



Report Identification Number: SY-15-026

Prepared by: Syracuse Regional Office

Issue Date: 2/25/2016

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
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		

Case Information



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Report Type: Child Deceased

Jurisdiction: Onondaga

Date of Death: 06/28/2015, Date of Death estimated

Age: 16 year(s)

Gender: Female

Initial Date OCFS Notified: 07/01/2015

Presenting Information

On Sunday, 6/28/15, parent substitute became angry with the 16 year old SC because he believed that the child had stolen his money and prescription pills. BM made the parent substitute leave the home when he continued to argue with the child. A short while later, parent substitute returned to the home and held BM and SC hostage. Parent substitute stabbed the SC multiple times. He then placed the SC in her bed and returned to the BM and stabbed her. Child died as a result of the stabbing. The date of the death was either late evening 6/28/15 or early morning 6/29/15. BM was wounded, however, she was able to escape once the parent substitute fell asleep. Parent substitute was abusing prescription drugs when this incident occurred, details unknown. Parent substitute is in and out of the BM and SC's home and spends the night from time to time. BM has an unknown role.

Executive Summary

This fatality report concerns the death of a 16 year old child sometime between late evening 6/28/15 and early morning 6/29/15, which was reported to the SCR on 7/1/15 with allegations of IG against the BM and DOA/Fatality, IG, L/B/W and PD/AM against the BM's boyfriend (parent substitute). The SC was found deceased on the morning of 6/29/15 after an apparent domestic dispute the prior evening.

On 6/29/15, an altercation occurred in the home over accusations made by the BM's boyfriend that the SC had stolen his prescription drugs and money. BM's boyfriend reportedly choked BM and SC called 911 from a neighbor's home because boyfriend had taken both SC and BM's cell phones. Sheriff's Department responded to the home and removed the BM's boyfriend and told him to cool off. A few hours later, BM's boyfriend returned to the home and BM willingly let him back inside with herself and the SC. Almost immediately, BM's boyfriend grew irate and began arguing with SC. BM, SC and BM's boyfriend all made it in to SC's bedroom where the boyfriend beat and stabbed SC and BM. The large television in the bedroom fell on BM and SC. BM could hear SC gasping for air. BM's boyfriend took BM out of SC's room and told her not to return as the child was dead.

The Sheriff's Department was dispatched to the residence after the neighbors saw the SC, BM and BM's boyfriend entering the home but the boyfriend blocked the door. According to BM, she believed that the SC was already dead. BM was not able to leave the home to call for help until the boyfriend passed out. She walked to a local grocery store and had the store manager call 911. BM was transported to the hospital and BM's boyfriend was arrested at the home. He remains incarcerated at the Onondaga County jail and was charged with Murder 2nd, Assault 1st, Criminal Possession of a Weapon and Violation of Probation. There were no charges against BM. The final autopsy report listed the cause of death as stab wound to the neck and the manner of death as Homicide.

OCDCFS initiated their investigation on 7/1/15 by collaborating with the Onondaga County Sheriff's Department and the ADA. Caseworkers interviewed BM's boyfriend at the jail and a home visit was attempted but the home had not been released as a crime scene. BM was interviewed and appropriate collateral contacts were made. Referrals were made for bereavement services and domestic violence counseling. There were no surviving children in the home. Allegations of IG, DOA/Fatality, L/B/W and PD/AM were all appropriately substantiated for BM's boyfriend. He



tested positive during routine drug screens for drugs which were not prescribed for him and for illegal drugs. He had a history of drug addiction and he admitted to using illicit drugs during the incident. Allegations of IG were appropriately substantiated for BM as she willingly allowed her boyfriend to return to the home despite the physical altercation that he, the BM and the SC were involved in earlier that day. There was a history of arguments and altercations with the boyfriend and BM, and as a result of one of those arguments she felt the need to leave the home with SC in order to remain safe.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

All casework activity was commensurate with case circumstances.

Was the decision to close the case appropriate? Yes

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

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

Explain:

The decision to close the case was appropriate. All required activities were completed.

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: 06/28/2015 Date Estimated

Time of Death: Unknown

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



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County where fatality incident occurred: ONONDAGA

Was 911 or local emergency number called? Yes

Time of Call: 06:00 AM

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Engaged in an argument with BM's boyfriend

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

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	Deceased Child	Alleged Victim	Female	16 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	44 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	35 Year(s)
Other Household 1	Sibling	No Role	Female	19 Year(s)
Other Household 2	Father	No Role	Male	45 Year(s)
Other Household 3	Sibling	No Role	Male	26 Year(s)

LDSS Response

OCDCFS initiated their investigation on 7/1/15 which was the date that the SCR report was made. Caseworkers met with the BM's boyfriend at the county jail and coordinated their investigation with law enforcement. BM was interviewed along with significant collaterals including family members, neighbors, law enforcement and school staff. Appropriate records were obtained and reviewed and progress notes were timely and thorough. Case conferences with supervisors were documented with details. Appropriate bereavement services were offered to BM and BF and BM was referred for counseling and services through the local Domestic Violence agency. OCDCFS appropriately collaborated with a secondary county per protocol.

