



Report Identification Number: SV-16-009

Prepared by: Spring Valley Regional Office

Issue Date: 7/18/2016

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	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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 0 day(s)

Jurisdiction: Nassau
Gender: Female

Date of Death: 03/31/2016
Initial Date OCFS Notified: 04/04/2016

Presenting Information

This case was called in to the SCR alleging DOA/Fatality, Inadequate Guardianship and Choking/Twisting/Shaking regarding the mother on behalf of the newborn female subject child. This report alleged on 3/31/2016 EMS was called to the mothers home for vaginal bleeding. The mother was taken to the hospital where it was discovered she had recently given birth, which the mother denied. The report further alleged the mother did give birth to the subject child and the mother then suffocated the subject child by applying pressure to her mouth. It was noted the mother did not tell anyone she had given birth. The mother then put the subject child into a garbage bag and brought it to the back of the home, where the subject child was ultimately found. The subject child was then taken to the hospital where she was pronounced dead. The maternal grandparents and maternal uncle were present in the home at the time of the incident, however have unknown roles.

Executive Summary

On 4/4/2016, a report was called in to the SCR alleging DOA/Fatality, Inadequate Guardianship, and Choking, Twisting, Shaking on behalf of the subject child, who died on 3/31/2016. All of the information learned throughout the course of the investigation was told to NCDSS by collateral sources. The family attorney would not permit the mother to speak with NCDSS regarding their investigation and minimal correspondence was exchanged through the NCDSS attorney and through their collaboration with law enforcement. Efforts were made to contact the maternal grandparents regarding the investigation, however they were not responsive, despite NCDSS' efforts. At the time of the incident, the mother was residing in the home with the maternal grandparents and maternal uncle.

The mother disclosed to local law enforcement officials that she did kill the subject child. The mother told police that she had been vomiting in the bathroom of the home, and had requested the grandfather bring her a garbage bag. The grandfather provided the mother with the requested bag, and left the home to go to work. It was noted that the mother then called out to the grandmother, complaining of vaginal bleeding. When the grandmother came into the room, she instructed the uncle to call 911. A 911 call was made at 8:24 AM and EMS responded to the home and transported the mother to the local hospital. Once at the hospital, emergency room physicians discovered the mother had the umbilical cord still attached to her and inquired about the whereabouts of the subject child. Both the mother and grandmother denied the mother had given birth. Hospital personnel contacted local law enforcement officials who came to the hospital to question the mother and grandmother. The grandmother then told officers to check the back deck. Upon going to the home, the police discovered the deceased subject child in a garbage bag. On 4/1/2016, the mother was arrested and charged with murder in the second degree. The grandmother was not charged as it was discovered she did not know about the mother's pregnancy, or her child birth. When the grandmother entered the bedroom, she questioned the mother regarding the contents of the garbage bag. The mother told the grandmother that the garbage bag contained bloody blankets from the vaginal bleeding. The grandmother did not open the bag, and put it on the back deck with the intention of washing the blankets when they arrived back home from the hospital.

On 4/3/2016, it was noted that the mother was bonded out of jail at 7:23PM as the bond was posted on her behalf.

The mother disclosed that she did not hear the subject child cry so she assumed she was already deceased. The



mother then stated that she wrapped the subject child tightly in bed sheets and a blanket and applied pressure to her mouth area to be sure. The mother then discarded the subject child into a garbage bag. It is unclear who the father of the subject child is, or if he was aware the mother was pregnant.

The Nassau County Medical Examiner’s office conducted an autopsy on the subject child on 4/1/2016. The autopsy revealed the cause of death to be “Suffocation.” The manner of death was listed as "Homicide." On 4/8/2016, the subject child's body was claimed by the family, and transported to the funeral home. The subject child was cremated on 4/9/2016.

The investigation was closed on 5/23/2016. The allegations on the report were substantiated regarding the mother, on behalf of the subject child for Choking, Twisting, Shaking, Inadequate Guardianship and DOA/Fatality. Services were not offered as the NCDSS did not have the opportunity to meet with the family. There were no surviving siblings or other minor children residing in the home.

