



Report Identification Number: RO-17-039

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

Issue Date: Apr 16, 2018

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	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: 2 year(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 10/24/2017
Initial Date OCFS Notified: 10/25/2017

Presenting Information

It was alleged that on 10/20/17, the 2-year-old male SC sustained a gunshot wound to the head that was inflicted by his father. The father was the sole caregiver at the time of the incident. EMS was accompanied by law enforcement and transported SC to a hospital. On 10/24/17 at 11:56PM, the hospital pronounced SC dead. The mother and four other children who lived in the home had unknown roles.

Executive Summary

This fatality report concerns the death of a 2-year-old male child (SC) that occurred on 10/24/17. A report was made to the SCR on 10/20/17 when SC suffered his fatal wound. A second SCR report was received on 10/25/17, after SC died. Monroe County Department of Human Services (MCDHS) assessed the 6 surviving siblings to be safe on 10/20/17 and at regular intervals during the investigation. An autopsy was performed; however, the ME's report was pending at the time of this writing.

On 10/20/17, while SC was home in the care of his father (SF), SC sustained a gunshot wound to the head. The mother and the surviving siblings were not home at the time. 911 was called and EMS responded to the home. SC was transported to the hospital and was later pronounced brain dead on 10/22/17 and died on 10/24/17. Medical records showed the SC sustained a gunshot wound to the head that was "not sustainable to life." SF was arrested and placed in police custody. The mother was on a field trip with the 4yo SS, was notified of the incident, and immediately went to the hospital. SF denied shooting the child and per his attorney's advice he would not speak to CW about the day of 10/20/17.

Throughout interviews with the mother, all surviving siblings, adult siblings, and collateral contacts, no one was aware of there being a gun in the home. The mother last saw SC and his father around 9:25AM that morning and said everything was normal prior to her leaving.

MCDHS gathered information about SC's death from the parents, the hospital, ME, and EMS. CW obtained copies of medical, LE, and EMS records. CW also gathered information regarding the family from schools, pediatricians, and mental health counselors.

MCDHS assessed the safety of the surviving siblings in the relative's homes they were staying in while their mother searched for a new residence. A preventive services referral was made on behalf of the family and bereavement counseling was offered. Some of the family was already active in mental health counseling. MCDHS also provided food vouchers for the family during this time.

Per preliminary findings by the ME, it is suspected the child may have been playing with the gun and shot himself. The father plead to criminal possession of a weapon and remains in jail.

The allegations of DOA/Fatality, II, and IG against the father for SC remain pending.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? N/A
- Was the safety decision on the approved Initial Safety Assessment appropriate? 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Was the decision to close the case appropriate? N/A

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 case circumstances.

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: 10/24/2017

Time of Death: 11:04 PM

Date of fatal incident, if different than date of death:

10/20/2017

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

Unknown

County where fatality incident occurred:

Monroe

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

Did child have supervision at time of incident leading to death? Yes
Is the caretaker listed in the Household Composition? Yes - Caregiver 2
At time of incident supervisor was: Unknown if they were impaired.

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	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	No Role	Female	37 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Deceased Child's Household	Sibling	No Role	Female	16 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)
Other Household 1	Other Adult - Father of the female SS	No Role	Male	40 Year(s)

LDSS Response

On 10/20/17, MCDHS received the initial report alleging SC was shot. MCDHS initiated their investigation within 24 hours, and coordinated their efforts with LE. MCDHS contacted the source of the report, completed a CPS history check, and notified the DA. The ME was notified on 10/24/17 after SC died. MCDHS assessed the safety of the SS and conducted an initial home visit on the same date the report was received.

LE allowed CW to do a walk-through of the family's home. CW observed where SC was believed to have been shot.

CW observed SC in the hospital and sat in on LE's interview with BM. BM denied any knowledge of SF ever having a gun. BM said she had last spoke with SF around 9:25AM on 10/20/17. BM was on a field trip with the 4yo SS and SF was home alone with SC. All other SS were at school at the time.

While at the hospital, CW spoke with MGM who said she would take the 2 male SS to stay with her. MGM agreed with CW to not allow the male SS to have any contact with SF if he was released from jail. The 4 female SS were at the hospital with their father who told CW he'd be taking them to stay with him. Their father told CW he never had any concerns with SF, his CHN never expressed any concerns to him, and he had no knowledge of SF having a gun. The father denied he used drugs/alcohol, any DV in his home, and denied having any MH issues. He agreed to not allow his daughters to have contact with SF should he be released from jail. CW visited the homes and CHN appeared comfortable and safe in each environment.



