



## Report Identification Number: SY-19-055

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

Issue Date: Feb 26, 2020

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

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

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

**Date of Death:** 10/29/2019  
**Initial Date OCFS Notified:** 11/15/2019

## Presenting Information

On 11/8/19, the death of the 15-year-old male subject child was reported to OCFS by the Oneida County Department of Social Services (OCDSS) through the required 7065 Agency Reporting Form. The teenager died at his home following a self-inflicted gunshot wound.

## Executive Summary

On 10/30/19, OCDSS learned of the passing of the 15-year-old subject child following receipt of a text message from the father explaining the circumstances. OCDSS had an open Preventive Services case with the father and subject child from 8/6/18 until the child’s death. OCDSS opened a Preventive Services case with the family due to the subject child’s behavioral issues: academic failure, bullying, suicidal ideation, inpatient hospital admission, verbal aggression, and social concerns. At the time of the teenager’s death, he was residing with his father. There were no surviving siblings or other children residing in the home. The child had regular and consistent contact with his mother. There were no other children residing in her home at the time of the death.

It was learned the child had a history of suicidal ideation and destructive behavior. The subject child made statements in February 2018 about “shooting up the school” he attended. As a result, the child was placed on probation and admitted to the mental health clinic. The subject child violated the orders of his probation and was placed in a residential facility on 2/1/19. The subject child remained in placement until 7/11/19 when the child was released to the custody of his father. The father and child would continue working with Preventive Services as well as several community-based aftercare programs for youth transitioning from foster care.

On 10/29/19, the subject child was home alone. At approximately 1:53PM, the subject child called 911 requesting help. He reported to the operator that he had a gun and was going to kill himself. The subject child hung up the phone, barricaded himself in his bedroom, went in his closet and shot himself at 2:50PM. The father kept the gun locked in a gun cabinet in his home. The firearm was legal, and the father did not believe the child had access to the weapon. OCDSS had previously been in the home and observed the firearm to be appropriately locked up.

The case record does not reflect whether the death was referred for an autopsy or not. At the time of this writing, the Preventive Services case was closed as there were no siblings or other children receiving services. OCDSS offered the appropriate services to the father and mother, but it was unknown if they utilized the services.

## 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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**  
 OCDSS conducted a thorough investigation into the circumstances surrounding the death as it was not an SCR reported fatality.

- 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:**  
 The fatality was not SCR reported. At the time of the child's death, there were open Preventive Services in place to assist the family with the child's transition home from placement. Following the child's death, Preventive Services were closed. OCDSS investigated the circumstances surrounding the death and determined an SCR report was not necessary as there was no suspicion of abuse or neglect.

### 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:** 10/29/2019      **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:** 01:53 PM

**Did EMS 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  
 Other

**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

**Adults:** 0

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	15 Year(s)
Deceased Child's Household	Father	No Role	Male	40 Year(s)

**LDSS Response**

On 11/8/19, OCDSS submitted a completed 7065 Reporting Form to OCFS regarding the death of the SC, which occurred on 10/29/19. At the time of the subject child’s death, there was an ongoing Preventive Services case, which began on 8/6/18. In the days preceding the subject child’s death, OCDSS spoke with all collateral sources and there were no concerns noted regarding the safety of the child.

OCDSS conducted a thorough review of CPS history for the family and contacted the county personnel associated with the family during their long-term Preventive and Foster Care services. It was learned the subject child had a history of risky and impulsive behaviors. The subject child was placed in several mental health facilities as well as a residential facility within the year prior to his death as a result of his behaviors. During his placement, the subject child made significant progress and complied with his mental health providers and staff at the residential facility. During that time, the father engaged with services and acted appropriately in meeting the child’s needs for supervision and support.

OCDSS interviewed the father of the child. The father stated that the child had been mentally stable in the months leading up to his death and he did not have concerns the child would harm himself. The father reported the child came home from placement with a positive mindset and was looking forward to the future. The firearm the child used to kill himself belonged to the father but was observed by OCDSS to be locked in a gun safe and the father did not believe the child had access to the firearm.

At the time of this writing, the Preventive Services case was closed. OCDSS appropriately completed a Plan Amendment documenting the child’s death. OCDSS provided the family with a multitude of community-based services.

**Official Manner and Cause of Death**

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Unknown

**Multidisciplinary Investigation/Review**

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

**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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<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"/>

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



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

**Additional information, if necessary:**  
 OCDSS provided the father with a multitude of resources for bereavement counseling. It was unknown at the time of this writing if services were utilized.

**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 surviving siblings or other children residing in the home.

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

**Explain:**  
 A multitude of bereavement services were offered to the father. It was unknown if services were being utilized at the time of this writing.

## 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? Yes
- 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)
04/19/2019	Deceased Child, Male, 14 Years	Mother's Partner, Male, 52 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 14 Years	Mother's Partner, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 14 Years	Mother's Partner, Male, 52 Years	Excessive Corporal Punishment	Unsubstantiated	



Deceased Child, Male, 14 Years	Mother's Partner, Male, 52 Years	Sexual Abuse	Unsubstantiated
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**Report Summary:**

OCDSS received a report from the SCR alleging when the subject child was 3 or 4 years old, the parent substitute that was living in the home was physically abusive towards him. As a form of discipline, the parent substitute would smack the child in the face excessively, push the child to the ground, and push him into things. It was unknown if the child was ever injured as a result. When the child was approximately 8 years old, a different parent substitute living in the home sexually abused the child. On more than one occasion, the parent substitute masturbated in front of the child.