OCDCFS gathered information throughout the investigation which revealed a history of arguments and altercations between BM and BM's boyfriend in the home. BM's boyfriend had a history of drug addiction and reportedly used drugs throughout the weekend of the incident. BM admitted that she was aware of his drug use that weekend. BM allowed her boyfriend to return to the home on 6/28/15 following a verbal and physical altercation between the two of them, after he had been removed by sheriffs.

SC's autopsy, hospital records and 911 tapes were requested and received by OCDCFS. Based on all information received



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and reviewed, the case was appropriately indicated for the allegations of IG against BM in regards to her daughter and IG, DOA/Fatality, L/B/W and PD/AM against BM's boyfriend in regards to SC. There were no surviving children living in the home.

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)? Yes

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

Comments: Case has not been reviewed by CFRT. It will not be reviewed until the criminal case has been settled.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
024984 - Deceased Child, Female, 16 Year(s)	024801 - Mother's Partner, Male, 35 Year(s)	DOA / Fatality	Substantiated
024984 - Deceased Child, Female, 16 Year(s)	024801 - Mother's Partner, Male, 35 Year(s)	Inadequate Guardianship	Substantiated
024984 - Deceased Child, Female, 16 Year(s)	024801 - Mother's Partner, Male, 35 Year(s)	Lacerations / Bruises / Welts	Substantiated
024984 - Deceased Child, Female, 16 Year(s)	024801 - Mother's Partner, Male, 35 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
024984 - Deceased Child, Female, 16 Year(s)	024802 - Mother, Female, 44 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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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"/>
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?

Family Court

Criminal Court

Order of Protection

Criminal Charge: Murder Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
06/29/2015	BM's boyfriend	Unknown	None
Comments:	BM's boyfriend charged with Murder 2nd degree. He is currently in custody at the Onondaga County Justice Center		

Criminal Charge: Assault Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
07/02/2015	BM's boyfriend	Pending	None
Comments:	BM's boyfriend charged with Assault 1st Degree/Criminal Possession of a Weapon and Violation of Probation. He is currently in custody at Onondaga County Justice Center.		



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Have any Orders of Protection been issued? Yes

From: 06/29/2015

To: 12/29/2015

Explain:

A temporary full stay away order of protection was issued from 6/29/15 to 12/29/15

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

Parents were referred to bereavement services and counseling. BM was referred to local Domestic Violence agency.



History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes
Was there an open CPS case with this child at the time of death? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? No
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)	Status/Outcome	Compliance Issue(s)
02/20/2014	7414 - Deceased Child, Female, 14 Years	7415 - Mother, Female, 43 Years	Inadequate Food / Clothing / Shelter	Far-Closed	No
	7414 - Deceased Child, Female, 14 Years	7415 - Mother, Female, 43 Years	Inadequate Guardianship	Far-Closed	
	7413 - Sibling, Female, 17 Years	7415 - Mother, Female, 43 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	7413 - Sibling, Female, 17 Years	7415 - Mother, Female, 43 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

Mother kicked the 2 children, SC who was 14 years old and SC's sibling who was 17 years old, out of her home and failed to make a plan for their care. The children were staying in a pop-up trailer in the back of a friend's home and running electricity to the trailer so they could utilize space heaters. Children did not have transportation to school and there was a question of possible abuse in the mother's home.

OCFS Review Results:

OCFS reviewed the records in this case and determined that the FAR report was handled appropriately. Safety and risk were appropriately assessed. Family assessment was thorough and appropriate services were offered. Family was engaged throughout the case and casework contacts were adequate. Collaterals and other resources were explored and engaged. Progress notes were entered in a timely manner and were complete. FAR principles were upheld and the case was closed appropriately.

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

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

There is no prior CPS history involving the mother's boyfriend.

The BF is a confirmed subject on an indicated report from 4/2012 involving the SC's then 16 year old sibling. Report was



substantiated for IG as BF used corporal punishment that resulted in a bump on the head, a cut lip and which contributed to the sibling's mental health issues. SC was not named in this report as she only visited with the BF while the sibling was living in his home. During the investigation of this report, sibling moved back to BM's home.

SC's then 22 year old sibling was a non-confirmed subject of an unsubstantiated report from 9/2011 with allegations of CD/A, IG and L/B/W. SC and BM were included on this report with no role as they were HM's. Sibling was not living in the home at the time of the SC's death. OCFS reviewed this case and found that it had no relevance in the fatality report.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

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

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

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