

**OKLAHOMA COMMISSION ON CHILDREN AND YOUTH
OFFICE OF JUVENILE SYSTEM OVERSIGHT**

Report Release Date: February 22, 2010

**Review of the Near Death of I.Y. of
Oklahoma County, Oklahoma**

Dates and Outcome of Investigations and Actions Taken by the Oklahoma Department of Human Services; Actions Taken by the District Attorney; and Dates and Summary of Judicial Proceedings and Rulings of the Court

General Information

On May 6, 2009, the Office of Juvenile System Oversight (OJSO) was alerted to the near death of I.Y.. The child's biological father's account of how I.Y. had gotten bruises all over the torso of his body was not consistent with the child's injuries. The twenty-one-year-old father claimed that his two-year-old son, I.Y., had gotten kicked by a horse, causing the bruising. However, the child had suffered extensive bruising all over his body: head, face, neck, back, chest, arms, legs, and buttocks. Allegedly, the child had whelps on his buttocks and back. The child had been transported to a hospital emergency room and was listed in stable condition. On April 30, 2009, law enforcement arrested Wilbert Branford for child neglect. On September 23, 2009, Branford entered a guilty plea as to child abuse and received a forty-year sentence, with thirty of the forty years to be served with the Oklahoma Department of Corrections. The following is a summary of the actions taken by the Oklahoma Department of Human Services (OKDHS); the actions taken by the district attorney; judicial proceedings; and the rulings of the court, as authorized by 10A O.S., Section 1-6-105, B, D, and E (previously numbered as 10 O.S., Section 7005-1.9) below.

Authorization

Title 10A, Section 1-6-105, B, D and E, of the Oklahoma Statutes, states:

B. When a person responsible for a child has been charged by information or indictment with committing a crime resulting in the death or near death of the child, there shall be a presumption that the best interest of the public is served by public disclosure of certain information concerning:

1. The circumstances of the investigation of the death or near death of the child; and

2. Any other investigations concerning that child, or other children while living in the same household, within:

- a. three (3) years of the death or near-death, and
- b. one (1) year after the death or near-death.

D. 1. At any time subsequent to seven (7) days after the date the person responsible for the child has been criminally charged, the Oklahoma Commission on Children and Youth shall, upon request, release certain information to the public within sixty (60) days of the request as follows:

- a. a confirmation shall be provided by the Commission as to whether a report of suspected child abuse or neglect has been made concerning the alleged victim or other children while living in the same household and whether an investigation has begun,
- b. confirmation shall be provided by the Commission as to whether previous reports of suspected child abuse or neglect have been made and the dates thereof, a summary of those previous reports, the dates and outcome of any investigations or actions taken by the Department [OKDHS] and the Commission in response to any previous report of child abuse or neglect, and the specific recommendation made to the district attorney and any subsequent action taken by the district attorney,
- c. the dates of any judicial proceedings prior to the death or near death of the child,
- d. recommendations submitted by the Department [OKDHS] and the Commission shall be provided in writing including recommendations made at the hearing as they relate to custody or placement of a child, and
- e. the rulings of the court.

2. Specific recommendations made by the Commission described in any progress reports of a pending case submitted to the court may be disclosed by the Commission.

E. Any disclosure of information pursuant to this section shall not identify or provide an identifying description of any complainant or reporter of child abuse or neglect, and shall not identify the name of the child victim's siblings or other children living in the same household, the parent or other person responsible for the child, or any other member of the household, other than the person criminally charged.

Identifiers:

Child's Name: I.Y.
Date of Birth: February 25, 2007

I.Y.'s sibling: Child 2

Alleged Perpetrator: Wilbert Branford

The Oklahoma Commission on Children and Youth did not become aware of this case until after the child's near-death incident.

