



Report Identification Number: SY-23-038

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

Issue Date: Feb 26, 2024

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: 18 year(s)

Jurisdiction: Broome
Gender: Female

Date of Death: 09/10/2023
Initial Date OCFS Notified: 09/11/2023

Presenting Information

On 9/11/23, the death of the 18-year-old female subject child was reported to OCFS by Broome County Department of Social Services (BCDSS) through the required 7065 Agency Reporting Form. The child was discovered deceased by law enforcement in her college dorm room.

Executive Summary

On 9/10/23, BCDSS was notified of the death of the 18-year-old subject child. The subject child was removed from her mother's care on 12/17/19, due to concerns for the mother's volatile and erratic behaviors toward the subject child, and her failure to follow mental health treatment recommendations. The subject child remained in foster care until her death. At the time of her death, the subject child resided at her college campus.

When the subject child turned 18 years old, she made the decision to continue placement in foster care. On 5/23/23, her permanency goal was changed from return to parent (RTP) to alternative planned living arrangement (APLA). The mother and subject child were both in agreement with the change as it provided the subject child the opportunity to go away to college and, during school breaks, return to the foster home at which she resided and felt most comfortable. In addition, the mother would continue to have parental rights and the subject child would learn independent living skills.

On 9/10/23, BCDSS learned that the child was discovered by law enforcement in her college dorm room deceased. She was hanged, by a scarf, which was attached to her bedpost. At approximately 1:00AM, law enforcement responded to the dorm room after receiving a call from the subject child's boyfriend that he and the child's friends had not heard from her since 9/8/23. EMS and the fire department responded, an EKG was conducted and revealed no signs of cardiac rhythm. Due to the advanced stage of death, medical intervention was not initiated, and the coroner was contacted. BCDSS requested the autopsy report and death certificate. The subject child's manner of death was listed as suicide caused by ligature hanging. The toxicology report revealed the child tested positive for a prescribed antidepressant.

Following the fatality, BCDSS provided the mother with information for burial assistance. BCDSS mailed a resource packet to the mother on grief and bereavement services. The record did not reflect the biological father or foster parent were provided information for grief and bereavement services. BCDSS did provide a card and baked goods to the foster parent. In addition, BCDSS assisted with retrieving the subject child's possessions and facilitating the exchange to the biological parents.

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:
 - 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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

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:
BCDSS investigated the circumstances surrounding the death and determined an SCR report was not necessary as there was no suspicion of abuse or neglect. The decision to close the family services stage was appropriate, as there were no other children listed on the foster care case.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/10/2023

Time of Death: 02:35 PM

Date of fatal incident, if different than date of death:

09/09/2023

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

Unknown

County where fatality incident occurred:

Otsego

Was 911 or local emergency number called?

No

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	No Role	Female	18 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	25 Year(s)

LDSS Response

On 9/10/23, BCDSS submitted a completed 7065 Reporting Form to OCFS regarding the death of the subject child. At the time of the subject child's death, she was in the care and custody of BCDSS and there was an open foster care case. Based on information gathered from law enforcement, NYS university police, and the county coroner, BCDSS determined the child's death was the result of suicide.

Prior to the subject child's placement, she resided with her mother. The child had a significant history of mental health struggles including thoughts of suicide and self-harm. The mother had aggressive outbursts accompanied by threats of violence that were directed towards the child. Those outbursts would exacerbate the child's mental state and she would go into crisis. In addition, the mother did not follow recommendations for her own mental health treatment and did not take her prescribed medications as directed. On 12/17/19, the subject child was removed from her mother's care and placed in foster care. On 5/23/23, the subject child's permanency goal was changed from RTP to APLA. The subject child wished to remain in foster care until the age of 21. The subject child was receiving mental health services and was prescribed medications.

On 9/10/23, BCDSS received notice of the child's death from the contract agency that was working with the family. BCDSS obtained law enforcement reports, the certificate of death and the final autopsy report. In addition, BCDSS obtained a copy of a suicide note the child left on her nightstand.

BCDSS learned the subject child was found deceased in her college dorm room. She was observed sitting upright, wedged between a night table and her bed with her arms folded in front of her. The subject child had a blue silk scarf tied around her neck that was connected to the bed post. Observations concluded the child had been deceased for some time as her body temperature was cool and there were no signs of cardiac rhythm. There were no signs of forced entry into the room. The subject child's medications were located under her bed, secured in a lockbox.

