSS to close their investigation without further services.

OCFS Review Results:
 OCFS review found that case determination was appropriate. Assessments were completed in a timely manner.

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

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

- 4/06 – SUB allegations of OTH against BF and BM regarding then-six year old sibling. Neglect petition filed.
- 1/09 – UNS allegations of IG and OTH against BF and BM regarding then-eight year old sibling.
- 1/10 - UNS allegations of EdN and OTH against BF regarding now adult sibling.
- 1/11 - UNS allegations of OTH against BF regarding now adult sibling.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes
Date the Child Protective Services case was opened: 08/06/2015

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

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? Comprehensive FASP was due 10/29/15; it was completed 2/26/16.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

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

Yes No

Issue:	Adequacy of Child Protective Services casework contacts
Summary:	Protective cases require face to face contact with the children in the home twice per month. BCDSS did not make these contacts with the required frequency.
Legal Reference:	432.2(b)(4)(vi)
Action:	BCDSS has conducted an independent internal review of this case. BCDSS has initiated personnel action regarding the staff involved in this case, and sought the guidance and assistance of OCFS in developing new policies around supervisory oversight to ensure that this area is appropriately addressed.
Issue:	Contact/Information From Reporting/Collateral Source
Summary:	No collateral contacts were made throughout the duration of the services case, in spite of the fact that it was documented that there were multiple service providers in the home working with the SC and family.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	BCDSS has conducted an independent internal review of this case. BCDSS has initiated personnel action regarding the staff involved in this case, and sought the guidance and assistance of OCFS in developing new policies around supervisory oversight to ensure that this area is appropriately addressed.



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Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	NYS regulation requires that progress notes be entered contemporaneously. There are multiple notes within the services case that were not entered until after the SC's fatality, some a year after the actual event date.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	BCDSS has conducted an independent internal review of this case. BCDSS has initiated personnel action regarding the staff involved in this case, and sought the guidance and assistance of OCFS in developing new policies around supervisory oversight to ensure that this area is appropriately addressed.
Issue: Assessment as to need for Family Court Action	
Summary:	Family Court action was warranted in this case however was not sought.
Legal Reference:	SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)
Action:	BCDSS has an existing policy regarding the documentation of meetings with Legal, including a Legal Dispute Resolution Process. BCDSS is revising this policy to more clearly define how meetings with Legal should be documented. Additionally, BCDSS is working to revise their Legal Dispute Resolution policy.
Issue: Timeliness of completion of FASP	
Summary:	The Comprehensive FASP was due on 10/29/15 but was not completed until 2/26/16.
Legal Reference:	18 NYCRR 428.3(f)(5)
Action:	BCDSS will develop a plan that addressed the requirement to complete FASPs in a timely manner.

Preventive Services History

4/26/06-5/29/09 – Case opened as a result of 1/20/06 CPS report. BM successfully completed services and case was closed. BF did not reside in the home during this time.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement 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

OCFS has developed recurring, automated management reports for Broome County DSS. These reports give Broome close to real time data on staff's performance on key activities. They help us to manage regulatory compliance more efficiently and effectively. We believe that all Local Districts would benefit from these reports.

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