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?**
- **Was the determination made by the district to unfound or indicate appropriate?**

Yes, sufficient information was gathered to determine all allegations.

Yes

Explain:

All assessments were appropriate. The decision to substantiate the allegations and close the investigation was also appropriate.

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 family attorney would not allow the NCDSS to contact the mother and the maternal grandparents were not being responsive to the communication efforts made by the Caseworker. There were no surviving siblings or other children residing in the home.

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: 03/31/2016

Time of Death: Unknown

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

County where fatality incident occurred:

NASSAU

Was 911 or local emergency number called?

Yes

Time of Call:

08:24 AM

Did EMS to 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: The subject child was just born

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: Not impaired.

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	Aunt/Uncle	No Role	Male	22 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	0 Day(s)
Deceased Child's Household	Grandparent	No Role	Male	71 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	72 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)

LDSS Response

Nassau County Department of Social Services, (NCDSS), conducted an investigation into the allegations listed on the report. NCDSS did make appropriate collateral contacts including the Medical Examiner, local law enforcement officials, hospital staff, and community resources. Diligent efforts were made, however; The subject mother and all other persons



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named on the report were not interviewed in regard to the allegations made by NCDSS. The family attorney did not permit the mother to speak with NCDSS about the investigation, and the maternal grandparents were not receptive to the caseworkers attempts at scheduling a meeting. As a result, appropriate service referrals could not be offered to the family.

There were no surviving siblings or other children residing in the home at the time of the fatality. The case notes were well documented, all were contemporaneous. The Risk Assessment Profile (RAP) was timely and appropriate. An autopsy was completed on the subject child on 04/01/2016. The ME listed the cause of death as "Suffocation." There was police involvement and local law enforcement officials arrested the mother on 4/1/2016. She was charged with murder in the second degree and bail was posted on 4/3/2016. There was no previous CPS involvement at the time of the fatality.

There was documentation of supervisory conferences noted in which the circumstances of the case were discussed and directives were provided.

The investigation was closed on 05/23/2016 and the allegations on the report were determined to have been substantiated regarding the mother, on behalf of the subject child for Choking, Twisting, Shaking, Inadequate Guardianship, and DOA/Fatality. The criminal investigation and court activity is ongoing.

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)?No

Comments: The fatality investigation was not conducted by an MDT.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: This fatality has not yet been reviewed by an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
028841 - Deceased Child, Female, 0 Days	028842 - Mother, Female, 20 Year(s)	Choking / Twisting / Shaking	Substantiated
028841 - Deceased Child, Female, 0 Days	028842 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
028841 - Deceased Child, Female, 0 Days	028842 - Mother, Female, 20 Year(s)	DOA / Fatality	Substantiated



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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:

Efforts were made to speak with the mother and maternal grandparents, however the family attorney recommended the mother not speak with NCDSS. Certified letters were sent to the maternal grandparents, however a response was never received.

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



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Criminal Charge: Murder Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
04/01/2016	The mother	04/03/2016	Mother bonded out
Comments:	The mother was arrested on 4/1/2016 and charged with murder in the second degree. On 4/3/2016, at 7:23PM, a bond was posted on the mother's behalf. The mother returned to court on 4/20/2016, and the case was waived to the Grand Jury. It is unclear when the next court date is.		

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"/>				
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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 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"/>				

Additional information, if necessary:
 Services could not be offered to the family as the family attorney recommended the mother not speak with CPS and the maternal grandparents have not returned CPS's contact.



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 surviving siblings or other children 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:

The caseworker was unable to speak with the mother as the family attorney recommended against it.

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
Misused over-the-counter or prescription drugs
Experienced domestic violence
Was not noted in the case record to have any of the issues listed
Had heavy alcohol use
Smoked tobacco
Used illicit drugs

Infant was born:

- Drug exposed
With fetal alcohol effects or syndrome
With neither of the issues listed noted in case record

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 CPS history on file for the family.



Known CPS History Outside of NYS

There is no known CPS 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

Additional Local District Comments

There are no additional comments.

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