On 9/10/23, BCDSS became aware of the death and notified the Syracuse Regional Office via the 7065 Agency Reporting Form. The foster parent, mother and father were notified of the subject child's death. The mother was provided with information on bereavement and counseling and offered burial assistance which she accepted. A Plan Amendment FASP was completed in relation to the death and the services case was closed on 12/5/23.

Official Manner and Cause of Death

Official Manner: Suicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Coroner

Multidisciplinary Investigation/Review



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.

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:
BCDSS provided the mother with information for burial assistance. BCDSS mailed a resource packet to the mother on grief and bereavement services. In addition, BCDSS assisted in retrieving the subject child's possessions and facilitating the exchange to the biological parents.

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)
01/19/2022	Deceased Child, Female, 16 Years	Foster Parent, Female, 30 Years	Childs Drug / Alcohol Use	Unsubstantiated	Yes
	Deceased Child, Female, 16 Years	Foster Parent, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 16 Years	Other Adult - FM's boyfriend , Male, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Foster child , Female, 4 Years	Foster Parent, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Foster child , Female, 4 Years	Other Adult - FM's boyfriend , Male, 31 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The SCR report alleged the FM's boyfriend supplied the SC with marijuana and on two occasions asked her to smoke marijuana with him. The FM allowed the SC to attend a party where she knew there would be alcohol. The SC drank to impairment and woke up with a hangover. The 4yo child had sensory issues and didn't like loud noises. The FM was aware of this and was loud around the child on purpose. She turned the radio up so she couldn't hear the child. The FM made the 4yo child responsible for buckling her own car seat and, on one occasion, the child had difficulty buckling herself into the car seat. The FM argued with the SC before driving the car erratically.

Report Determination: Unfounded

Date of Determination: 03/08/2022

Basis for Determination:

During the investigation the SC admitted to the FM she had gone to a party, consumed alcohol, and used marijuana. She did not get into trouble. The SC disclosed that she smoked marijuana with the FM's boyfriend. The 4yo child disclosed the FM has issues driving and was mean to her by turning the radio up to cover up the noise of the 4yo's tantrum. It was determined there was not a fair preponderance of evidence as the FM and her boyfriend denied the allegations.

OCFS Review Results:

BCDSS began their investigation within 24 hours, contacted the source and completed a CPS history review. A law enforcement referral (LER) was made at the time of the report; however, there was no discussion with LE regarding the allegations or the status of their case. Interviews were completed with the FM, her boyfriend and both children. In addition, there were missed opportunities to gather collateral information. The 7-day Safety Assessment and the Investigation Determination Safety Assessment were approved a month after being submitted. There was no casework activity from 1/27/22 until case closure on 3/8/22.

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

There were missed opportunities to gather collateral information, such as, law enforcement, the school, headstart, the children's medical providers and the SC's mental health provider.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

BCDSS will make diligent efforts to contact collaterals to potentially gather outside information.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/18/2021	Deceased Child, Female, 16 Years	Foster Parent, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Female, 16 Years	Foster Parent, Male, 27 Years	Sexual Abuse	Unsubstantiated	

Report Summary:

The SCR report alleged that the foster father raped the SC, and as a result, the SC was pregnant. The SC had an abortion in June or July.

Report Determination: Unfounded

Date of Determination: 10/15/2021

Basis for Determination:

The allegations of IG and SA were unsubstantiated against the foster father regarding the SC. There was no credible evidence to indicate the allegations. When the SC was interviewed, she did not disclose anything concerning regarding the foster father. It was determined that the SC's biological father was sending her inappropriate text messages regarding the foster father. The SC expressed being uncomfortable with those messages and blocked her father from multiple phone



numbers.

OCFS Review Results:

BCDSS immediately contacted the source and confirmed that the SC was safe, but there was no follow up until five days later. A CPS history review was completed. The SC, the then 3yo OC, the FM and FF were all interviewed, and their homes were assessed. There were no documented attempts to speak with the BM or the mother of the then 3yo OC. BCDSS coordinated their investigation with law enforcement. The SC reported having mental health diagnoses and having a therapist; however, there were no documented attempts to speak with the therapist or school staff. Progress notes were entered contemporaneously. The case determination was appropriate, and the case was closed timely.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

Notification letters were sent to all adults on the case; however, there were no attempts to interview the BM of the SC or the mother of the 3yo OC about the allegations.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

BCDSS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

Issue:

Review of CPS History

Summary:

A CPS history check was completed untimely. The SCR report was received on 8/18/2019; however, the history check was completed on 8/23/2019.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within one business day, BCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

There were missed opportunities to gather collateral information, such as, contacting the SC's school and mental health provider. The SC had an extensive history of mental health concerns, including suicidal ideations.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(b)

Action:

BCDSS will make diligent efforts to contact collaterals to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations.

