



Report Identification Number: SY-23-020

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

Issue Date: Oct 05, 2023

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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		



Case Information

Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Broome
Gender: Female

Date of Death: 04/23/2023
Initial Date OCFS Notified: 04/23/2023

Presenting Information

The SCR report alleged on 4/23/23, the mother and father failed to adequately supervise the subject child. Prior to 8:20AM, while the mother and father were asleep, the subject child fell out of a third story window. At the time of the incident, the window was not locked, did not have a screen, and was broken causing it to easily swing outwards. Emergency services were contacted at 8:23AM. The mother and father brought the subject child inside the home and attempted to treat her injuries. Emergency responders arrived at the residence and transported the subject child to a local hospital where she was pronounced deceased at 9:04AM. The subject child died as a result of the injuries sustained from the fall. The role of the sibling was unknown. A subsequent report was received on the same day alleging the above stated information and that the subject child sustained a skull fracture, and the parents were aware of the broken window and failed to take adequate measures to block it off.

Executive Summary

This fatality report concerns the death of the 1-year-old female subject child that occurred on 4/23/23. The SCR report contained allegations of DOA/Fatality, Fractures, Internal Injuries, Inadequate Guardianship and Lack of Supervision against the mother and father. At the time of her death, the subject child resided with her mother, father, and 12-year-old sibling.

Broome County Department of Social Services (BCDSS) completed casework and collateral contacts and learned that on 4/23/23, the father awoke at an unknown time and was unable to locate the subject child. The father woke the mother up and they began looking for the subject child. The father saw the subject child's window was open and went outside. The father located the subject child bloody and lying on the driveway. The father picked the subject child up, brought her inside the home, and laid her on the bathroom floor. The mother attempted cardiopulmonary resuscitation while the sibling called 911. Emergency medical services responded, and the subject child was transported to the hospital where she was pronounced deceased.

An autopsy was performed, the final cause of death was listed as blunt impact injury to the head and the manner was accident. The medical examiner noted due to the fall, the subject child had a brain laceration and extensive damage to the skull and speculated the subject child likely hit her head, rolled off the roof, and fell to the ground. The criminal investigation remained open at the time of this writing; however, no criminal charges had been filed related to the subject child's death.

Bereavement services were offered to the parents following the subject child's death, and the parents had completed an intake for grief counseling. The sibling was evaluated by her pediatrician to determine counseling needs. BCDSS and the parents were in close contact with the sibling's school who were providing additional support and counseling services. The Risk Assessment Profile was completed inaccurately, as it did not reflect the mother's recent alcohol use and subsequent arrest or the historically reported domestic violence. The CPS investigation remained open at the time of this writing and therefore, the allegations of the report had not yet been determined.

PIP Requirement

For citations identified in historical cases, BCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) BCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, BCDSS will review the plan and revise as needed to address ongoing



concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The CPS investigation had not yet been determined and remained open at the time this report was written.

Was the decision to close the case appropriate? N/A

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 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: 04/23/2023

Time of Death: 09:04 AM

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: 08:23 AM
 Did EMS respond to the scene? Yes
 At time of incident leading to death, had child used and/or ingested alcohol or drugs? No
 Child's activity at time of incident:
 Sleeping Working Driving / Vehicle occupant
 Playing Eating Unknown
 Other

Total number of deaths at incident event:

Children ages 0-18: 1
 Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)

LDSS Response

Upon receipt of the SCR report, BCDSS coordinated their investigation with LE, interviewed household members, completed a CPS history check, contacted collateral sources, and assessed the safety of the SS.

BCDSS interviewed the SM and SF and learned that on 4/22/23 the SM and SC were in the parents' bedroom. The SF was in the living room and the SS was asleep in her bedroom. The SM reported the SC went down the hall and she thought the SC had gone down the hall where the SF was, and the SM thought the SC was sleeping there. The SF reported he fell asleep on the couch in the living room. On the morning of 4/23/23, the SF woke up and went to check on the SM, SC, and SS. The SF checked on the SS and SM, who were both sleeping. The SF went into the SC's room; however, did not see the SC. The SF saw the SC's window open with the curtain stuck in it. The SF woke the SM up and asked where the SC was, but the SM did not know. The SM and SF both began looking for the SC. The SF went outside and found the SC lying on the driveway. The SF noted there was "so much blood." The SF ran to pick the SC up and brought her inside to the bathroom. The SM began CPR and the SS called 911. EMS responded and continued life-saving measures. The SC was transported to the hospital where she was later pronounced deceased. The SS stated she was asleep and heard screaming, but had no further information related to the SC's death.

During home visits made by BCDSS, it was observed that there was a plugged-in space heater on the wall below the window in the SC's bedroom. The SC's bedroom window was on the 3rd story of the building, in the apartment where the family resided. The SM reported the wind had been very strong the previous day and blew the window open. The SF reported they had been trying to get the window fixed for some time and had contacted their landlord. The SM and SF provided BCDSS with contact information for the landlord; however, the record did not reflect BCDSS contacted the



landlord to discuss the status of the window.

Collateral sources reported no concerns regarding the parents' care of the children. The SS was deemed to be safe in the care of the parents.

