



Report Identification Number: BU-19-024

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

Issue Date: Dec 17, 2019

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: 16 year(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 01/25/2017
Initial Date OCFS Notified: 06/21/2019

Presenting Information

An SCR report received on 6/20/19, alleged that on an unknown date in 2017, the 16-year-old subject child was fatally shot at home. Prior to his death the subject child was involved in illegal activities and stealing and therefore required a higher level of supervision. The mother of the subject child and the paternal grandmother were aware of the child's activities and failed to supervise the child. The paternal grandmother and the mother were made aware that unknown individuals were threatening to kill the subject child and the entire family as retaliation for robbing them and they failed to intervene to protect the subject child. On an unknown date soon after the aforementioned incident, the then 8-year-old sibling was also shot in the head by the unknown individuals as a result of the mother and the paternal grandmother failing to intervene to protect the surviving sibling. The surviving sibling survived the incident, further details of his injuries were unknown.

Executive Summary

This report concerns the death of a 16-year-old male child. Erie County Department of Social Services (ECDSS) received an SCR report on 6/20/19 regarding the death of the subject child that occurred on 1/25/17. The subject child was found deceased in a field after law enforcement responded to a 911 call reporting a fatal shooting. After the scene was secured the subject child was transported to the medical examiner's office. Law enforcement investigated the fatality and their investigation remained open as an unsolved homicide.

The subject child had a 10-year-old surviving sibling. ECDSS interviewed and observed the 10-year-old surviving sibling who resided with the subject child at the time of the fatal incident and there were no noted safety concerns. ECDSS learned the 10-year-old surviving sibling had sustained a gun-shot wound to the head on 8/25/16. The surviving sibling was in the back seat of his mother's car while she was driving. The gun shot came through the rear windshield and entered the back of the child's head. The mother stopped the car and ran for assistance from the police who were nearby. The surviving sibling was 8 years old at the time of the incident. The surviving sibling, survived the shooting but had sustained a traumatic brain injury and was now blind. The surviving sibling knows his brother died but does not know the details of his death. The surviving sibling attends the school for the blind and has been in therapy to address these issues.

ECDSS obtained a copy of the medical examiner's report which listed the cause of death was multiple gunshot wounds to the head and the manner of death was homicide.

ECDSS unsubstantiated the allegations of DOA/Fatality, lack of supervision, internal injuries and inadequate guardianship against the mother and the paternal grandmother for the subject child. Based on information obtained from law enforcement, the medical examiner's office and the family, there was no credible evidence the mother's or the paternal grandmother's actions or inactions contributed to the death of the subject child. Law enforcement and the medical examiner's office provided ECDSS with the documentation they needed about the death of the subject child. The allegations of inadequate guardianship, and internal injuries against the mother and paternal grandmother for the 10-year-old surviving sibling were unsubstantiated. ECDSS provided the family with information and referrals for bereavement services, unknown if used. The 10-year-old surviving sibling remained in counseling at the time of the case closing. The case was unfounded and closed.

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? Yes
- 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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? Yes

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

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

Explain:

ECDSS decision to close the case was appropriate.

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: 01/25/2017

Time of Death: Unknown

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

01/01/2017

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

Unknown

County where fatality incident occurred:

Erie

Was 911 or local emergency number called?

Yes

Time of Call:

06:45 PM

Did EMS respond to the scene?

No



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	Alleged Victim	Male	16 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	10 Year(s)
Other Household 1	Father	No Role	Male	45 Year(s)
Other Household 2	Father	No Role	Male	41 Year(s)
Other Household 3	Grandparent	Alleged Perpetrator	Female	58 Year(s)

LDSS Response

On 6/20/19, ECDSS received an SCR report regarding the death of the subject child that occurred on 1/25/17 and initiated their investigation within 24 hours. They contacted the source, district attorney and law enforcement. ECDSS completed a CPS history check.

