



**Report Identification Number: SY-15-041**

**Prepared by: Syracuse Regional Office**

**Issue Date: 5/23/2016**

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**

<b>Relationships</b>		
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
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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**



**Report Type:** Child Deceased  
**Age:** 6 month(s)

**Jurisdiction:** Oneida  
**Gender:** Male

**Date of Death:** 11/28/2015  
**Initial Date OCFS Notified:** 11/30/2015

## Presenting Information

On 11/28/15, at approximately 3:53PM, the SC (6 months) died of a shotgun wound to the head. The SC was in the living room sitting in a saucer type seat approximately five feet from the BM's boyfriend as he was fitting his shotgun with a pistol grip. As the BM's boyfriend leaned forward with the gun on his lap and with the barrel of the gun pointed directly toward the SC, the gun went off, striking the SC in the head. BM and her boyfriend had been smoking marijuana prior to the incident. Unknown if they were smoking in the presence of the SC. Unknown if this affected the BM's ability to care for the child. BM's boyfriend had cleaned the gun before installing the pistol grip. He did not remember putting two shells back in the gun. There is reason to suspect that BM's boyfriend was impaired on marijuana at the time of the incident.

## Executive Summary

This review concerns the 11/28/15 fatality of a six-month-old child from a shotgun wound inflicted by his BM's boyfriend. BM's boyfriend was sitting on a couch cleaning the shotgun and when the boyfriend stood up the gun discharged, striking the SC in the head and killing him instantly while SC was playing in a bouncy seat. The boyfriend later claimed that he was unaware that he had left ammunition in the weapon and that the incident was an accident. BM and a friend were both present and witnessed the incident. Both BM and the boyfriend reported that they had been smoking marijuana prior to the incident. The official cause of death was homicide and the manner was accident. BM's boyfriend was arrested on one count of Criminally Negligent Homicide to which he later pled guilty in criminal court and was sentenced to 1 1/3 to 4 years in state prison. There were no surviving siblings. OCDSS conducted a thorough investigation that met regulatory requirements. Appropriate services were offered to the family to include bereavement counseling. OCDSS appropriately substantiated allegations of DOA/Fatality, IG and PDRG against BM's boyfriend and IG and PDRG against the BM. The investigation was Indicated and closed on 3/18/16 following the receipt of the final autopsy 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?**
- **Was the determination made by the district to unfound or indicate appropriate?**

Yes, sufficient information was gathered to determine all allegations.

Yes



Explain: No safety issues existed at case determination as there were no surviving siblings/children in household. This was documented appropriately in the determination safety assessment.

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: Casework activities were conducted appropriately. Case was indicated and closed as there were no surviving siblings or children in the household.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/28/2015 Time of Death: Unknown

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

County where fatality incident occurred: ONEIDA

Was 911 or local emergency number called? Yes

Time of Call: 03:53 PM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- [ ] Sleeping [ ] Working [ ] Driving / Vehicle occupant
[x] Playing [ ] Eating [ ] Unknown
[ ] Other

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? Yes - Caregiver

At time of incident supervisor was:

- [x] Drug Impaired [ ] Absent
[ ] Alcohol Impaired [ ] Asleep
[ ] Distracted [ ] Impaired by illness
[ ] Impaired by disability [ ] Other:



# NYS Office of Children and Family Services - Child Fatality Report

**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	6 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	18 Year(s)

## LDSS Response

Upon receipt of the SCR report, OCDSS responded in a timely manner and initiated the investigation per MDT protocol. OCDSS interviewed the source of the report, reviewed prior child welfare history, and interviewed relevant collaterals to obtain sufficient information to assess 24-hour and 7-day safety and determined that there were no surviving siblings/other children in household. OCDSS interviewed both the BM and BM's boyfriend (both alleged subjects on the report) as well as a witness to the fatal incident.

OCDSS contacted appropriate and relevant collaterals throughout the course of the investigation, to include first responders, law enforcement, medical personnel, and previous community service providers. OCDSS obtained relevant records and provided them for this review.

OCDSS offered bereavement counseling, mental health, substance abuse counseling, and domestic violence services to the family. Services offered and provided were appropriate and relevant to case circumstances.

OCDSS substantiated allegations of DOA/Fatality, IG, and PDRG against the BM's boyfriend, as well as IG and PDRG against the BM. The report was indicated and closed on 3/16/16. The allegation determinations and case disposition were appropriate given the case circumstances.

