



Report Identification Number: SV-15-017

Prepared by: Spring Valley Regional Office

Issue Date: 1/5/2016

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
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	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of 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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 6 year(s)

Jurisdiction: Westchester
Gender: Female

Date of Death: 04/05/2015
Initial Date OCFS Notified: 04/07/2015

Presenting Information

A report was made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) on 04/05/2015, which alleged Inadequate Guardianship and DOA/Fatality against the mother on behalf of the six-year-old female subject child. This report alleged the father went to the home and found the mother and subject child unresponsive in the bedroom. A 911 emergency call was made. The subject child was noted to have had dried blood around her nose and mouth and had been dead for a few hours. The subject child was noted to have had no pre-existing medical condition and was pronounced dead at the scene from cardiac arrest. The mother was intubated in the Intensive Care Unit (ICU) of the hospital in which the two were brought to. A second report was received 37 minutes after the initial alleging DOA/Fatality, Lack of Medical Care and Inadequate Guardianship against the mother on behalf of the subject child. It was noted a suicide note was found and the mother was a known drug user.

Executive Summary

Westchester County Department of Social Services, (WCDSS), conducted an investigation into the allegations listed on the report, and worked in conjunction with Local Law Enforcement Officials. WCDSS did make collateral contacts and obtained pertinent information to support the determination of the allegations. As per collateral contacts, the subject child was above average academically and was noted to have had no pre-existing medical conditions. Diligent efforts were made to interview the mother and the father however; attempts were unsuccessful. The mother remained in the Intensive Care Unit (ICU) at the hospital for most of the investigation in an unresponsive state. Once the mother was able to respond, she retained legal representation who advised her against speaking with WCDSS due to her medical conditions. The father also retained legal representation that encouraged him to speak with WCDSS; however the father declined to be interviewed.

The investigation revealed the father contacted emergency services on 4/5/2015 to report the subject child was unresponsive. The local police department and emergency medical technicians responded to the case address and discovered the subject child unresponsive lying on the mother's bed in her bedroom. The mother was also present in the bedroom in a kneeling position at the side of the bed on the floor. The mother had respirations and a pulse, yet was unresponsive. The subject child was pronounced deceased on scene at 1:27 PM had already been dead for a few hours when she was found. She was noted to have had dried blood around her nose and mouth. The mother was intubated in the ICU of the hospital in which the two were brought to. Prior records indicated the mother had a history of drug use and misuse which impacted her both personally and professionally. The mother was suspended from her job as a nurse for allegedly stealing medications for personal use. The room the subject child and mother were found in was noted to be in "disarray" with exposed prescription medication, pill bottles and alcohol that were easily accessible to the subject child. There was also a Ziplock bag of what was thought to be Heroin located in the mother's bedroom and suicide notes written by the mother.

On 6/3/2015, WCDSS substantiated the allegations listed on the report. Additional allegations of Parent Drug/Alcohol Misuse and Poisoning, Noxious Substances, against the mother on behalf of the subject child were added to the report and were also appropriately substantiated. During the course of the investigation, it was learned that the subject child had no medical ailments that required the drugs that were found in her system. The investigation



revealed the mother had monthly prescriptions for the medication that was found in the subect child's system. A court order obtained to seize and analyze blood and urine samples taken from the mother by the hospital upon her admission on 4/5/2015 revealed that at the time her blood alcohol content was almost three times the legal limit. The toxicology testing further detailed the presence of the prescription medication.

On 9/11/2015; the mother was indicted for criminally negligent homicide, endangering the welfare of a child and criminal possession of a controlled substance in the 7th degree. The prosecution is still pending.

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 throughout the course of the investigation to determine all of the allegations listed on the report.

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 siblings, or any other children residing in the household. The mother and father declined to be interviewed through their legal representation. Services were offered to the extended family to pass along to the mother and father.

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



NYS Office of Children and Family Services - Child Fatality Report

Date of Death: 04/05/2015

Time of Death: 01:27 PM

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

County where fatality incident occurred:

WESTCHESTER

Was 911 or local emergency number called?

Yes

Time of Call:

01:11 PM

Did EMS to respond to the scene?

Yes

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

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:

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: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	6 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	78 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	51 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	54 Year(s)

LDSS Response

Westchester County Department of Social Services, (WCDSS), conducted an investigation into the allegations listed on the report, and worked in conjunction with local law enforcement officials. WCDSS did make collateral contacts with medical professionals, first responders, and extended family members as well as provided service referrals for the family. Diligent efforts were made to interview the mother and the father however; attempts were unsuccessful. The mother remained in the Intensive Care Unit (ICU) at the hospital for most of the investigation in an unresponsive state. Once the mother was able to respond, she retained legal representation who advised her against speaking with WCDSS due to her



medical conditions. The father also retained legal representation that encouraged him to speak with WCDSS; however the father declined to be interviewed.