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

BCDSS received an SCR report on 12/4/19 and Sub the allegations of IG against the BM and BF regarding the SC. In



addition, the allegation of S/D/S was Sub against the BM regarding the SC. The SC was placed into foster care and the case was closed on 2/11/20.

BCDSS received an SCR report on 10/8/19 and Unsub allegations of IG against the BF regarding the SC, Unsub for allegations of LMC against the BM and BF regarding the SC and Sub for allegations of IG and EN against the BM regarding the SC. The case was closed on 12/04/19.

BCDSS received an SCR report on 7/26/19 and Unsub the allegation of LMC against the BM regarding the SC and Sub for allegations of EN and IG against the BM regarding the SC. A neglect petition was being filed, and the case was closed on 11/26/19.

BCDSS received an SCR report on 1/16/19 and Unsub for allegations of EN, IG and L/B/W against the BM regarding the SC. The case was closed on 3/31/19.

BCDSS received an SCR report on 2/10/15 and Sub for allegations of IG against the BM regarding the SC. The case was closed on 4/10/15.

ACS received an SCR report on 4/4/14 and was Sub for allegations of IG against the BM regarding the SC. A neglect petition was filed, and the case was closed on 5/28/14.

ACS received an SCR report on 4/25/13 and Unsub for the allegation of XCP against the BM regarding the SC and Sub for allegations of IG and PD/AM against the BM regarding the SC. The case was closed on 6/6/13.

Known CPS History Outside of NYS

There is no known CPS History outside of New York State.

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: 10/24/2019

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts



	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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? 15 days				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preventive Services History

ACS opened an FSS on 4/10/14 due to a neglect petition that was filed against the BM for being physically violent and aggressive with the SC. In addition, the BM was often angry and out of control, and she refused to comply with MH recommendations. The BM was ordered to complete court ordered services, she moved to Broome County in July of 2015, and Broome County assisted with supervision of the family. The case was closed on 1/25/16, as the family moved out of district and an extension was not filed.

ACS opened an FSS on 5/9/13 due to concerns that the BM was hitting the SC as a form of discipline. Her actions were



out of control and excessive. The BM then threatened to kill the BF in the presence of the SC. The BM was diagnosed with several serious mental health conditions and was smoking marijuana daily while caring for the SC. The case was closed on 12/10/13 as the BM engaged with services, maintained a drug free home, and there was no further reported corporal punishment.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 12/17/2019

Date of placement with most recent caregiver? 12/30/2021

How did the child(ren) enter placement? Emergency removal without Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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caretakers made, including requirements for contact at the child's placement location?

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 10/11/2021	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 08/24/2021	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 08/24/2021	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

On 12/17/19, the subject child was removed from her mother's care and placed in foster care. On 5/23/23, the subject child's permanency goal was changed from RTP to APLA. The subject child wished to remain in foster care until the age of 21. The child died by suicide in her college dorm room.

Foster Care Placement History

BCDSS opened an FSS on 10/24/2019 due to concerns the BM was non-compliant with her mental health treatment recommendations. The BM would physically assault and yell at the child knowing the SC was at high risk for suicide as she also suffered from mental health conditions. The SC was removed from the BM on 12/17/19, she remained in FC and when she turned 18, she chose to continue placement but was discharged to independent living. The goal was changed from return to parent to alternative planned permanent living so the SC could continue to reside with her foster parent while attending college. The SC remained in care until her death on 9/10/23. During the case, the mother completed all required services, but she had a difficult time mending her relationship with the SC as arguments continued to happen frequently. The BM and SC acknowledged it was best that they did not reside together full time due to the continued conflict.

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

Broome County Department of Social Services (BCDSS) agrees with OCFS’s finding that casework activity was commensurate with appropriate and relevant statutory or regulatory requirements.

ORD 1/19/22 – BCDSS disagrees with the unrelated pre-fatality historical finding regarding collateral contacts. For that unrelated event BCDSS made a collateral contact on 1/27/22. The cited regulation does not require multiple collateral contacts. Per the cited regulation, collateral contacts were made, “relevant to the allegations in the report.”

ORD 8/18/21 - BCDSS disagrees with the unrelated pre-fatality historical finding regarding collateral contacts. For that unrelated event, BCDSS made collateral contacts on 8/24/21 and 9/22/21. The cited regulation does not require collateral contacts be made with all possible sources of information. Per the cited regulation, collateral contacts were made, “relevant to the allegations in the report.”

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