



## Report Identification Number: SY-22-041

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

Issue Date: Jan 26, 2023

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

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

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

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

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

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

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

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



## Abbreviations

<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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services	DA-District Attorney	
<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-Other	SXTF-Sex Trafficking
<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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 15 year(s)

**Jurisdiction:** Jefferson  
**Gender:** Male

**Date of Death:** 09/08/2022  
**Initial Date OCFS Notified:** 09/09/2022

## Presenting Information

On 9/9/22, Jefferson County Department of Social Services (JCDSS) received a report from the SCR alleging that the 15-year-old subject child had a history of suicidal ideations. The mother and father were aware and failed to obtain mental health treatment and allowed the child access to a firearm. As a result, on 9/8/22, the subject child committed suicide by shooting himself in the head with a firearm.

## Executive Summary

This fatality report concerns the death of the 15-year-old male subject child that occurred on 9/8/22. A report was made to the SCR on 9/9/22 with allegations of Inadequate Guardianship, Lack of Medical Care, and DOA/Fatality against the mother and father. At the time of the child’s death, he resided at home with his parents. There were no siblings or other children in the home.

The investigation revealed that on 9/8/22, the subject child was home with his parents. In the evening, the father was doing farm chores and planned to chop wood with the subject child afterward. The father assumed the child changed his mind about helping with wood as he did not meet the father outside after chores. On 9/9/22, the father called upstairs to the subject child several times to get ready for school. It was not unusual for the child to struggle to get ready for school in the morning, the father went upstairs to rouse the child and had to force entry into his bedroom. The father found the subject child deceased, with a self-inflicted gunshot wound to the head.

An autopsy was performed and the cause of death was cerebral avulsion due to a gunshot wound to the forehead. The manner of death was suicide with a significant condition of depression. Law enforcement determined there was no criminality in the death and closed their investigation.

JCDSS met with all family members and interviewed pertinent collateral sources. It was determined the child had not shown signs of suicidal ideation nor any concerning behaviors in the days leading up to his death. Law enforcement completed an investigation, and their findings corroborated the information the mother and father provided to JCDSS. The allegations were unfounded against the parents regarding the subject child. The death was determined to be suicide and there were no significant mental health concerns for the subject child leading up to the death. The parents were unaware of any personal crisis that may have contributed to the child’s despondency.

### PIP Requirement

For citations identified in historical cases, JCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) JCDSS has taken, or will take, to address the cited issue. For issues where a PIP is currently implemented, JCDSS will review the plan and revise as needed to address ongoing concerns.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on



the:

- Safety assessment due at the time of determination? N/A

**Determination:**

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

**Explain:**

JCDSS conducted a thorough investigation which met regulatory requirements. Once case objectives were met, JCDSS determined and closed their investigation as the parents had no other children in their care.

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 activity was commensurate with best casework practice.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 09/08/2022

Time of Death: Unknown

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

County where fatality incident occurred: Jefferson

Was 911 or local emergency number called? Yes

Time of Call: 06:14 AM

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other



**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	15 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	53 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	47 Year(s)

**LDSS Response**

On 9/9/22, JCDSS received the SCR fatality report regarding the subject child. Upon receipt of the fatality report, JCDSS initiated their investigation within 24 hours and coordinated efforts with their MDT. In the days proceeding the subject child's death, JCDSS spoke with all collateral sources and there were no concerns noted regarding the safety of the child.

JCDSS, in coordination with a community-based behavioral health specialist, interviewed the mother and father at their home. The parents reported that it was not abnormal for the child to spend a significant amount of time in his room playing video games, listening to music, and socializing with his friends. The night of the fatal incident, the child was supposed to assist the father with chopping wood, but the father assumed he changed his mind when he did not come outside after evening chores. The father called up to the child several times the following morning with no response. The father went upstairs to wake the child to get him to school on time, and found he had to force his way into the bedroom. The child was deceased on the floor of his room, with a gunshot wound to his head. The parents denied hearing the gun go off during the evening. Both parents confirmed the child had his own hunting rifle and though it was stored in a locked cabinet, the child had a key as he would often clean the gun and adjust the scope. The parents reported the child had chronic poor school performance and recently failed the summer school session. The parents did not suspect the child was suicidal and reported he had been making both long and short-term plans. The parents were unaware that the child spoke about suicide to a friend.