All of the Safety Assessments as well as the Risk Assessment Profile (RAP) were appropriate, timely, and accurately reflected the known circumstances of the case. There were no surviving siblings or minor children residing in the home.

After the toxicology reports were received, the Medical Examiner listed the cause of death as “Acute Mixed Drug Intoxication,” and noted that she did not believe the subject child could have ingested the drugs independently. The Medical Examiner classified the manner of death as a homicide.

There was documentation of supervisory conferences noted. The investigation was closed on 6/3/2015 and the allegations on the report were determined to have been appropriately indicated against the mother and the father on behalf of the subject child. Additional allegations of Parent Drug/Alcohol Misuse and Poisoning, Noxious Substances, against the mother on behalf of the subject child were added to the report and were also substantiated. During the course of the investigation, it was learned that the subject child had no medical ailments that required the drugs that were found in her system as a form of treatment. The subject child had a reported stomach ailment; however this was only witnessed and reported by the mother. The mother was also aware that the subject child took medication not intended for her use, as evident by the text messages she sent to the father indicating so, and she took no medical or other action in an effort to preserve her life. The father received an initial text message from the mother at 5:48 AM indicating the subject child ingested pills. Her next text messages to him were indecipherable. The father acknowledged receipt of the text messages and noted his alarm of the information. The father went to the home at approximately 7:15 AM, however; did not enter the bedroom until several hours later, and took no action to ensure the safety and well-being of the subject child. As per the father, he noted the bedroom door was locked, and he heard snoring coming from the bedroom and believed the mother and subject child to be asleep. The father reported he left on 2 occasions to run errands and sat in the home for an extended period of time and did not check on the subject child, alert the maternal grandfather of the situation, or call for any assistance. The father sent multiple text messages to the mother throughout the day regarding the subject child taking a pill, and finally removed the bedroom door at 1:00 PM.

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: Paramedic

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
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NYS Office of Children and Family Services - Child Fatality Report

017487 - Deceased Child, Female, 6 Year(s)	018701 - Mother, Female, 51 Year(s)	Poisoning / Noxious Substances	Substantiated
017487 - Deceased Child, Female, 6 Year(s)	018702 - Father, Male, 54 Year(s)	Inadequate Guardianship	Substantiated
017487 - Deceased Child, Female, 6 Year(s)	018702 - Father, Male, 54 Year(s)	Lack of Medical Care	Substantiated
017487 - Deceased Child, Female, 6 Year(s)	018701 - Mother, Female, 51 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
017487 - Deceased Child, Female, 6 Year(s)	018701 - Mother, Female, 51 Year(s)	DOA / Fatality	Substantiated
017487 - Deceased Child, Female, 6 Year(s)	018701 - Mother, Female, 51 Year(s)	Inadequate Guardianship	Substantiated
017487 - Deceased Child, Female, 6 Year(s)	018701 - Mother, Female, 51 Year(s)	Lack of Medical Care	Substantiated

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

All appropriate collateral contacts were made.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



NYS Office of Children and Family Services - Child Fatality Report

Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

- Family Court
 Criminal Court
 Order of Protection

Criminal Charge: Criminally negligent homicide **Degree:** NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
09/11/2015	The Mother	Pending	Unknown
Comments: On 9/11/2015, the mother was indicted for Criminally Negligent Homicide, and Criminal Possession of a Controlled Substance in the 7th degree. The prosecution is still pending.			

Criminal Charge: Endangering the welfare of a child **Degree:** NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
09/11/2015	The Mother	Pending	Unknown
Comments: On 9/11/2015, the mother was indicted for Endangering the Welfare of a Child. The prosecution is still pending.			

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 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"/>



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Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:
 Bereavement service referrals were offered to the extended family and were asked to be passed along should the mother and father wish to utilize them. Alcohol/Substance Abuse services could not have been offered as the mother and father had legal representation and declined to be interviewed.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:
 There were no siblings or other minors residing in the home.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 Services were discussed with extended family members as the mother and father were not available to be interviewed.

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

There is no CPS investigative history within three years prior to the fatality.

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

There is no known history for the family in the current system of record.

Known CPS History Outside of NYS

There is no known history outside of New York State.

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

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

Required Action(s)

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

Yes No

Foster Care Placement History

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

Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

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



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