Official Manner and Cause of Death

Official Manner: Accident

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)? Yes

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

Comments: Broome County referred this fatality to their OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
064708 - Deceased Child, Female, 1 Year(s)	064710 - Mother, Female, 32 Year(s)	DOA / Fatality	Pending
064708 - Deceased Child, Female, 1 Year(s)	064710 - Mother, Female, 32 Year(s)	Fractures	Pending
064708 - Deceased Child, Female, 1 Year(s)	064710 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Pending
064708 - Deceased Child, Female, 1 Year(s)	064710 - Mother, Female, 32 Year(s)	Internal Injuries	Pending
064708 - Deceased Child, Female, 1 Year(s)	064710 - Mother, Female, 32 Year(s)	Lack of Supervision	Pending
064708 - Deceased Child, Female, 1 Year(s)	064711 - Father, Male, 36 Year(s)	DOA / Fatality	Pending
064708 - Deceased Child, Female, 1 Year(s)	064711 - Father, Male, 36 Year(s)	Fractures	Pending
064708 - Deceased Child, Female, 1 Year(s)	064711 - Father, Male, 36 Year(s)	Inadequate Guardianship	Pending
064708 - Deceased Child, Female, 1 Year(s)	064711 - Father, Male, 36 Year(s)	Internal Injuries	Pending
064708 - Deceased Child, Female, 1 Year(s)	064711 - Father, Male, 36 Year(s)	Lack of Supervision	Pending

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

Additional information:

The record did not reflect attempts to contact the family's landlord regarding the broken window in the home.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The SS did not need to be removed as a result of the fatality.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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



Child Fatality Report

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:
 BCDSS offered the parents burial and bereavement services. The SM, SF, and SS attended appointments regarding counseling services.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
 Bereavement services were offered on behalf of the SS. The SS attended an appointment with her pediatrician regarding counseling services and the family was working closely with the SS's school counselor to provide additional support to the SS.

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

Explain:
 Bereavement services were offered to the parents and were accepted. The parents had completed an intake appointment for grief counseling services. The parents were also looking into family counseling services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes
Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/01/2023	Sibling, Female, 12 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 12 Years	Mother, Female, 32 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Female, 1 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1	Mother, Female, 32	Lack of Supervision	Unsubstantiated	



Years	Years		
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Report Summary:

The SCR report alleged on 12/31/22, the mother left the SC and SS home alone and unsupervised for an unknown amount of time. It was unknown if the CHN sustained any injuries as a result.

Report Determination: Unfounded**Date of Determination:** 02/13/2023**Basis for Determination:**

The SM and SF had a verbal argument resulting in the SF and SM leaving the home. The SS and SC were left home alone briefly until the SF returned. The SS was developmentally appropriate and old enough to be home alone for a short period. The SS felt comfortable home alone with the SC. The SS was aware to call 911 or seek help from a neighbor if there was an emergency. During BCDSS' interview with the SS, she disclosed a history of verbal and physical fighting in the home. The SS did not feel unsafe or scared, and the SC was not present for the fighting. Collaterals had no concerns, the home met minimal standards, and both the SM and SF were sober and alert during unannounced home visits.

OCFS Review Results:

BCDSS initiated their investigation within 24 hours by contacting the source of the report and attempting home visits to the family's residence. BCDSS interviewed the SM and SF regarding the allegations, and safety and risk. Concerns of domestic violence were addressed with the parents together. The SM and SF refused community resources; however, it was unclear if domestic violence or substance and alcohol abuse services were specifically offered.

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

Adequacy of Risk Assessment Profile (RAP)

Summary:

The Risk Assessment Profile did not reflect the reported domestic violence, which would have affected the overall risk rating.

Legal Reference:

18 NYCRR 432.2(d)

Action:

BCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/16/2021	Deceased Child, Female, 5 Days	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Far-Closed	No

Report Summary:

The SCR report alleged the SM gave birth to the SC and the SC tested positive for marijuana. The roles of the SS and SF were unknown.

OCFS Review Results:

BCDSS initiated the FAR report within 24 hours, conducted a home visit with the family, addressed the alleged concerns, completed FAR activities and a Plan of Safe Care, and assessed the safety of the CHN. BCDSS timely and accurately completed all documentation.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

In 3/2016, the SM had an indicated report with allegations of IG and L/B/W regarding the SS. The SM accidentally struck



the SS's cheek while attempting to discipline her with a belt. The SS sustained a mark as a result. The SM was arrested, and an OP was put in place against the SM in favor of the SS.

Known CPS History Outside of NYS

There was no known history outside of New York State.

Preventive Services History

A Family Service Stage was opened from 5/2016 to 6/2016 after the SM was indicated for IG and L/B/W welts in 3/2016 regarding the SS. There was an OP against the SM, she was removed from the family's home and had supervised visitation and was required to engage in counseling services. The record reflected the SM completed an intake appointment for counseling services; however, the case was closed without further intervention and no FASP was documented.

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

Collateral Contacts – OCFS notes Broome County CPS did not contact the family’s landlord as part of the investigation. The family would not sign a release of information allowing CPS to contact the landlord.
ORD 1/1/23 – Adequacy of Risk Assessment Profile – OCFS cites that reported DV was not reflected in the RAP form. The record reflects Broome County CPS addressed that issue with the family. At no time were children at risk of harm because of this form error.

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