JCDSS and law enforcement spoke with family friends and learned the subject child had been expressing suicidal ideations to the friends. The family checked in on the child periodically but did not inform the parents of the suicide threats. The family friends did not believe the child would act on the threats.

JCDSS spoke with medical providers as well as the school regarding the subject child's mental health. The record did not reflect concerns from the primary care physician. There were no recommendations for mental health treatment following a basic mental health evaluation. The school reported the child struggled academically and had discord with a female friend but did not receive counseling or additional services at the school.

JCDSS supplied the parents with community-based mental health and bereavement counseling referrals. Once case objectives were completed, the investigation was determined and closed. JCDSS did not find evidence to support the allegations as the parents were unaware the child had made suicidal threats. The parents did not see a change in the child's behavior and believed he was well-adjusted.

**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)?** Yes

**Comments:** JCDSS adhered to previously approved protocols for joint investigations by coordinating efforts with law enforcement and notifying the DA's office of the death.

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** Yes

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
062485 - Deceased Child, Male, 15 Yrs	062486 - Mother, Female, 47 Year(s)	DOA / Fatality	Unsubstantiated
062485 - Deceased Child, Male, 15 Yrs	062487 - Father, Male, 53 Year(s)	DOA / Fatality	Unsubstantiated
062485 - Deceased Child, Male, 15 Yrs	062486 - Mother, Female, 47 Year(s)	Inadequate Guardianship	Unsubstantiated
062485 - Deceased Child, Male, 15 Yrs	062487 - Father, Male, 53 Year(s)	Inadequate Guardianship	Unsubstantiated
062485 - Deceased Child, Male, 15 Yrs	062486 - Mother, Female, 47 Year(s)	Lack of Medical Care	Unsubstantiated
062485 - Deceased Child, Male, 15 Yrs	062487 - Father, Male, 53 Year(s)	Lack of Medical Care	Unsubstantiated

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Fatality Safety Assessment Activities

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

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 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 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 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 checked="" type="checkbox"/>	<input 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 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"/>

**Additional information, if necessary:**

JCDSS provided the parents with bereavement and mental health service referrals following the death. The father was receptive and engaged in services. The mother declined referrals and reported she had support within the community and services through her employer. The mother was engaged in substance abuse treatment due to a history of alcohol abuse.



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:**

There were no siblings or other children in the home following the death.

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

**Explain:**

JCDSS provided community-based bereavement and mental health service referrals to the family.

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
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

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/04/2020	Deceased Child, Male, 13 Years	Mother, Female, 44 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 13 Years	Mother, Female, 44 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 13 Years	Mother, Female, 44 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 13 Years	Mother, Female, 44 Years	Swelling / Dislocations / Sprains	Unsubstantiated	
	Deceased Child, Male, 13 Years	Father, Male, 51 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

JCDSS received a report from the SCR alleging, on a frequent basis, the mother drank to intoxication. The mother was often the sole caretaker for the then 13-year-old subject child. As a result, the mother was unable to adequately care for the child. On 3/3/20, the mother was intoxicated and got upset with the child. The mother threw her cell phone and it hit the child in the eye. As a result, the child suffered bruising and swelling. The father was aware of the mother's alcohol misuse but failed to adequately address the situation.

**Report Determination:** Unfounded

**Date of Determination:** 05/04/2020

**Basis for Determination:**

Though JCDSS found credible evidence to substantiate the allegation of Inadequate Guardianship against the mother, the indication was overturned at fair hearing.



**OCFS Review Results:**

JCDSS contacted all relevant collateral sources and made an appropriate safety plan for the subject child given the circumstances. JCDSS completed Safety Assessments and the Risk Assessment Profile adequately and within the required timeframes. NOE letters were provided to all appropriate individuals. Twenty of the thirty two notes were entered more than a month after their event dates.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Twenty of the thirty two progress notes were entered more than one month after their event dates.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

The Syracuse Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. JCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

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

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

**Known CPS History Outside of NYS**

There was no known history outside of New York State.

**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