



Report Identification Number: SV-16-016

Prepared by: Spring Valley Regional Office

Issue Date: 12/23/2016

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: 8 year(s)

Jurisdiction: Orange
Gender: Male

Date of Death: 05/26/2016
Initial Date OCFS Notified: 05/27/2016

Presenting Information

The intake narrative stated that "yesterday, 5/26/16, the father shot his two children (ages 12 and 8) as well as himself in a murder suicide. The incident took place between 12PM and 5:30PM. The mother came to the home at 5:30PM and found the two children and father deceased. The mother has an unknown role."

Executive Summary

On 5/20/2016, the Orange County DSS (OCDSS) received an SCR report that involved the 12-year-old female daughter's preoccupations with torture and death and her internet postings on this topic. According to the report, attempts were made to contact the father and he did not respond. The father was listed as the subject, the mother and 8-year-old male sibling were given unknown roles. OCDSS assigned the case to the Family Assessment Response Team (FAR). The father refused the caseworker access to the home. Due to his refusal to allow CPS entry to the home the children's safety could not be assessed and on 5/26/16 the case was reassigned to an investigations unit. That same day, law enforcement contacted OCDSS and advised them that the father shot his son and daughter then shot himself in the home. On 5/27/16 a subsequent SCR report was filed, which alleged DOA/Fatality, and Inadequate Guardianship. The report listed the father as the subject, the son and daughter were listed as abused children. The mother was given an unknown role.

Upon notification of the fatality the OCDSS caseworker contacted their supervisor and the FAR supervisor. Contact was established and maintained with law enforcement throughout the life of the investigation. In addition, supervisory conferences were held throughout the life of the case and a meeting was held immediately following the fatality with law enforcement as well as the FAR and the investigations workers to discuss the case.

The caseworker interviewed the mother and was informed that she found the father and her two children deceased when she returned from work. The mother stated that the father had control over the kids and over everything and would not allow extended family in the home or allow the children to leave the home. The father was especially protective of the son. She stated that once he retired, he had mood swings, became a recluse and barely went out. The mother denied any domestic violence and stated that the father was never violent. On the contrary, the mother stated that the father was extremely good and patient with the children especially with the son who had been diagnosed with a developmental delay. The mother stated that the father had been engaged in mental health services and at one point took medication. OCDSS was unable to obtain further documentation about the father's treatment.

The children's medical records indicated that the son was last seen in 2013 when he was referred for an evaluation, the daughter was last seen in October 2015. The evaluation recommended for the son was never completed. School records indicated that son had attended school for one day before the school informed the father that the setting was not appropriate for his needs. The 12-year-old female sibling was enrolled in the 6th grade and attended regularly.

Safety and risk assessments were completed appropriately and in a timely manner. Progress notes were appropriate.



The autopsy of the subject children listed the cause of death as a gunshot wound of the head and the manner of death was homicide. OCDSS indicated and closed the case on 7/28/16. OCDSS appropriately substantiated the allegations of DOA/Fatality, Educational Neglect and Medical Neglect against the father. OCDSS also appropriately added the mother as a subject for failing to ensure that the children received appropriate medical and educational services. The allegations of Educational Neglect, Medical Neglect and Inadequate Guardianship were substantiated against the mother. There were no surviving children.

The review of the OCDSS investigation revealed that the county complied with the requirements of an investigation.

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? 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

Explain:

Sufficient information was gathered to 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:

The case was closed appropriately.

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: 05/26/2016

Time of Death: Unknown



NYS Office of Children and Family Services - Child Fatality Report

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

County where fatality incident occurred: ORANGE

Was 911 or local emergency number called? Yes

Time of Call: 05:15 PM

Did EMS to respond to the scene? Unknown

At time of incident leading to death, had child used alcohol or drugs? No

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? 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: 2

Adults: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	8 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	49 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	12 Year(s)

LDSS Response

The OCDSS caseworker contacted the supervisor upon learning of the child fatality. Collateral contact was made and maintained throughout the life of the case with law enforcement. In addition, a visit was made to the mother's brother's home four days after the fatality. The mother was interviewed and she signed releases.

CPS history checks were conducted for the mother, father and children. No CPS history was found. Supervisory conferences were held throughout the life of the case an appropriate school and medical documents as well as the 911 call and autopsy reports were requested and received. Safety assessments and risk assessments were completed appropriately and in a timely manner.

The review of the OCDSS investigation revealed that the county made diligent efforts to obtain information from schools and medical providers services were offered to the mother. The mother said that she was engaged in services and refused



NYS Office of Children and Family Services - Child Fatality Report

the services offered by DSS. The OCDSS complied with the requirements of an investigation and completed all reports and assessments adequately and within the required timeframes.

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

Comments: This fatality was reviewed by an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
030105 - Sibling, Female, 12 Year(s)	030108 - Mother, Female, 38 Year(s)	Lack of Medical Care	Substantiated
030105 - Sibling, Female, 12 Year(s)	030106 - Father, Male, 49 Year(s)	Inadequate Guardianship	Substantiated
030105 - Sibling, Female, 12 Year(s)	030106 - Father, Male, 49 Year(s)	Educational Neglect	Substantiated
030105 - Sibling, Female, 12 Year(s)	030108 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
030105 - Sibling, Female, 12 Year(s)	030106 - Father, Male, 49 Year(s)	DOA / Fatality	Substantiated
030105 - Sibling, Female, 12 Year(s)	030106 - Father, Male, 49 Year(s)	Lack of Medical Care	Substantiated
031422 - Deceased Child, Male, 8 Year(s)	030106 - Father, Male, 49 Year(s)	DOA / Fatality	Substantiated
031422 - Deceased Child, Male, 8 Year(s)	030108 - Mother, Female, 38 Year(s)	Educational Neglect	Substantiated
031422 - Deceased Child, Male, 8 Year(s)	030108 - Mother, Female, 38 Year(s)	Lack of Medical Care	Substantiated
031422 - Deceased Child, Male, 8 Year(s)	030108 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
031422 - Deceased Child, Male, 8 Year(s)	030106 - Father, Male, 49 Year(s)	Inadequate Guardianship	Substantiated

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/>	<input 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 checked="" 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"/>
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? No

Explain:

There were no surviving siblings.

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

Explain:

Services were offered to the mother but refused.

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? 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/20/2016	10274 - Other Deceased Child - Female Sibling, Female, 12 Years	10272 - Father, Male, 49 Years	DOA / Fatality	Far-Closed	No
	10274 - Other Deceased Child - Female Sibling, Female, 12 Years	10272 - Father, Male, 49 Years	Inadequate Guardianship	Far-Closed	
	10274 - Other Deceased Child - Female Sibling, Female, 12 Years	10272 - Father, Male, 49 Years	Educational Neglect	Far-Closed	
	10274 - Other Deceased Child - Female Sibling, Female, 12 Years	10272 - Father, Male, 49 Years	Lack of Medical Care	Far-Closed	

Report Summary:

On 5/20/16, the Orange County Department of Social Services (OCDSS) received a report due to concerns regarding disturbing writings, which included death and torture found on the internet that were written by the female subject child. OCDSS reviewed the report and it was assigned to FAR unit. In accordance with FAR county protocols, after further assessment, the case was reassigned to investigations on 5/26/16.

OCFS Review Results:

The FAR case was appropriately reassigned to Investigations after the father refused to allow access into the home. The FAR caseworker was unable to assess if the home was safe for the children.

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

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

There was CPS history three years prior to the fatality.

Known CPS History Outside of NYS

There is no known history outside of NYS.

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.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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