ECDSS learned through interviews with the mother that the subject child had gone to the store with some friends when he was shot and killed by unknown individuals on 1/25/17. Law enforcement provided ECDSS with documentation about the events of the subject child's death and their case was an unsolved homicide and remained under investigation. The subject child was found in a field in the vicinity of his home. The police believed it was a case of mistaken identity. The surviving sibling had been shot in the back of the head on a separate occasion in August of 2016, while a passenger in his mother's car. Law enforcement confirmed the surviving sibling was shot by a stray bullet and the mother and the surviving sibling were in the wrong place at the wrong time. The surviving sibling sustained a serious head injury and was rendered blind as a result of the gun-shot wound to the back of his head. He had no memory of being shot and knew his brother died but did not know how.

ECDSS met with and interviewed the two cousins and the maternal aunt who resided in a separate household and were not present when the subject child died. The aunt and the cousins were listed on the report made to the SCR on 6/20/19. The maternal aunt had Article 6 custody of the two cousins of the subject child. There were no concerns for the care the maternal aunt was providing the cousins.

ECDSS spoke with law enforcement, the mother of the subject child, the paternal grandmother, the 10-year-old surviving sibling and multiple family members. There were no noted safety concerns for the care of the surviving sibling who



resided with his mother or the cousins who resided with their maternal aunt. ECDSS appropriately offered bereavement referrals and services to family members, unknown if used. The 10-year-old surviving sibling attended a school for the blind and was in therapy.

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

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
052071 - Deceased Child, Male, 16 Year(s)	052070 - Mother, Female, 41 Year(s)	Lack of Supervision	Unsubstantiated
052071 - Deceased Child, Male, 16 Year(s)	052075 - Grandparent, Female, 58 Year(s)	Internal Injuries	Unsubstantiated
052071 - Deceased Child, Male, 16 Year(s)	052070 - Mother, Female, 41 Year(s)	DOA / Fatality	Unsubstantiated
052071 - Deceased Child, Male, 16 Year(s)	052070 - Mother, Female, 41 Year(s)	Inadequate Guardianship	Unsubstantiated
052071 - Deceased Child, Male, 16 Year(s)	052075 - Grandparent, Female, 58 Year(s)	DOA / Fatality	Unsubstantiated
052071 - Deceased Child, Male, 16 Year(s)	052075 - Grandparent, Female, 58 Year(s)	Lack of Supervision	Unsubstantiated
052071 - Deceased Child, Male, 16 Year(s)	052070 - Mother, Female, 41 Year(s)	Internal Injuries	Unsubstantiated
052071 - Deceased Child, Male, 16 Year(s)	052075 - Grandparent, Female, 58 Year(s)	Inadequate Guardianship	Unsubstantiated
052072 - Sibling, Male, 10 Year(s)	052070 - Mother, Female, 41 Year(s)	Inadequate Guardianship	Unsubstantiated
052072 - Sibling, Male, 10 Year(s)	052070 - Mother, Female, 41 Year(s)	Internal Injuries	Unsubstantiated
052072 - Sibling, Male, 10 Year(s)	052075 - Grandparent, Female, 58 Year(s)	Inadequate Guardianship	Unsubstantiated
052072 - Sibling, Male, 10 Year(s)	052075 - Grandparent, Female, 58 Year(s)	Internal Injuries	Unsubstantiated

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



Child Fatality Report

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"/>

Explain as necessary:

The cousins remained in their aunt's care and the surviving sibling remained in the care of his mother.

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<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 the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

From 2008-2016, the mother of the subject child and the surviving sibling had three unfounded cases with common allegations of IG, IF/C/S and EdN, and seven indicated cases with common allegations of EdN and IG.

From 2014-2016, the paternal grandmother had three unfounded reports with a common allegation of IG.

Known CPS History Outside of NYS

There was no known history outside of NYS.

Preventive Services History

The mother of the subject child requested preventive services for the SC and surviving siblings on and off from 12/9/08-6/29/15. The cases were opened to assist the mother in getting her children to attend school, maintain stable housing and financial stability. The goals were achieved in each case and the cases were closed.

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



Additional Local District Comments

We at the Erie County Department of Social Services appreciate the opportunity given us to review the draft report in advance. We find that the facts, as written, accurately describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality.

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