Summary of Actions Taken by the Oklahoma Department of Human Services; Actions Taken by the District Attorney; Judicial Proceedings; and the Rulings of the Court:

The OJSO's initial review of the OKDHS case record on the family revealed that the OKDHS had received a total of eight reports of abuse and/or neglect regarding the family. The OJSO noted from its review of the case record that the first three OKDHS investigations received between August 1, 2007, and November 7, 2007, documented very similar investigative information; the wording varied only slightly. All three were assigned as Priority I investigations.

First Report Alleging Abuse/Neglect Received by the OKDHS (August 1, 2007)

The OKDHS received the first report regarding the family on August 1, 2007, alleging that the biological mother was running around with "gang bangers" and was not providing appropriate care for her children. The reporter stated that the biological mother would not get out of bed and care for her children. Reportedly, the children's mother watched television all day long, and other relatives cared for the children when the daycare where the two children attended was closed. According to the reporter, Child 2 had mosquito bites all over his/her legs that looked more like cigarette burns than mosquito bites, because the marks first presented as circular and welted up but then were red and flat. The reporter had concerns that the biological mother had not bonded with her baby I.Y.. The reporter stated that the biological mother had not known that she was pregnant with I.Y. and had given birth when attending to toileting needs. Reportedly, the infant weighed three and one-half pounds at birth.

The OKDHS accepted the report as a Priority I investigation. The OKDHS documented two attempts to visit the family on August 1, 2007, and one attempt to visit on August 2, 2007. All three attempts were unsuccessful. The next attempt to locate the family was documented as occurring on September 9, 2007; the attempt was successful. According to OKDHS documentation, those persons interviewed were the biological mother and one collateral witness. The OKDHS documented that both children were observed. The OKDHS documentation did not indicate that I.Y. was observed

unclothed to check for injuries and that Child 2 was observed for mosquito bites. The documentation stated that both children appeared to be in good physical condition.

The biological mother denied the allegations of the OKDHS report. The OKDHS documented that the mother had stated that Wilbert Branford was I.Y.'s father. When questioned about gang activity, the mother stated that she did not know whether or not Branford was involved in gangs. The OKDHS also documented the mother as stating that the children had been seen by a physician.

The OKDHS recommended that the family allow community home-based services (CHBS) in the home; the OKDHS then made a finding of Unable to Locate. The OJSO did not find OKDHS documentation to indicate the OKDHS had verified that the children had been seen by the physician regarding the mosquito bites or injuries.

Second Report Alleging Abuse/Neglect Received by the OKDHS (August 24, 2007)

The OKDHS received the second report regarding the family on August 24, 2007, alleging the biological mother had not taken Child 2 to the doctor, because the child was thought to have a viral illness. The reporter stated that a man named Will (Branford) who lived in the home used marijuana in the presence of the children. The reporter described having indirect knowledge of those persons present in the home when Will was left to watch the children, the home smelled of marijuana, and drug paraphernalia was observed in the home. According to the reporter, there was no food or furniture in the home. The reporter alleged that the biological mother had abused Child 2. The younger child, I.Y., had been in the hospital twice within the past six weeks: once for pneumonia and the cause for the second hospitalization was unknown to the reporter.

The OKDHS accepted the report as a Priority I investigation. The OKDHS documented two attempts to visit the family on August 24, 2007, and an attempt to visit on August 25, 2007. All three attempts were unsuccessful. The next attempt to locate the family was documented as occurring on September 9, 2007, sixteen days after the initial report. The OKDHS had documented the same summary of recommendations (with a few words added) in this investigation as in the investigation dated August 1, 2007. The OKDHS had recommended that CHBS services be placed into the home and that no court intervention be requested at that time. The OKDHS documented that the OKDHS would visit the home until the CHBS services began; the OJSO did not find documentation to indicate that the OKDHS visits had occurred prior to the CHBS services starting in the home.

