



**Report Identification Number: NY-17-002**

**Prepared by: New York City Regional Office**

**Issue Date: Aug 07, 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

<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		
<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
CPR-Cardiopulmonary Resuscitation		
<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



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 year(s)

**Jurisdiction:** Queens  
**Gender:** Female

**Date of Death:** 01/03/2017  
**Initial Date OCFS Notified:** 01/03/2017

## Presenting Information

On 1/3/17 at 12:00 PM, the SM killed the 1-year-old child and locked her in the bathroom. The SM called emergency medical services at 6:00 PM and reported that she killed the child. Rigor mortis set in on the child's body by the time EMS had arrived. The allegations of this report are DOA/Fatality and Inadequate Guardianship of the child by the SM.

## Executive Summary

This fatality report concerns the death of a 1-year-old female child on 1/3/17. The SM killed the child and planned to kill herself. The SF was not at home at the time of the incident. The SC was the parent's only child and there were no other children in the home.

ACS initiated an investigation into the death of the 1-year-old SC and made contact with the appropriate collaterals such as EMS, LE and the parents' adult roommate. ACS documented they used an interpreter to communicate with the roommate as he spoke very little English. ACS learned that on 1/3/17, the SM was upset about an issue involving her brother (resides in another country) and she strangled the SC with a phone cord, wrapped a scarf around her neck and then locked her in the bathroom of their home. EMS, LE, and the roommate reported the SM admitted that she killed the SC.

ACS also interviewed the BF who stated he had no knowledge of the SM's intentions; however, he was aware the SM had been upset about an incident that occurred two months before. The BF said the SM she showed no sign that she would injure the SC when he left the home to go to work early that morning, the SM and SC were fine. He received a call from his roommate stating he should come home immediately. He was then informed and questioned by the assigned detective regarding the death of his daughter. The SF told ACS that the SM loved the SC and all children and that she was always gentle and took good care of the SC. He reported no sign of mental illness. The SF declined bereavement counseling. The SC's pediatrician reported she had no medical conditions and was meeting her developmental milestones. The family had no prior ACS history.

The DA reported the SM was admitted to Elmhurst Hospital; however, the hospital did not confirm. According to the DA, the SM was later charged with Murder in the 2nd degree and 2 charges of criminal possession of a weapon. The DA declined ACS' request to interview the SM. The ME listed the cause of the SC's death as linear strangulation and the manner as homicide.

ACS interviewed the neighbors and the babysitter; all reported that the SM was gentle and provided adequate care to the SC. The parents cared for the SC on their days off leaving the SC with the babysitter for three days per week until recently, when the SM stopped working. The babysitter did notice that the SC was disheveled on one occasion and the SM did not seem to care and stated she was worried about her brother.

On 2/24/17, ACS substantiated the allegations against the SM citing the SM's admission and information from LE and the ME.

## 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:**

The investigation was completed within the mandated time-frame and the determination was 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:**

ACS conducted a thorough investigation.

**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:** 01/03/2017

**Time of Death:** 06:18 PM

**Time of fatal incident, if different than time of death:** 12:00 PM

**County where fatality incident occurred:** Queens

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

**Time of Call:** 06:00 PM

**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  
 Other

Eating

Unknown

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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1

**At time of incident supervisor was:** Unknown if they were impaired.

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

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Father	No Role	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Other - Parents' roommate	No Role	Male	39 Year(s)

### LDSS Response

On 1/3/17, the SCR registered a report that alleged the SM killed her one-year-old child. The BF was not at home at the time of the incident. The SC was the parents' only child. The allegations were DOA/Fatality and IG of the SC by the SM.

ACS learned that the parents' roommate arrived home at approximately 4:30 PM and one hour later, the SM informed him of what she had done and the roommate called 911.

The FDNY reported that upon their arrival at the home, they observed the SM sitting calmly on the stairs and when they asked for the child, the SM pointed to the bathroom and gave them the key. They observed the SC face down covered with a blanket. The FDNY moved her to begin resuscitation; however, rigor mortis and dependent lividity had taken effect. EMS received the 911 call at 6:00 PM from a male who reported a child was not breathing and he did not want to go inside to see whether the child was alive. He stated that when he arrived home the SM told him she killed the child by stopping air flow. EMS reported that upon arrival, they observed the child in bed lying on her back covered with a towel. The child was pronounced dead by EMS technicians at 6:18 PM.