MCDHS spoke with the hospital social worker and later obtained the hospital records for SC as well as EMS records. CW also obtained school and medical records for all SS. The school told CW they had given food to the family and helped BM search for a new apartment. CW spoke with SF’s therapist who confirmed he had been in therapy and was on MH medication. The therapist had no concerns of SF abusing his prescription medication and said there were no warning signs for SF to be homicidal.

CW interviewed the 4 female SS, all of whom claimed SF would hit their mother during arguments, SF used synthetic marijuana, and they denied having knowledge of a gun in the home. They said BM was aware SF used synthetic marijuana as it was sometimes left out on the counter and BM would tell him to put it away. The SS described SF as acting “weird or crazy” after smoking it. They denied SF ever hitting them or their brothers.

On 10/24/17, SF was interviewed in jail but would not speak to the events of the day SC was shot, per his attorney’s advice. SF said he had a MH diagnosis which he took medication for and received counseling. SF denied there was DV in the home and denied using drugs or alcohol.

The 2 male SS later went to stay with an adult sister. The sister denied knowing about DV in the home. The male SS were interviewed and denied there was DV in the home or that anyone used drugs or alcohol.

On 10/26/17, BM was interviewed and said she left around 9:25AM on 10/20/17 to go on a field trip with the 4yo SS. BM reported nothing was different that morning and there was no indication to her that something like this would happen. BM denied any knowledge of guns in the home and had never seen SF with a gun. BM denied any arguments the night before or the morning of the incident. BM had no account of what she thought happened to SC. BM denied there was DV in the home and said she had been sober since 2014. BM had been seeing a therapist and had been in contact with them since the incident.

MCDHS visited the SS several times during the investigation to assess safety and offer services. MCDHS provided the family with food vouchers when needed and a preventive referral was made.

On 2/9/18, SF plead guilty to one count of second degree criminal possession of a weapon and awaits sentencing.

MCDHS completed required reports and safety assessments accurately and on time and completed a thorough investigation.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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Child Fatality Report

044501 - Deceased Child, Male, 2 Yrs	044503 - Father, Male, 36 Year(s)	Internal Injuries	Pending
044501 - Deceased Child, Male, 2 Yrs	044503 - Father, Male, 36 Year(s)	Inadequate Guardianship	Pending
044501 - Deceased Child, Male, 2 Yrs	044503 - Father, Male, 36 Year(s)	DOA / Fatality	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



Child Fatality Report

Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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"/>

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?	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?	Yes
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)
10/20/2017	Sibling, Female, 14 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Pending	No
	Sibling, Female, 11 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Pending	
	Sibling, Female, 16 Years	Father, Male, 36 Years	Inadequate Guardianship	Pending	
	Sibling, Male, 8 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Pending	
	Sibling, Male, 4 Years	Mother, Female, 37 Years	Inadequate Guardianship	Pending	
	Deceased Child, Male, 2 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Pending	
	Deceased Child, Male, 2 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Pending	



Sibling, Female, 12 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Pending
Sibling, Female, 11 Years	Mother, Female, 37 Years	Inadequate Guardianship	Pending
Sibling, Female, 14 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Pending
Sibling, Female, 12 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Pending
Sibling, Female, 11 Years	Father, Male, 36 Years	Inadequate Guardianship	Pending
Sibling, Male, 8 Years	Mother, Female, 37 Years	Fractures	Pending
Sibling, Male, 8 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Pending
Sibling, Male, 8 Years	Father, Male, 36 Years	Inadequate Guardianship	Pending
Deceased Child, Male, 2 Years	Mother, Female, 37 Years	Inadequate Guardianship	Pending
Sibling, Female, 16 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Pending
Sibling, Female, 16 Years	Mother, Female, 37 Years	Inadequate Guardianship	Pending
Sibling, Female, 14 Years	Mother, Female, 37 Years	Inadequate Guardianship	Pending
Sibling, Female, 12 Years	Mother, Female, 37 Years	Inadequate Guardianship	Pending
Sibling, Female, 16 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Pending
Sibling, Female, 14 Years	Father, Male, 36 Years	Inadequate Guardianship	Pending
Sibling, Female, 12 Years	Father, Male, 36 Years	Inadequate Guardianship	Pending
Sibling, Female, 11 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Pending
Sibling, Male, 8 Years	Mother, Female, 37 Years	Inadequate Guardianship	Pending
Sibling, Male, 4 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Pending
Sibling, Male, 4 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Pending
Sibling, Male, 4 Years	Father, Male, 36 Years	Inadequate Guardianship	Pending
Deceased Child, Male, 2 Years	Father, Male, 36 Years	Inadequate Guardianship	Pending
Deceased Child, Male, 2 Years	Father, Male, 36 Years	Internal Injuries	Pending



Report Summary:

It was alleged that on 10/20/17, before 12PM, SC sustained a gunshot wound to his head while in the care of his father. It was unknown who shot the child or why. The child was not expected to survive. The mother and siblings had unknown roles.