Third Report Alleging Abuse/Neglect Received by the OKDHS (September 4, 2007)

The OKDHS received the third report regarding the family on September 4, 2007. The reporter expressed concern for the two children: six-month-old I.Y. and seventeen-month-old Child 2. The reporter stated that the biological mother was not providing care for her children or doing anything all day long, except to watch television. According to

the reporter, the mother and her two children had moved in with a friend and then Will (Branford) had moved into the friend's house. Allegedly, the friend made them all move out, because Will had been smoking marijuana in front of the children. The reporter stated that the mother and children had no food or furniture and had moved from place to place, once living in a condemned house. I.Y. had been hospitalized twice for pneumonia and was supposed to use a breathing machine for his asthma medication, but that the mother had not filled the prescription for a breathing machine and the medicine for the machine. According to the reporter, the biological mother slept on an air mattress, I.Y. slept in his car seat, and Child 2 slept on the floor.

The OKDHS accepted the report as a Priority I investigation. The OKDHS documented two attempts to visit the family on September 4, 2007, and documented an attempt every day after until the family was located on September 9, 2007. Again, the OKDHS documented the same summary of recommendations (with a few more words added) as the two previous investigations. The OKDHS documented that four collateral witnesses had been contacted during the interview process.

OKDHS CHBS Contact Note (September 18, 2007)

The CHBS contact note dated September 18, 2007, documented that this case was placed on the waiting list for CHBS services, due to no available Oklahoma Children's Services (OCS) workers. The OCS liaison was notified.

OKDHS CHBS Contact Note (September 26, 2007)

The CHBS contact note dated September 26, 2007, documented that on October 17, 2007, the case was removed from the waiting list for the family to receive CHBS services because OKDHS Child Welfare had been unable to schedule an intake staffing with the family within the fifteen-day time frame. The case was withdrawn from the waiting list for CHBS services on October 18, 2007.

Fourth Report Alleging Abuse/Neglect Received by the OKDHS (October 25, 2007)

The OKDHS received the fourth report regarding the family on October 25, 2007, alleging that the mother was not providing care for her two children: seven-month-old I.Y. and twenty-month-old Child 2. The reporter alleged there was no electric service, hot water, heat, or food in the home. Reportedly, the mother refused to take the children to daycare because Child 2 had a rash in the pubic area. According to the reporter, the rash appeared to be infected. Allegedly, the mother never changed the children's diapers.

The OKDHS accepted the report as a Priority I investigation. The OKDHS documented two attempts to visit the family on October 25, 2007, one attempt to visit on October 26, 2007, and another attempt on October 27, 2007. All four attempts were unsuccessful.

The OKDHS documented a successful attempt to contact the children on November 4, 2007, ten days after the report was received.

The OKDHS documented observing both children and not having observed any marks on I.Y.. The worker documented that Child 2 had an abscess on the right lower stomach area; a small, dime-sized bruise on the buttocks; and multiple marks on the legs, back, and buttocks, which were reported to be contact dermatitis. The investigative worker documented that Child 2 had been taken to a hospital emergency room on November 4, 2007, where the child was prescribed an ointment for the abscess.

The OKDHS recommended in the Report to the District Attorney dated December 17, 2007, for the family to continue with services. According to OKDHS records, the CHBS intake occurred on November 29, 2007.

Fifth Report Alleging Abuse/Neglect Received by the OKDHS (November 4, 2007)

The OKDHS received the fifth report regarding the family on November 4, 2007, alleging nineteen-month-old Child 2 had gone to an emergency room on that day for an abdominal abscess. The reporter stated that the child had been observed with an abdominal abscess on and off since July 2007. According to the reporter, the mother was not taking proper care of the child, and the child would be staying with a female maternal relative (this family member will be referred to as Relative 1 in this report). Reportedly, the reporter stated that a police report was filed regarding suspected child abuse.

The OKDHS accepted the report as a Priority I investigation. The OKDHS worker documented that Child 2 had been taken to the hospital emergency room by Relative 1. A different OKDHS worker documented that both children were observed unclothed.

OKDHS CHBS Intake Staffing (November 29, 2007)

The OKDHS documented that a CHBS intake staffing had occurred with the family on November 29, 2007. The documented goals for the family were:

- counseling;
- Section 8 housing assistance;
- day care assistance, with weekend assistance;
- parenting;
- furniture resources;
- trash can for home;
- toys for children;
- clothing for family; and
- SoonerStart referral.