The assigned NYPD detective added that the SM stated she had planned to kill the SC and herself. The SC was strangled with a phone charger cord and a scarf.

The DA reported the SM was admitted to Elmhurst Hospital on 1/4/17. She was charged with murder in the 2nd degree and 2 charges of criminal possession of a weapon. The DA declined ACS' request to interview the SM. The ME listed the cause of the SC's death by linear strangulation and the manner as homicide.

On 1/04/17, the Specialist interviewed the SF with the assistance of an interpreter as he spoke little English. According to the SF, the SM was upset about an incident that occurred two months prior; it involved her brother in another country and she had not worked in the past two weeks due to slow business. However, she appeared fine and the SC was well when he left home earlier that day. According to the SF, the SM showed no signs that led to her actions. The SF stated his roommate contacted him at 4:30 PM and told him something happened and that he should come home immediately. Upon



his arrival, the detective informed him of his daughter's death. The Specialist documented the home was clean with an adequate supply of food and sleep accommodations.

ACS learned from the roommate that when he arrived home at 4:30 PM, he observed the SM sitting at the table. He went to his room and relaxed for an hour before the SM summoned him. She showed him a picture on her phone of a white box that contained a picture. She told him that the SC was dead and that they were all going to die. He went to the neighbor who did not quite understand but appeared fearful and closed her door. The roommate retrieved the BF's phone number from the SM and contacted him. He told the SM that he would call the police but she stated that she wanted to call and she did but her phone died after and he made the call.

ACS interviewed the babysitter who no longer watched the SC when the SM stopped working. She reported the parents were very gentle and attentive and they kept the SC clean and neat; however, on one occasion, she observed the SC appeared disheveled and the SM was not concerned. The parents' neighbors reported no strange behaviors. The parents had no familial support system in the U.S.

On 2/16/17, ACS received information from the SC's pediatrician who reported the SC's last exam was 1/2/17. The SC had no medical conditions and was meeting all of her milestones. The Dr reported no change in the BM's appearance or behavior and the BF had not attended any visits.

On 2/24/17, the SM remained hospitalized and criminal court hearing was scheduled for 3/28/17. On 2/24/17, ACS substantiated the allegations of DOA/Fatality and IG of the SC by the SM.

### 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 ACS investigation adhered to previously approved protocols for joint investigation.

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the NYC region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
039041 - Deceased Child, Female, 1 Yrs	039042 - Mother, Female, 32 Year(s)	DOA / Fatality	Substantiated
039041 - Deceased Child, Female, 1 Yrs	039042 - Mother, Female, 32 Year(s)	Inadequate Guardianship	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 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"/>
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:**

Records pertaining to the child's death were reviewed via the CONNECTIONS database.

### 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: Murder Degree: 2</b>			
<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
01/03/2017	The BM	Unknown	Abuse
<b>Comments:</b>	The BM was charged with Murder in the 2nd degree of her 16-month-old child and 2 charges of criminal possession of a weapon.		

### Services Provided to the Family in Response to the Fatality



Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The BF declined bereavement counseling citing he would receive support from his religious community and that he was in the process of relocating.

**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 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 SM was arrested and charged with the murder of the SC and the SF declined ACS' offer of bereavement or any other type of service.

## History Prior to the Fatality

## Child Information

**Did the child have a history of alleged child abuse/maltreatment?**

No





<b>Was there an open CPS case with this child at the time of death?</b>	No
<b>Was the child ever placed outside of the home prior to the death?</b>	No
<b>Were there any siblings ever placed outside of the home prior to this child's death?</b>	N/A
<b>Was the child acutely ill during the two weeks before death?</b>	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

This family had no known history.

### Known CPS History Outside of NYS

There was no known history outside of NYS.

### Required Action(s)

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

Yes  No

### Preventive Services History

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

### 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

### 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