



## Report Identification Number: SV-24-004

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

Issue Date: May 06, 2024

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 had an open investigation or a CPS monitored services 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

| <b>Relationships</b>                              |   |                                       |
|---|---|---------------------------------------|
| 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                              |                                       |
| <b>Contacts</b>                                   |   |                                       |
| 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                     | DA-District Attorney                        |                                       |
| <b>Allegations</b>                                |   |                                       |
| 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                               | SXTF-Sex Trafficking                  |
| <b>Miscellaneous</b>                              |   |                                       |
| 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:** 12 year(s)

**Jurisdiction:** Rockland  
**Gender:** Male

**Date of Death:** 12/30/2023  
**Initial Date OCFS Notified:** 01/02/2024

## Presenting Information

An SCR report received on 1/2/24 alleged that on 12/29/23, at approximately 10:45PM, the father shot the mother, subject child, and sibling in the head before turning the firearm on himself. As a result, the mother and children sustained gunshot wounds to the head and were pronounced deceased.

## Executive Summary

This report concerns the death of the 12-year-old subject child. The 10-year-old deceased sibling's death is documented in a separate report. Rockland County Department of Social Services (RCDSS) received an SCR report regarding the children's deaths on 1/2/24. At the time of the subject child's death, he resided with his mother, father, and 10-year-old sibling.

On 12/30/23, local law enforcement responded to a welfare check that was requested by the father's employer after he failed to report to work. Upon arrival to the family's home, law enforcement knocked multiple times and received no response. The front door was unlocked, and law enforcement entered the residence, proceeding to the great room where the television had been observed on. They found the mother and subject child on the couch, cold to the touch, not exhibiting signs of life, and they appeared to have gunshot wounds to the back of their heads. Law enforcement contacted emergency medical services upon discovery of the bodies and exited the home. While outside, blood was observed dripping from the front soffit of the home. Law enforcement re-entered the residence and found the 10-year-old sibling and father lying face down on the floor in a bedroom. The sibling appeared to have a gunshot wound to the side of his head, and the father had blood coming from his head and a handgun was lying on the floor, underneath the father's left thigh. Both bodies appeared to have no signs of life. Paramedics arrived and declared all four family members deceased at 1:18AM.

The medical examiner was notified and performed autopsies on the children and parents. The medical examiner was unable to provide written reports to RCDSS due to the investigation status. The medical examiner posited all family members appeared to have died around the same time. Besides the gunshot wounds, the children appeared to be clean and well cared for and in good states of health. No medical or psychiatric histories had been reported. The medical examiner estimated the mother was the first to be killed, followed by the subject child. The subject child had a perforating gunshot wound of the head with skull fractures, brain lacerations, and hemorrhage. The child had been shot twice to the head and it appeared the child turned his head presumably following the shot to the mother. The preliminary manner of death was considered homicide. The mother and sibling's manners of death were considered homicide as well, and the father's manner of death was suicide.

The law enforcement investigation remained ongoing and was turned over to the New York State Attorney General's office due to the nature of the father's employment. That office was unable to provide documentation in writing; however, confirmed the father shot his two children, the mother, and himself.

RCDSS appropriately substantiated the allegations of DOA/Fatality, Internal Injuries, and Inadequate Guardianship against the father, regarding the subject child and sibling's death based on the evidence gathered. As there were no surviving family members, the case was closed upon determination.

## 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? 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:

There were no surviving children, therefore safety assessments were not required. The determination was consistent with the information gathered during the investigation and the case was appropriately closed.

### 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: 12/30/2023

Time of Death: 01:18 AM

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

12/29/2023

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

Unknown

County where fatality incident occurred:

Rockland

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs?

Unknown

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other



**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   | 12 Year(s) |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 49 Year(s) |
| Deceased Child's Household | Mother         | No Role             | Female | 43 Year(s) |
| Deceased Child's Household | Sibling        | Alleged Victim      | Male   | 10 Year(s) |

**LDSS Response**

On 1/2/24, RCDSS received a report regarding the death of the subject child and sibling. RCDSS initiated their investigation immediately, contacted the source of the report, completed a CPS history check which revealed no prior history with the family, and informed the DA of the fatality.

