



Report Identification Number: AL-16-003

Prepared by: Albany Regional Office

Issue Date: 12/28/2016

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	

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-pulmonary 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	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-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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

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

Jurisdiction: Albany
Gender: Male

Date of Death: 02/09/2016
Initial Date OCFS Notified: 02/17/2016

Presenting Information

On 2/9/16, the father shot and killed the ten year old subject child and mother. The father then set the residence on fire and committed suicide.

Executive Summary

The fatality report concerns the death of a ten year old male that occurred on 2/9/16. The subject child and the mother had been shot by the father and the father then committed suicide. At the time of the death the subject child was residing with his mother, his father, and his 15 year old sibling. While the autopsy report was not available at the conclusion of the investigation, information had been gathered from law enforcement that determined the manner of death was homicide. The case was opened on 2/17/16 as a result of a report made to the New York Statewide Central Register alleging DOA/Fatality and Inadequate Guardianship of the subject child by the father. Albany County Department for Children, Youth, and Families (ACDCYF) gathered information pertaining to the subject child's death through interviews with the surviving sibling, extended family members, and law enforcement. Throughout the investigation, ACDCYF made home visits, offered the family grief support services, and referred the family to apply for survivor's benefits and the Red Cross. Law enforcement shared with ACDCYF that their investigation did conclude that the father murdered the mother, the subject child, and then committed suicide. The surviving sibling was not home at the time of this incident. When law enforcement arrived to the home, the home was fully engulfed in fire and they were unable to enter. ACDCYF substantiated the allegations of DOA/Fatality and Inadequate Guardianship of the subject child by the father. The allegation of Inadequate Guardianship was also substantiated for the surviving sibling by the father. ACDCYF closed their investigation on 5/27/16 with the family receiving community based services.

The Albany Regional Office gathered 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:**
 - **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** Yes, sufficient information was



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allegations as well as any others identified in the course of the investigation?

gathered to determine all allegations.

- Was the determination made by the district to unfound or indicate appropriate?

Yes

Explain:

Sufficient information was gathered to support assessments of safety and determine the allegations.

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:

ACDCYF closed the investigation on 5/27/16. At the time of closing, no safety concerns were noted for the surviving sibling and the surviving sibling was receiving counseling services.

Required Actions Related to the Fatality

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

Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	While sufficient information was gathered to assess the safety of the surviving sibling, sufficient information was not gathered regarding the surviving sibling's current caretakers in order to make an assessment of risk of future abuse/maltreatment.
Legal Reference:	18 NYCRR 432.2 (b)(3)(iii)(b)
Action:	ACDCYF staff will gather sufficient information regarding the current caretakers of children in order to fully assess the risk of future abuse and maltreatment.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/09/2016

Time of Death: Unknown

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

County where fatality incident occurred:

ALBANY

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to 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:



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

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

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	45 Year(s)
Deceased Child's Household	Mother	No Role	Female	45 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	15 Year(s)

LDSS Response

On 2/17/16 ACDCYF received the fatality report and immediately contacted the source of the report. Since the date of the incident resulting in the fatality was 2/9/16, law enforcement had already conducted interviews with the surviving sibling and relevant family members. ACDCYF notified law enforcement of the receipt of the fatality report and obtained signed releases from New York State Police on 2/18/16. Interviews were conducted with the surviving sibling, paternal grandmother, and paternal uncle and aunt during a home visit to the paternal grandmother's home where the surviving sibling was staying. The paternal uncle shared their intention to seek custody of the surviving sibling, and plans had been arranged for the surviving sibling to remain with the paternal grandmother throughout the remainder of the school year. The interviews with the surviving sibling and relevant family members as well as observations of the living environment revealed no safety concerns for the surviving sibling. During a follow up conversation with the paternal uncle on 4/29/16, ACDCYF learned that the paternal uncle had been granted sole custody of the surviving sibling. ACDCYF contacted collateral sources of information including law enforcement who shared that on 2/9/16 numerous calls were made to 911 regarding the fire at the case address. Law enforcement officers were the first on scene and observed the home fully engulfed in fire and they were unable to enter the home. Approximately 50 to 60 fire fighters arrived on scene as well as approximately ten to 20 on-duty law enforcement officers and several other off-duty law enforcement officers. Further, law enforcement shared that the surviving sibling did not report anything different with his family in the days leading up to the fatality. The investigation determined that the father murdered the mother, the subject child, and then committed suicide. The autopsy report was not available at the conclusion of the investigation. Although interviews were conducted with relevant family members, information pertaining to the assessment of the risk of future abuse and maltreatment was not gathered. On 5/27/16 ACDCYF indicated and closed their investigation. The family had been provided information



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pertaining to grief counseling and at the conclusion of the investigation the surviving sibling was receiving counseling as arranged by the family.

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)?No

Comments: There was no documentation in the case record regarding a MDT meeting being held, however ACDCYF reported a MDT meeting was held on 3/3/16. Although joint interviews were not conducted due to the receipt of the fatality report occurring eight days after the incident date, information was shared amongst team members to support a joint investigation.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: There was no CFRT meeting held. Due to the high profile nature of this fatality, ACDCYF decided to review this case retrospectively.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
028881 - Deceased Child, Male, 10 Yrs	028884 - Father, Male, 45 Year(s)	Inadequate Guardianship	Substantiated
028881 - Deceased Child, Male, 10 Yrs	028884 - Father, Male, 45 Year(s)	DOA / Fatality	Substantiated
033681 - Sibling, Male, 15 Year(s)	028884 - Father, Male, 45 Year(s)	Inadequate Guardianship	Substantiated

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:

N/A

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



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Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input checked="" 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

The 15 year old sibling was the sole survivor of the household composition. The extended family developed a plan to care for the 15 year old without the involvement of ACDCYF. A paternal uncle applied for and was granted custody of the surviving sibling.

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"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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"/>				
Additional information, if necessary: N/A							

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? Yes

Explain:
ACDYF suggested and provided information regarding grief counseling services through Wave Riders. At the conclusion of the investigation, the surviving sibling was receiving counseling services.

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

Explain:
ACDCYF provided the family with information for Survivor's benefits and the Red Cross.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No

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	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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FINAL



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Report	Victim(s)	Perpetrator(s)			Issue(s)
03/21/2013	9602 - Sibling, Male, 13 Years	9604 - Mother, Female, 42 Years	Inadequate Guardianship	Unfounded	No
	9602 - Sibling, Male, 13 Years	9605 - Father, Male, 42 Years	Inadequate Guardianship	Unfounded	

Report Summary:
 On 3/21/13 ACDCYF received a report alleging five years ago the subject child who is currently thirteen years old had exhibited inappropriate sexual behavior and made lewd sexual comments to a female child. The ACDCYF caseworker contacted appropriate collaterals, met with family members and conducted a twenty- four hour safety assessment in addition to a risk assessment profile. No safety factors existed nor service needs identified. The allegations were unfounded and the case was closed on 4/4/13.

Determination: Unfounded **Date of Determination:** 04/04/2013

Basis for Determination:
 On 4/4/13 the allegations against the parents for Inadequate Guardianship were unfounded based on a lack of credible evidence. There was no evidence that any concerns regarding the subject child's behavior were ever brought to the parents' attention. At the time of the report the child's school expressed no concerns. It was determined the family was not in need of further services and the case was closed.

OCFS Review Results:
 No concerns identified.

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

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

N/A

Known CPS History Outside of NYS

N/A

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.

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