

Report Identification Number: AL-14-045

Prepared by: Albany Regional Office

Issue Date: 4/14/2015

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.

NYS Office of Children and Family Services - Child Fatality Report

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
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
CPR-Cardio-plumonyary Resuscitation		
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	MN-Medical Neglect	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 Suprevision
Ab-Abandonment	OTH/COI-Others	
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		

Case Information

NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 10 year(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 10/08/2014
Initial Date OCFS Notified: 10/09/2014

Presenting Information

On October 8, 2014 at 1:00 PM, 10 year old subject child and seven year old brother were bludgeoned and stabbed to death in the family home. The mother and father were also found stabbed and bludgeoned to death. The mother and father were involved with a gambling operation in the home. They were also selling marijuana out of the home. The parents illegal activities in the home allowed a suspicious person to come into the home which caused the death of the family members.

Executive Summary

The fatality report concerns the death of a 10 year old and seven year old brothers that occurred on 10/8/14. The alleged subject children and the mother and father were all found bludgeoned and stabbed to death in their home. At the time of the death the alleged subject children were residing with the mother and father. Although the coroner had completed an autopsy, the findings were not released due to the pending criminal investigation. However, the manner of death has been ruled a homicide.

The report was opened on 10/9/14 as a result of a report made to the New York Statewide Central Register alleging DOA and Inadequate Guardianship of the subject children against the parents. On 10/8/14 an extended family member went in to the home and discovered the deceased household members. It was alleged that the parents' illegal activities in the home may have contributed to the death of the children.

Albany County Department for Youth and Children (ACDCYF) gathered information pertaining to the subject children's death through interviews with law enforcement, school personnel, the pediatrician, and extended family members. ACDCYF unfounded the allegations of DOA and Inadequate Guardianship against the parents as no credible evidence was found to substantiate that the parents' alleged illegal activity led to the death of the subject children. ACDCYF closed their investigation on 1/15/15 with no services needed.

ARO gathered the information for this report from CONNECTIONS, ACDCYF records, and interviews with ACDCYF staff.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Safety assessment due at the time of determination?**

N/A

Determination:

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

Yes, sufficient information was gathered to determine all allegations.

Yes

Was the decision to close the case appropriate?

Yes

NYS Office of Children and Family Services - Child Fatality Report

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

Was there sufficient documentation of supervisory consultation?

Yes, the case record has detail of
the consultation.

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: 10/08/2014

Time of Death: Unknown

County where fatality incident occurred:

ALBANY

Was 911 or local emergency number called?

Yes

Time of Call:

01:00 PM

Did EMS to respond to the scene?

Unknown

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

Child's activity at time of incident:

- | | | |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input checked="" type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

Total number of deaths at incident event:

Children ages 0-18: 2

Adults: 2

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	10 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	39 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	7 Year(s)

LDSS Response

NYS Office of Children and Family Services - Child Fatality Report

On 10/9/14 ACDCYF immediately initiated the investigation by making appropriate notifications, reviewing the CPS history, and communicating with law enforcement. All household members were deceased. ACDCYF obtained all appropriate collateral information regarding the subject child's death, including conducting interviews with surviving relatives in the area. Due to the cause of death being ruled a homicide, limited information was shared with ACDCYF. However, sufficient information was obtained to establish that no evidence exists to support the parents actions or inactions directly caused the death of the children. Law enforcement continues to have an open criminal investigation. ACDCYF provided the surviving relatives with information on grief services and unfounded and closed the report on 1/15/15.