## 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

**Comments:** Oneida County MDT conducted the investigation appropriately.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

**Comments:** The fatality was reviewed by Oneida County Child Fatality Review Team on 3/16/16.



# NYS Office of Children and Family Services - Child Fatality Report

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
022621 - Deceased Child, Male, 6 Mons	027882 - Mother's Partner, Male, 18 Year(s)	DOA / Fatality	Substantiated
022621 - Deceased Child, Male, 6 Mons	027881 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated
022621 - Deceased Child, Male, 6 Mons	027881 - Mother, Female, 19 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
022621 - Deceased Child, Male, 6 Mons	027882 - Mother's Partner, Male, 18 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
022621 - Deceased Child, Male, 6 Mons	027882 - Mother's Partner, Male, 18 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"/>
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"/>



# NYS Office of Children and Family Services - Child Fatality Report

## Legal Activity Related to the Fatality

**Was there legal activity as a result of the fatality investigation?**

Family Court

Criminal Court

Order of Protection

<b>Criminal Charge:</b> Criminally negligent homicide		<b>Degree:</b> NA	
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
11/28/2015	BM's boyfriend	03/21/2016	Manslaughter Plea
<b>Comments:</b>	BM's boyfriend pled guilty to manslaughter on 3/21/16 and was sentenced to 1 1/3 to 4 years in state prison.		

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# NYS Office of Children and Family Services - Child Fatality Report

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

**Additional information, if necessary:**  
 BM began counseling after the SC's death. BM refused a substance abuse referral. A DV referral was also completed by BM due to family reporting concerns (although denied by BM and boyfriend).

**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?** N/A

**Explain:**  
 No surviving siblings/children in household.

## 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?** N/A
- Was the child acutely ill during the two weeks before death?** No

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

## 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)
03/13/2015	9162 - Other Child - Household member, Male, 14 Years	9161 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	No



# NYS Office of Children and Family Services - Child Fatality Report

9163 - Other Child - Household member, Male, 13 Years	9161 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded
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**Report Summary:**

Report alleged that all adults in the home (including BM) were smoking marijuana and drinking to intoxication on a daily basis while caring for the children in the home.

**Determination:** Unfounded**Date of Determination:** 07/27/2015**Basis for Determination:**

No credible evidence was found to substantiate the allegations. Adults were not observed to be under the influence at any time and no drugs or paraphernalia were observed in the home. All adults submitted to drug screens and tested negative. Children denied any knowledge of drug use in the home.

**OCFS Review Results:**

Safety and risk were appropriately assessed throughout the investigation. Case determination was appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/08/2015	9025 - Deceased Child, Male, 1 Days	9027 - Grandparent, Male, 46 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	9025 - Deceased Child, Male, 1 Days	9028 - Mother's Partner, Male, 18 Years	Parents Drug / Alcohol Misuse	Unfounded	
	9025 - Deceased Child, Male, 1 Days	9026 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	
	9025 - Deceased Child, Male, 1 Days	9027 - Grandparent, Male, 46 Years	Inadequate Guardianship	Unfounded	
	9025 - Deceased Child, Male, 1 Days	9028 - Mother's Partner, Male, 18 Years	Inadequate Guardianship	Unfounded	
	9025 - Deceased Child, Male, 1 Days	9026 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

The BM gave birth to the SC on 5/7/15. The BM had ongoing mental health issues. The MGF was an alcoholic who was constantly intoxicated in the home. The BM and MGF often became involved in physical altercations with one another, especially when the MGF was drinking. The home environment was not safe for the SC.

A subsequent report received on 5/24/15 alleged that the BM and her boyfriend smoked marijuana to impairment while caring for the SC and that BM was incapable of caring for the SC without supervision. Report was consolidated.

**Determination:** Unfounded**Date of Determination:** 09/11/2015**Basis for Determination:**

No credible evidence was found to substantiate the allegations. BM denied that DV with MGF had ever occurred in the presence of SC. She further stated that MGF was an alcoholic however the SC was not left in his care. BM moved out of the MGF's home during the investigation and moved in with her boyfriend.

No evidence was found that the BM or her boyfriend engaged in drug use nor that any use impaired their care of the SC. SC's basic needs were being met and the BM was working with Healthy Families, who reported no concerns.

**OCFS Review Results:**

Safety and risk were adequately assessed throughout the investigation. The case determination 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**

There is no CPS history more than three years prior to the fatality.

**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.

**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