



## Report Identification Number: SY-19-033

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

Issue Date: Nov 07, 2019

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<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		
<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	
<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:** 1 year(s)

**Jurisdiction:** Onondaga  
**Gender:** Male

**Date of Death:** 04/08/2018  
**Initial Date OCFS Notified:** 07/02/2019

## Presenting Information

An SCR report alleged that on an unknown date in November 2018, the adult sibling set the home on fire. The two mothers living in the home, a parent substitute, and two male children, ages 16 and 1 year old, were all in the home at the time of the fire. The mothers and the children died due to smoke inhalation. The adult sibling had diagnosed mental health disorders. Prior to the fire, the adult sibling had threatened to kill the family and he was caught making bombs in the basement. Prior to the fire in the home, on a regular basis, the adult sibling and parent substitute would engage in physical altercations with each other in the presence of the children. The children were not harmed as a result of the physical altercations.

## Executive Summary

This fatality report concerns the death of a mother, her 17-year-old son, her 19-year-old daughter and the daughter's two-year-old son that occurred on 4/5/18. A report was made to the SCR on 7/2/19 regarding the death of the children in a home fire, alleged to have been started by an adult male sibling, and that the parent substitute had physical altercations with the adult male sibling in the presence of the children. There were no surviving siblings or children.

Onondaga County Department of Social Services (OCDSS) learned the adult male sibling was found guilty on 5/16/19 of starting the home fire and convicted of four counts of first-degree murder. At the time the report was received, the sibling was serving four lifetime sentences. The fire started around 3AM on 4/5/18. The parent substitute jumped from a second-story window and was the only surviving member of the household.

The CW interviewed the sibling in jail; he denied knowing how the fire in the home began. The sibling said the parent substitute would often become intoxicated and he would have to physically restrain him. The CW was unsuccessful locating the parent substitute; therefore, he could not be interviewed regarding the allegations.

Safety assessments and required reports were completed timely. Services were not offered as there were no surviving children, the sibling was in jail, and OCDSS was unable to contact the parent substitute. The case was indicated and closed.

## 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:**

The casework activity was commensurate with the case circumstances.

### 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:** 04/08/2018

**Time of Death:** Unknown

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

04/05/2018

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

03:10 AM

**County where fatality incident occurred:**

Onondaga

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

Unknown

**Did EMS 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:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:



**Total number of deaths at incident event:**

**Children ages 0-18: 2**

**Adults: 0**

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	Alleged Perpetrator	Male	21 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	17 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Mother	No Role	Female	46 Year(s)
Deceased Child's Household	Mother	No Role	Female	19 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	52 Year(s)

**LDSS Response**

Upon receipt of the SCR report on 7/2/19, OCDSS initiated their investigation and discovered the adult male sibling was in jail after being found guilty of arson and first-degree murder. The CW was unable to speak to the source of the report as the source was anonymous. OCDSS notified the district attorney's office and the medical examiner. The CW spoke with law enforcement who provided the report number which indicated the fire occurred on 4/5/18; a copy of the report was requested as well as the 911 call. A CPS history search was completed.

The CW completed an interview with the adult sibling in jail. He denied ever making bombs or threatening to kill his family. The sibling said he often fought with various family members but never in the presence of the children. He said he often had to restrain the parent substitute as he would drink too much alcohol and become violent. The sibling said on the night of the fire, he left the home to purchase marijuana. He said when he left, his mother was sleeping, his 17yo brother was awake, and his adult sister (mother of the 2yo) was getting her child a bottle. He said he was walking down the street and saw a fire truck but denied knowing his house was on fire. The sibling said he walked around for a while and when he got closer to his house he smelled something like burning wood; he then saw flashing lights and spoke with his landlord's girlfriend who advised him his house was on fire. He said he was then placed in the back of a police car. The sibling said a fire investigator from California advised they could not determine how the fire was started. The sibling also denied knowing how the fire started. He confirmed he was charged and found to be guilty in relation to the fire and the deaths of his family members.

OCDSS made multiple attempts to locate and contact the parent substitute but were unsuccessful. OCDSS made efforts to obtain the identity of the 2yo's father but were unsuccessful.

OCDSS requested records from the medical examiner, the district attorney, the fire department and law enforcement. The case was indicated and closed. There were no surviving children in need of protection.

**Official Manner and Cause of Death**

**Official Manner:** Homicide

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

**Multidisciplinary Investigation/Review**



Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051630 - Deceased Child, Male, 17 Year(s)	051632 - Mother's Partner, Male, 52 Year(s)	Inadequate Guardianship	Unsubstantiated
051630 - Deceased Child, Male, 17 Year(s)	051633 - Adult Sibling, Male, 21 Year(s)	Inadequate Guardianship	Substantiated
051630 - Deceased Child, Male, 17 Year(s)	051633 - Adult Sibling, Male, 21 Year(s)	DOA / Fatality	Substantiated
051631 - Deceased Child, Male, 2 Year(s)	051633 - Adult Sibling, Male, 21 Year(s)	DOA / Fatality	Substantiated
051631 - Deceased Child, Male, 2 Year(s)	051633 - Adult Sibling, Male, 21 Year(s)	Inadequate Guardianship	Substantiated
051631 - Deceased Child, Male, 2 Year(s)	051632 - Mother's Partner, Male, 52 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

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

OCDSS has been unable to locate the parent substitute to discuss the report with him.

### 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:</b> Murder <b>Degree:</b> 1			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
Unknown	Adult sibling	05/16/2019	Guilty
<b>Comments:</b>	The adult male sibling was charged with four counts of first-degree murder.		

### 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"/>
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"/>



# Child Fatality Report

Other	<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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## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes  
 Was the child ever placed outside of the home prior to the death? No  
 Were there any siblings ever placed outside of the home prior to this child's death? No  
 Was the child acutely ill during the two weeks before death? No

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/12/2017	Deceased Child, Male, 8 Months	Mother, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	No

### Report Summary:

An SCR report alleged the mother of the 8-month-old child, frequently hit, yelled and screamed at the child.

**Report Determination:** Unfounded

**Date of Determination:** 02/01/2018

### Basis for Determination:

The adults in the home said the allegations were not true. The children in the home were seen and did not have any visible marks or bruises. The case was appropriately unfounded and the family was referred to community based services.

### OCFS Review Results:

CPS history was reviewed, home visits and interviews with all required parties were completed, safe sleep information was discussed and provided, and pertinent collateral contacts were spoken with.

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

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

The 19-year-old mother had no CPS 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