Determination: Undetermined

OCFS Review Results:

MCDHS took prompt action to locate and assess the safety of the surviving siblings. CW made safety plans with the mother and caretakers the siblings would be staying with. MCDHS worked with LE during the investigation, obtained medical records, school records, and contacted appropriate collaterals. CW completed safety assessments accurately and on time, and assessed for safety and family needs throughout the investigation. MCDHS completed a thorough investigation.

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)
09/01/2017	Sibling, Female, 12 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Far-Closed	No
	Sibling, Female, 11 Years	Mother, Female, 37 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Male, 4 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Male, 4 Years	Mother, Female, 37 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Male, 2 Years	Mother, Female, 37 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 14 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Female, 12 Years	Mother, Female, 37 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Male, 8 Years	Mother, Female, 37 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Male, 2 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Female, 15 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Female, 14 Years	Mother, Female, 37 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 11 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Male, 8 Years	Mother, Female, 37 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Female, 15 Years	Mother, Female, 37 Years	Inadequate Guardianship	Far-Closed	
Sibling, Female, 11 Years	Father, Male, 36 Years	Inadequate Guardianship	Far-Closed		



Sibling, Male, 8 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Female, 15 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Female, 15 Years	Father, Male, 36 Years	Inadequate Guardianship	Far-Closed
Sibling, Female, 12 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Male, 8 Years	Father, Male, 36 Years	Inadequate Guardianship	Far-Closed
Sibling, Male, 4 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Male, 2 Years	Father, Male, 36 Years	Inadequate Guardianship	Far-Closed
Sibling, Female, 14 Years	Father, Male, 36 Years	Inadequate Guardianship	Far-Closed
Sibling, Male, 4 Years	Father, Male, 36 Years	Inadequate Guardianship	Far-Closed
Sibling, Male, 2 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Female, 11 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Female, 14 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Female, 12 Years	Father, Male, 36 Years	Inadequate Guardianship	Far-Closed

Report Summary:

It was alleged that BM and SF were failing to provide a minimum degree of care for their children. The home was infested with bed bugs and roaches because the parents did not clean. The children had bed bug bites on their bodies and had scratched their skin open. The children did not have beds so they slept on the dirty floor which caused the children to be dirty. For a week prior to this report, there had not been any food in the home for the children. The parents purchased one meal a day for the children. They are missing meals and are often hungry.

OCFS Review Results:

FAR was explained clearly and thoroughly to the family and family agreed to the process. CW offered appropriate assistance to the family in obtaining beds. CW did not observe the children to have any bug bites. CW also observed an adequate amount of food in the home. The children denied ever being hungry. CW did not observe any of the alleged bugs in the house. CW completed the FLAG with the family, reviewed family history, and assisted in family needs such as beds. Safety assessments were completed accurately and on time. Collaterals were contacted and had no concerns for the children. All adults were provided notification of the report. Family had no further needs and the case was closed.

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

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

Between July 1996 and March 2014, BM was named in 10 SCR reports for various allegations, including failure to thrive, lack of supervision, parent's drug/alcohol misuse, inadequate food/clothing/shelter and inadequate guardianship; 8 reports were indicated and 2 unfounded. In two of the reports, other adults were named and indicated.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.



Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Foster Care Placement History

7/21/03 a case was IND against BM for IG & PD/AM of the 14yo SS at the time of her birth. The 14yo SS was placed in foster care at the time of her birth. This was the result of her and her mother testing positive for marijuana, the family having no supplies for the child, no permanent residence, and no source of income. Child was placed with a paternal relative. The parents signed the consent for removal of the child. Child remained in care until 8/23/05 when she was returned to BM.

10/22/01-a case was IND against BM for IG & PD/AM of the 16yo SS at the time of her birth. BM and child tested positive for marijuana. BM and the child's father did not have a source of income or housing at the time of child's birth. A neglect petition was filed in family court and 16yo SS placed in foster care on 10/23/01. The 16yo SS was discharged to a relative on 11/7/01 and return to her BM's care on 10/25/05.

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