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: Coroner

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
014561 - Deceased Child, Male, 10 Yrs	014564 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Unsubstantiated
014561 - Deceased Child, Male, 10 Yrs	014564 - Mother, Female, 38 Year(s)	DOA / Fatality	Unsubstantiated
014561 - Deceased Child, Male, 10 Yrs	014565 - Father, Male, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
014561 - Deceased Child, Male, 10 Yrs	014565 - Father, Male, 39 Year(s)	DOA / Fatality	Unsubstantiated
014563 - Sibling, Male, 7 Year(s)	014564 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Unsubstantiated
014563 - Sibling, Male, 7 Year(s)	014564 - Mother, Female, 38 Year(s)	DOA / Fatality	Unsubstantiated
014563 - Sibling, Male, 7 Year(s)	014565 - Father, Male, 39 Year(s)	DOA / Fatality	Unsubstantiated
014563 - Sibling, Male, 7 Year(s)	014565 - Father, Male, 39 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

NYS Office of Children and Family Services - Child Fatality Report

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

Due to the ongoing criminal investigation, ACDCYF was unable to obtain information from first responders. Although the first responders were not interviewed, ACDCYF had sufficient information to support case decisions.

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	Needed but 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"/>

NYS Office of Children and Family Services - Child Fatality Report

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"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

All household members are deceased.

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

Explain:

All household members were deceased.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was there an open CPS case with this child at the time of death?	No
Was the child ever placed outside of the home prior to the death?	No
Were there any siblings ever placed outside of the home prior to this child's death?	No
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)
01/31/2013	1726-Deceased Child, Male, 8 Years	1729-Father, Male, 37 Years	Inadequate Guardianship	Unfounded	Yes
	1726-Deceased Child, Male, 8 Years	1729-Father, Male, 37 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1727-Sibling, Male, 5 Years	1729-Father, Male, 37 Years	Inadequate Guardianship	Unfounded	
	1727-Sibling, Male, 5 Years	1729-Father, Male, 37 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

On January 31, 2013 the father was named as the subject of a CPS report regarding the then eight year old subject child and five year old brother alleging Inadequate Guardianship and Parent's Drug/Alcohol Misuse. ACDCYF spoke with the source, made a home visit, interviewed the father, and observed both children. No credible evidence was found to substantiate the allegations and the report was unfounded and closed on 4/12/13.

Determination: Unfounded

Date of Determination: 04/12/2013

Basis for Determination:

Credible evidence was not found to substantiate the allegations that the father drinks to impairment and becomes angry throwing objects around the home in the presence of the children. While the father did admit to an incident of drinking to excess where he urinated on the stairs of the home, there was no evidence this occurred in the presence of the children or while he had caretaking responsibility for the children. Further, the father also admitted to an argument with his wife the prior summer in the presence of his children, but the father denied the argument became physical.

OCFS Review Results:

While there was no credible evidence found to substantiate the allegations, sufficient information was not gathered to support the decisions of safety, risk, determination or service needs. One interview was attempted with the children upon waking them from sleep, and although the mother spoke no English, efforts were not made to obtain interpretive services in order to also interview the mother. Further, although ACDCYF spoke with the source of the report, collateral contacts such as law enforcement, neighbors, or family resources were not explored in order to corroborate information provided by the father and support the decisions of safety, risk and determination.

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

Issue:

Overall Completeness and Adequacy of Investigations

Summary:

Although ACDCYF interviewed the father, spoke with the source, and made a home visit, sufficient efforts to obtain information from the mother, children, and collaterals were not made. Interpreter services were not obtained to assist with an interview with the mother. One attempt was made to interview the children upon waking them from a sleep. No additional attempts made.

Legal Reference:

SSL 424.6 and 18 NYCRR 432.2(b)(3)

Action:

NYS Office of Children and Family Services - Child Fatality Report

Due to a recent Ongoing Monitoring Assessment, ACDCYF has already developed and began implementing a corrective action plan to address these issues.

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

Initial CPS involvement began with the receipt of a CPS report dated 1/27/11. This report alleged Lack of Medical care regarding the then six year old subject child against the father. The mother did not have a role. The concerns in the report involved the father not attending to the dental needs of the subject child. The report was unfounded due to lack of credible evidence on 5/9/11.

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No