OKDHS CHBS Contact Note (January 7, 2008)

A CHBS contact note dated January 7, 2008, documented that the biological mother had called 911 on January 6, 2008, to obtain emergency care for Child 2. According to the mother, the child had fallen, hitting his/her head, and that a hair clasp in the child's hair had caused an injury to the child's head. The CHBS case manager documented observing a scar on the child's head. Staff of a mobile emergency care unit went to the home and applied a salve and peroxide to the injured area of the child's head. A critical incident report was completed.

OKDHS CHBS Contact Note (January 29, 2008)

The CHBS worker documented that the family's home had a broken window due to strong winds. The maintenance department had cleaned up the broken glass. The contact note documented that the biological mother was to maintain proper supervision of the children at all times and to set up preventive day care.

OKDHS CHBS Contact Note (January 31, 2008)

The CHBS worker had observed four holes in a wall in the home. The CHBS worker documented the biological mother stating that a female maternal relative (this family member will be referred to as Relative 2 in this report) had put the holes in the wall and that Relative 2 had been kicked out of the home. The CHBS worker had documented that there was a small amount of food in the home, but that the biological mother had stated that she would be getting more food on February 1, 2008. The CHBS worker documented the biological mother as informing the CHBS worker that the family would be receiving a tax return of \$5,000. Documentation by the CHBS worker stated that the CHBS worker had noticed the biological mother "not to be truthful on some things".

OKDHS CHBS Contact Note (February 5, 2008)

The CHBS worker documented that three attempts to make CHBS home visits had been unsuccessful. The CHBS worker had completed three critical incident reports regarding the failed attempts to make visits on December 26, 2007; December 28, 2007; and February 5, 2008.

OKDHS CHBS Contact Note (February 6, 2008)

The CHBS case manager documented notifying the OCS liaison of her concerns that the children were not provided adequate food daily and that the home appeared unsafe for the children.

OKDHS CHBS Contact Note (February 7, 2008)

The CHBS worker visited the home on this day. The home was clean, there was plenty of food, and the holes in the wall had been repaired. The CHBS worker documented the mother as stating that she wanted the CHBS services in her home.

Sixth Report Alleging Abuse/Neglect Received by the OKDHS (February 27, 2008)

The sixth report received by the OKDHS on February 27, 2008, regarding the family alleged that the mother continued to allow men to visit her in the home. The reporter stated that a female friend of the mother's had been living in the home, but that the mother claimed she had requested the friend to leave the home because the friend had spanked the children. Reportedly, Child 2 had been observed with a red mark on top of the pelvic area and red marks from the buttocks to the toes when the child had run naked from the bath tub. The mother was reported as stating that the (bath) water must have been too hot. According to the reporter, the biological mother blamed a male maternal relative (this family member will be referred to as Relative 3 in this report) for the water being too hot; next, the mother and Relative 3 blamed each other; and then, the mother and Relative 3 both blamed Child 2.

The OKDHS screened-out the referral without investigation and documented, "Does not rise to level of CW (child welfare) involvement."

OKDHS CHBS Contact Note (March 10, 2008)

The CHBS worker had observed a new hole in the wall.

OKDHS CHBS Contact Note (March 12, 2008)

The CHBS worker had observed two holes in the wall.

OKDHS CHBS Critical Incident Report (March 18, 2008)

The CHBS worker documented in the critical incident report dated March 18, 2008, that when the CHBS worker was conducting a visit at the home, two women and a man knocked loudly on the door and accused the biological mother of egging their car and slitting three of their tires. The three visitors were yelling and cursing. The worker documented observing the biological mother and Child 2 crying, and the mother denying the allegation. When the biological mother told the three visitors that her caseworker was present, the visitors left shortly thereafter.

OKDHS CHBS Contact Note (February 27, 2008)

The CHBS caseworker documented that SoonerStart had visited the home to show the biological mother an exercise to help I.Y. to "stand straight up".

