



Report Identification Number: SY-16-030

Prepared by: Syracuse Regional Office

Issue Date: 1/9/2017

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 17 year(s)

Jurisdiction: Chenango
Gender: Male

Date of Death: 06/27/2016
Initial Date OCFS Notified: 06/29/2016

Presenting Information

On 6/27/16, the 17 year old male SC was at his BF's house alone. The SC was upset over a breakup with a girlfriend, got his BF's gun and shot himself. The report alleged that the BF did not properly secure his gun and as a result did not ensure the SC's safety. The roles of the mother and listed "unknown" children were unknown at the time of the report.

Executive Summary

This fatality report concerns the death of a 17 year old male child that occurred on 6/27/16. On 6/29/16 Chenango County Department of Social Services (CCDSS) received a report alleging IG and DOA/Fatality against the BF regarding the SC having committed suicide, and the BF had not ensured his safety by not properly securing his gun. CCDSS contacted the source and began a joint investigation with LE. LE reported they "do not believe that the parents are at fault" for the SC's death, and stated that the SC had committed suicide. The preliminary autopsy report stated the youth had no medical or psychiatric history.

CCDSS determined that the SC had dropped his BF off at the airport, and returned to the BF's home to sleep. The SC left to talk with his girlfriend's father about dating his daughter, as they had recently split up. According to collaterals, this conversation did not go well. The SC returned home and made calls and sent text messages to his friends and mother, stating he loved them. The BM stated this raised concern for her as this was unusual for him and felt something may have been wrong. The BM contacted the SC's friend to check on him at the BF's home. The friend went to the home and found the SC sitting in the garage with a handgun. The friend called the SC's BM when he realized the SC may commit suicide. The SC walked to the back of the barn and shot himself in the head. The friend called 911. First responders arrived and the SC was taken to the hospital, where he died as a result of the gunshot wound to his head.

The SC was the only child in the BF's home, with no other children reported visiting. The BM and BF had three children together, with the SC having been the youngest. The two older siblings were over 18 years of age and resided outside the home. The SC had been residing with the BM for the past year and decided to stay at the BF's home two days prior to the fatal incident. The BM's household consisted of a half sibling and the BM's two step children. The SC's half sibling and the two step children were not related to the BF, and did not visit with him. The BM's children were listed on the report, however CCDSS noted they were "added in error" and removed them from the report due to having no relation or contact with the BF (AS). According to CCDSS the BF's home was identified as the SC's primary residence at the time of the fatality. It was also determined that the BM had no role and was not a subject of the report. CCDSS conducted interviews, collateral contacts, and visits to the BF's home. CCDSS verified that no other children were living in or visiting the home who's safety needed to be assessed. CCDSS found that the guns were kept secured in a combination locked cabinet. Since the SC was a hunter, like his BF, had taken gun safety courses, he had been given access to the combination and guns. Collateral contacts did not report any concerns of the BF's care of the SC, mental health issues, or any other concerns that would indicate the SC should not have had access to the guns.

On 9/15/16 CCDSS unfounded the report of IG, DOA/Fatality against the BF after determining that there was no evidence to support the allegations. CCDSS offered assistance to the BF and BM, however no service needs were requested at the time of case closure. The final autopsy and toxicology report were pending at the time of this report.



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? Yes

Determination:

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

Was the decision to close the case appropriate? Yes

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

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

Explain: CCDSS found no evidence to support the allegations against the BF. There were no other children residing in the BF's/Alleged subject's home or visiting at the time of the fatality.

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: 06/27/2016

Time of Death:

County where fatality incident occurred: CHENANGO

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping Working Driving / Vehicle occupant
- Playing Eating Unknown



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Other: standing

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	Male	17 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	41 Year(s)

LDSS Response

CCDSS coordinated the investigation with law enforcement appropriately. CCDSS conducted case work activities that verified no other children resided in the household who's safety needed to be assessed. The SC was the only child staying in the BF's home, or visiting the home at the time. The SC's two older adult siblings resided outside the BF and BM's home. The SC's half sibling, and two step siblings resided with the BM, however it was determined that these siblings did not have a relationship with the BF, nor did they visit with him. Home visits and collateral contacts were appropriately conducted regarding the allegations in the report, with no risk or safety concerns noted. The SC's friend, that witnessed the SC's suicide was not interviewed by CCDSS CPS due to the amount of trauma involved. CCDSS received and reviewed the friend's statement taken by LE, with no safety issues or concerns noted. CCDSS determined that the guns in the household were registered and secured in a locked combination safe. CCDSS further determined that the SC, a 17 year old avid hunter, having taken gun safety courses, was appropriately afforded access to the guns and the safe's combination. Supervisory consultations were documented appropriately at various points during the investigation. CCDSS unsubstantiated all allegations in the report. The family was offered services, but expressed they had a large local support network and did not need services at the time of case closure.

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: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: Joint investigation with LE

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



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SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
033523 - Deceased Child, Male, 17 Yrs	033524 - Father, Male, 41 Year(s)	Inadequate Guardianship	Unsubstantiated
033523 - Deceased Child, Male, 17 Yrs	033524 - Father, Male, 41 Year(s)	DOA / Fatality	Unsubstantiated

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"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality



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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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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? No

Explain:

The family was offered services, but expressed they had a large local support network and did not need services at the time of case closure.

The BM stated the BF had been "sober for years", and that he was drinking again due to the SC's suicide. Although no children were residing with the BF or visited his home, CCDSS did not follow up with the BF regarding the BM's statement or offer him services.

History Prior to the Fatality



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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)
09/16/2014	12925 - Other Child - step child, Male, 10 Years	12927 - Other Adult - step child's BM, Female, 25 Years	Lack of Medical Care	Indicated	No

Report Summary:

BM resided with her boyfriend, 2 step children, SC, and SC's half sibling. Report alleged that the mother of one of the step children (whom resided outside the household) had not provided her son with his prescribed medication during a overnight while in her care. This mother was aware and failed to provide her son with the required medication. BM, SC and SC's half sibling roles were unknown at the time of the report.

Determination: Indicated **Date of Determination:** 11/19/2014

Basis for Determination:

CCDSS determined there was enough evidence to support the allegations of LMED against the mother of the step child. CCDSS conducted an investigation jointly with LE and verified that when asked to provide the child's prescribed medication the mother of the step child had produced medication that did not come from the prescribed pharmacy. The mother was arrested and the BM's boyfriend (and father of the subject of the report) was granted physical placement of the child. BM, SC, SC's half sibling had no role in the report.

OCFS Review Results:

CCDSS investigation was appropriate

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

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

On 3/12/07 an SCR report alleging PDAM, IG, LBW, LS was made against the BM and her boyfriend at the time, regarding the SC, his two older siblings, and a step sibling. All allegations were unsubstantiated due to a lack of evidence to support the allegations. The case was closed on 5/17/07 with no services identified needed.

Known CPS History Outside of NYS

None



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.

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