**Report Determination:** Unfounded**Date of Determination:** 09/12/2019**Basis for Determination:**

OCDSS determined there was no credible evidence to support the allegations. OCDSS spoke with both parent substitutes as well as the mother, all of whom denied the allegations. The mother did not ever witness the child with injuries and denied that parent substitutes acted as caretakers or were left alone with the child.

**OCFS Review Results:**

OCDSS completed a thorough investigation into the allegations. OCDSS completed forensic interviews as a result of the abuse allegations. OCDSS assessed the safety of the subject child immediately, spoke with familial and collateral contacts, and determined there was no credible evidence to support the allegations. The case remained open for Preventive Services as the child was in foster care for violating the conditions of his JD order. Though it was completed accurately, the 7-day safety assessment was not completed until 17 days after the receipt of the report.

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

Timely/Adequate Seven Day Assessment

**Summary:**

The seven day safety assessment was not completed until 17 days after receipt of the report.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

OCDSS will complete all safety assessments in the amount of time required.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/26/2018	Deceased Child, Male, 13 Years	Father, Male, 39 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 13 Years	Father, Male, 39 Years	Lack of Medical Care	Unsubstantiated	

**Report Summary:**

OCDSS received a report from the SCR alleging the subject child was released from inpatient mental health treatment on 3/27/18. At the time of the discharge, the child had appointments for outpatient treatment for his suicidal and homicidal ideations as well as his depression. The child had threatened to kill himself and to shoot up his school. The father had not followed through with recommendations and as a result the child was not receiving needed treatment to keep him from being a danger to himself or others.

**Report Determination:** Unfounded**Date of Determination:** 10/18/2018**Basis for Determination:**

OCDSS determined there was no credible evidence to support the allegations. The child was inpatient at a MH facility and, upon his discharge, the child was enrolled in MH counseling at Madison County MH. Father secured FMLA through his work in order to get the child to his MH and probation appointments regularly.



**OCFS Review Results:**

OCDFS interviewed all relevant collateral sources regarding the allegations. OCDFS completed all objectives timely and adequately. After a thorough investigation it was determined there was no credible evidence to substantiate the allegations. The investigation was unfounded and closed once all case objectives were met.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/10/2017	Deceased Child, Male, 11 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Deceased Child, Male, 11 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - niece, Female, 7 Months	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - niece, Female, 7 Months	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 11 Years	Sibling, Female, 18 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Male, 11 Years	Sibling, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - niece, Female, 7 Months	Sibling, Female, 18 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - niece, Female, 7 Months	Sibling, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

Onondaga County Department of Social Services received a report from the SCR alleging the mother was leaving the subject child in the care of his adult sibling who was diagnosed with schizophrenia and had not been taking her medication. As a result, the adult sibling had thoughts of suicide and had been cutting herself. In April 2017, the sibling was hospitalized several times for her mental health. Additionally, the home was in deplorable conditions and there was animals feces on the floor.

**Report Determination:** Unfounded

**Date of Determination:** 09/03/2017

**Basis for Determination:**

Onondaga County Department of Social Services found no credible evidence to support the allegations. The adult sibling reported she had mental health conditions but was prescribed and taking medication for the conditions. Onondaga County Department of Social Services found the home to be clean and free from safety hazards.

**OCFS Review Results:**

Onondaga County Department of Social Services completed all tasks adequately and in the required time frame. Onondaga County Department of Social Services coordinated with Oneida County Department of Social Services to have the subject child and father seen and the home assessed. Once all objectives were met, the case was appropriately unfounded and 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 2002 and 2010, there were multiple closed investigations against the mother and father regarding the subject



child and his now adult sibling. The mother was IND in 6 cases for IG and LS regarding the children. The father was IND for IG and LS regarding both children as well as L/B/W against the subject child.

### Known CPS History Outside of NYS

There is no known history outside of New York.

### Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 08/06/2018

### Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
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# Child Fatality Report

Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: x				

### Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes  No

<b>Issue:</b>	Failure to report death of child in open CPS or Preventive/CPS services case in timely manner
<b>Summary:</b>	OCDSS did not report the fatality to OCFS until 9 days after learning of the death.
<b>Legal Reference:</b>	06-OCFS-LCM-13
<b>Action:</b>	OCDSS will complete the OCFS 7065 form and send it to the appropriate Regional Office of the New York State Office of Children and Family Services within 72 hours of the injury, accident, or death.

### Preventive Services History

A Preventive Services case was opened on 8/6/18 due to the subject child's behaviors including, academic issues, bullying, suicidal ideation, inpatient hospital admission, verbal aggression, and social and behavioral concerns. The child had been the subject of severe bullying since early adolescence and threatened to "shoot up the school," which resulted in his suspension from school and JD charge. The subject child was placed on probation through June 25, 2019. During the time of the open Preventive Services case, the child was placed in a residential facility after failing to comply with probation. Following the child's discharge from placement, Preventive Services continued until the child committed suicide on 10/29/19.

### Foster Care Placement History

On 2/1/19, the subject child was placed in a residential treatment facility after violating the terms of his probation. The child was remanded to DSS custody effective 2/1/19-6/25/19. The child was previously making threats to harm himself and was admitted to an inpatient MH facility. While in placement, the subject child received independent living skills, mental health counseling, and substance abuse treatment. The subject child was successful in placement and began a trial discharge with his father on 7/11/19 with a multitude of services in place to support the transition. At court on 8/1/19, the subject child was granted a 6 month conditional discharge for his JD matter through 12/31/19. As part of the order, the child was required to participate in preventive services, which included working with a behavior manager and mentor SPIN services.

### 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