There were no surviving family members to interview regarding the events leading up to the fatalities. RCDSS maintained consistent communication with the responding law enforcement agency throughout their investigation. RCDSS learned, on 12/29/23, the father was due to report to work at 11:30PM. The father’s behavior was reportedly “a little off the past few weeks” and his employer requested a welfare check. Law enforcement officers responded to the home shortly thereafter, at 12:16AM (12/30/23). Upon arrival, there were lights on inside the home with the blinds drawn shut, and vehicles in the driveway. Officers knocked and received no response and proceeded to walk around the home, checking doors and windows. The front door was unlocked, so officers cracked the door open and announced their presence, but there was no response. Officers were instructed to enter the residence and proceeded to the great room, where the television was on. On the couch, they found the mother and subject child next to each other with gunshot wounds to the back of their heads. Emergency medical services was called, and officers vacated the residence. While outside, blood was observed dripping out of a front soffit of the house, underneath one of the bedrooms. Officers proceeded to go back inside the home to search that area and found the sibling and father lying face down on the floor of the bedroom. The sibling was observed with a gunshot wound to the side of his head, and the father had blood coming from his head as well, and a handgun was observed.

RCDSS spoke with the medical examiner, who was unable to provide reports in writing due to the ongoing law enforcement investigation but estimated the sequence of deaths to be the mother, subject child, sibling, then father. The autopsies were still pending at the time the CPS investigation closed.

RCDSS contacted numerous local law enforcement agencies and learned the family had no law enforcement involvement prior to this incident. The subject child and sibling’s school reported no concerns. RCDSS was informed the criminal investigation was turned over to the NYS Attorney General’s office and reached out to that office for further information. The Attorney General’s office would not release information in writing as they were still gathering evidence and did not have the final autopsies. They shared they were not aware of any precipitating motive. Local law enforcement reported the mother and father’s cell phones were checked and there were discussions where the father stated, “I’m worried about this financially” to which the mother reassured him everything would be okay. The family had not appeared to be struggling financially.



At the time the CPS investigation was closed, the deaths of the mother and children were considered homicide, and the father's death was considered suicide.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**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 referred to an OCFS approved Child Fatality Review Team?** No

### SCR Fatality Report Summary

| Alleged Victim(s)                     | Alleged Perpetrator(s)            | Allegation(s)           | Allegation Outcome |
|---------------------------------------|-----------------------------------|-------------------------|--------------------|
| 067009 - Deceased Child, Male, 12 Yrs | 067010 - Father, Male, 49 Year(s) | DOA / Fatality          | Substantiated      |
| 067009 - Deceased Child, Male, 12 Yrs | 067010 - Father, Male, 49 Year(s) | Internal Injuries       | Substantiated      |
| 067009 - Deceased Child, Male, 12 Yrs | 067010 - Father, Male, 49 Year(s) | Inadequate Guardianship | Substantiated      |
| 067012 - Sibling, Male, 10 Year(s)    | 067010 - Father, Male, 49 Year(s) | Internal Injuries       | Substantiated      |
| 067012 - Sibling, Male, 10 Year(s)    | 067010 - Father, Male, 49 Year(s) | DOA / Fatality          | Substantiated      |
| 067012 - Sibling, Male, 10 Year(s)    | 067010 - Father, Male, 49 Year(s) | Inadequate Guardianship | Substantiated      |

### CPS Fatality Casework/Investigative Activities

|  | Yes                                 | No                       | N/A                                 | Unable to Determine      |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>All children observed?</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>When appropriate, children were interviewed?</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Alleged subject(s) interviewed face-to-face?</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>All 'other persons named' interviewed face-to-face?</b>   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Contact with source?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>All appropriate Collaterals contacted?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Was a death-scene investigation performed?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>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)?</b> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Coordination of investigation with law enforcement?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Was there timely entry of progress notes and other required documentation?</b>  | <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?

Family Court

Criminal Court

Order of Protection

|  |   |                             |                     |
|--|---|-----------------------------|---------------------|
| <b>Criminal Charge: Murder Degree: 2</b> |   |                             |                     |
| <b>Date Charges Filed:</b>               | <b>Against Whom?</b>  | <b>Date of Disposition:</b> | <b>Disposition:</b> |
| Unknown                                  | Father  | Unknown                     | Unknown             |
| <b>Comments:</b>                         | The father was posthumously charged with three counts of murder in the second degree. |                             |                     |

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



|   |                          |                          |                          |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Family or others as safety resources</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Additional information, if necessary:**  
 There were no surviving family members, therefore, no further service referrals were necessary.

### History Prior to the Fatality

#### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** 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

There was no CPS investigative history more than three years prior to the fatality.

#### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

#### 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