



Report Identification Number: SV-17-018

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

Issue Date: Nov 10, 2017

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	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: 7 year(s)

Jurisdiction: Westchester
Gender: Female

Date of Death: 06/06/2017
Initial Date OCFS Notified: 06/06/2017

Presenting Information

The 7yo SC lived with BF and BM. This afternoon, June 6, 2017, at 3:30pm, EMS responded to the home because BF cut himself with a kitchen knife in a suicide attempt for unknown reasons while the sole caretaker to SC. Upon further investigation, SC was found unresponsive, not breathing, lying on a bed and was covered with a sheet. SC was pronounced dead this afternoon at about 3:30 pm. At the time of her death, SC was in the care of BF and the BM was not home at the time. SC did not appear to have any visible injuries about her body. SC was an otherwise healthy child, thus making her death suspicious. BM had an unknown role.

Executive Summary

The SCR received a report on 6/6/17 alleging DOA/Fatality and IG against the BF for the 7yo female SC. Westchester County Department of Social Services (WCDSS) began their investigation and coordinated efforts with LE upon receipt of this report. There were no other children in the home and no SS.

The investigation revealed that on 6/5/17, BF received divorce papers and became aware of the new custody arrangement that would ensue. On 6/6/17, BF reported SC awoke around 7:30AM, did not feel well, and stayed home from school. SC remained in her bed that morning. BF went to SC's room around 8 or 9AM and suffocated her with a pillow until she stopped breathing. BM was not at the home during this time and lived elsewhere. SC's adult babysitter arrived to the home around 3PM and saw BF come out of the bathroom with blood on his clothes. BF told the babysitter that SC was in her room resting. The babysitter left the home, called BM, and then called 911. LE and EMS arrived to the home and found BF with a cut to his arm. EMS found SC dead in her bed and said she had been dead for 3-5 hours, as rigor had already set in. BF was arrested and charged with Murder in the 2nd Degree and he remains in jail.

BF gave a statement that he suffocated SC because he did not want SC to be a product of divorce. BF said there was no struggle and he felt she was in a better place. BF was upset with the new custody arrangement that he would spend less time with his daughter. BF also admitted that he tried to take his own life that morning. BM and the babysitter said that BF had never given any indication that he would harm SC.

Family had no prior history with CPS. LE records showed one report from 1/9/17 where police went to the home for a dispute in which BF was yelling and shoving BM. No arrests were made.

WCDSS completed all safety assessments adequately and on time and contacted appropriate collaterals.

The allegations of DOA/Fatality and IG were substantiated and the case was indicated and closed. ME's preliminary autopsy reports the cause of death was Asphyxia by Suffocation. The final autopsy report was not completed at the time of this writing. BM continues to receive bereavement counseling and has a strong support system.

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

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:

Casework activity was commensurate with 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: 06/06/2017

Time of Death: 03:30 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: Unknown

Did EMS respond to the scene? Yes

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 2

At time of incident supervisor was: Not impaired.



Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	7 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	47 Year(s)
Other Household 1	Mother	No Role	Female	47 Year(s)

LDSS Response

On 6/6/17, WCDSS initiated their investigation by confirming the reported information with the source. There were no SS or other children residing with SC. WCDSS did a search of the family's history and coordinated their investigation with LE.

CW spoke with EMS who responded on 6/6/17 to BF's home for an attempted suicide. EMS found BF with a cut to his arm. LE was also present, and noted the BF had no emotion and did not say much. While looking for an alleged intruder, LE found SC lying in bed on her left side, covered with a blanket. LE asked EMS to look at SC. EMS noted SC had been deceased for 3-5 hours, as rigor had set in. SC was pronounced dead at 3:30PM. BM was not at the home at this time, or within the timeframe of SC's death. BF was transported to the hospital, treated, and released to police custody.

The Assistant DA was involved and said BF confessed to suffocating the SC by putting a pillow over her head. CW observed the DA's photographs of the deceased SC.

CW spoke with SC's babysitter, who had information relevant to the fatality. The babysitter described the day of the SC's death: She arrived to the home around 3PM and saw what appeared to be blood in the kitchen. She did not see anyone, so she walked upstairs, calling out to BF and SC. BF came out of the bathroom "sweaty, with his eyes bulging, and he had blood on his clothes." The babysitter asked BF where SC was, and he reported she was in her room resting. The babysitter said SC never took naps and she became afraid. She saw a cut on BF's wrist and blood on the rug. BF then said, "I don't know what happened, it must have been an intruder, the front door was unlocked, right." The babysitter confirmed the door had been unlocked and walked down the stairs backwards, and BF did not move. The babysitter quickly left the home and called BM then called 911. She reported she never saw SC while in the home. Prior to this day, BF never gave any indication to the babysitter that he would harm SC. The babysitter cared for the SC since September 2016. She reported she was receiving bereavement counseling.

The DA's office facilitated an interview with BM, for which CW was present. BM reported BF had a temper that could accelerate quickly. She described an incident on 1/9/17, when she called LE because BF was yelling and shoving her. BF calmed down when LE arrived to their home, and both BM and BF told LE everything was ok and that they needed no assistance. After LE left, BM locked herself in the master bedroom. CW obtained documentation from LE regarding this incident. BM also noted BF once grabbed her wrists, and that BF was upset about the divorce. BM was not aware of BF having any psychiatric history. She stated BF did not usually care for SC more than 24 hours by himself, as he acted as if SC was too much to care for on his own and needed help. BM paid for a babysitter to come to the home after school and care for SC until SC went to bed. BM stated she met with BF on 6/5/17 to sign and notarize the new custody papers. BF told BM he was not angry but rather was somber, and said he did not like the new arrangement of only getting SC one



night a week. BM noted SC enjoyed going to BF's home, and she never had any reason to believe BF would hurt SC.

BM signed releases and CW spoke with the pediatrician's office and obtained records for SC. CW also obtained records from SC's school. Neither had any concerns for the SC, BM, or BF. CW received a copy of the EMS run sheet and spoke to EMS workers.

BM was offered bereavement counseling. BM later confirmed she was having a difficult time but said she had a good support system and was receiving counseling.

CW attempted to interview BF but he declined.

Allegations of DOA/Fatality and IG were substantiated and the report was IND and closed.

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
038741 - Deceased Child, Female, 7 Yrs	038742 - Father, Male, 47 Year(s)	Inadequate Guardianship	Substantiated
038741 - Deceased Child, Female, 7 Yrs	038742 - Father, Male, 47 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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"/>



Child Fatality Report

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:

The alleged subject BF declined to speak with WCDSS.

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

Criminal Charge: Murder **Degree:** 2

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	BF	Unknown	Unknown
Comments:		BF was charged with the 2nd Degree Murder of SC.	

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 checked="" 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"/>
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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 SS or other children in the household.

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? N/A
- 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

Family has no CPS history.

Known CPS History Outside of NYS

Family has no known CPS history outside of New York State.

Preventive Services History

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



Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

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

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