OKDHS CHBS Contact Note (April 2, 2008)

The CHBS contact note documented that a recommendation was being made to close the family's voluntary services case, as the biological mother had met the risk-related goals.

OKDHS CHBS Contact Note (April 7, 2008)

The CHBS worker documented making a final visit in the home on this date, before CHBS services were discontinued due to the voluntary services case being closed.

Seventh Report Alleging Abuse/Neglect Received by the OKDHS (January 20, 2009)

The seventh report received on January 20, 2009, by the OKDHS alleged that the biological mother had been overheard to yell and curse at her children. The reporter stated that the biological mother had told I.Y. that if he did not shut up, she would lock him in a closet. Reportedly, on January 17, 2009, the mother had thought that I.Y. might need to be treated at a hospital emergency room for a head injury. Allegedly, the child had an inch long cut on the back of his head. According to the reporter, the mother had told different stories of how the cut had happened. The child was taken to an emergency room, and the medical staff applied medical adhesive to the cut. Reportedly, I.Y. had picked up an open bottle of cleaner and was putting the bottle to his mouth, and, allegedly, the child's mother, who was positioned close to the child, had not taken the cleaner from the child. According to the reporter, the child wore the same shirt all day and his mother never wiped his runny nose. The reporter alleged that the mother had hit I.Y. in the neck with a plastic golf club but that he no longer had any marks on his neck. Reportedly, I.Y. was observed walking out of the family home's bathroom covered with soap, as Child 2 had planned to give him a bath; the mother was asleep at the time. The reporter alleged domestic violence in the home and that the mother had never filed for a victim protection order against the alleged male perpetrator.

The OKDHS accepted the report as a Priority II investigation, with three days to initiate the investigation. The OKDHS documented an attempt to visit the children on January 22, 2009, that was successful. The OKDHS documented an interview with the biological mother and her denying that she had threatened to lock the children in a closet or that she had hit I.Y. with anything. The mother acknowledged that three-year-old Child 2 had tried to give two-year-old I.Y. a bath. The worker documented that the children did not display any signs of abuse. The worker noted that I.Y. had been born three months prematurely and that there was "suspicion he may be MR (mental disability)".

Eighth Report Alleging Abuse/Neglect Received by the OKDHS (April 30, 2009)

The eighth report received on April 30, 2009, by the OKDHS regarding the family alleged that twenty-six-month-old I.Y. had been taken to a hospital. The biological mother had been at work, and Branford had been at home with the children. Branford had reported that he had taken I.Y. outside with him to feed the horse, and that while he was doing something and before he knew what had happened, the horse had kicked the child. The reporter stated that I.Y. had chest and head injuries, with abrasions on his back and some bleeding from an ear. According to the reporter, I.Y. would more than likely be admitted into the hospital, and he was listed in stable condition. The reporter stated that child abuse could not be ruled out, due to the injuries.

The allegations of substance use, failure to protect, inadequate or dangerous shelter, inadequate physical care, and abandonment all were added to the OKDHS investigation.

The OKDHS accepted the report as a Priority I investigation. Both children were taken into protective custody on April 30, 2009. The OKDHS made an overall finding of Confirmed-Court Intervention Requested.

The OKDHS documented that the pen where the horse was kept was dirty and muddy. The OKDHS documented that the worker had verified with the nurse who initially saw I.Y. at the hospital that the child was not dirty when he arrived at the emergency room.

Law Enforcement Protective Custody (April 30, 2009)

Law enforcement placed I.Y. and Child 2 both in protective custody on April 30, 2009, and both were taken to an emergency children's shelter that same day.

Law Enforcement Arrest (April 30, 2009)

Law enforcement arrested Wilbert Branford on April 30, 2009, for child abuse.

Plea to Charge and Sentence Received

Branford entered a plea of guilty on September 23, 2009, as to child abuse. He received a forty-year sentence, with thirty of the forty years to be served with the Oklahoma Department of Corrections.