



Report Identification Number: SV-15-020

Prepared by: Spring Valley Regional Office

Issue Date: 3/8/2016

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: 17 year(s)

Jurisdiction: Nassau
Gender: Female

Date of Death: 04/09/2015
Initial Date OCFS Notified: 04/28/2015

Presenting Information

Subject Child (SC) absconded as of 4/5/15 and legal guardian (maternal grandmother) filed a Missing Person' Report within 48 hours. On 4/8/15, the maternal grandmother (MGM) received a phone call from Nassau County Police Department that the SC's body was discovered in a hotel near the Nassau Coliseum, NY. The police also reported that the hotel room was registered to an unidentified male. The cause of death was undetermined, and the police were unable to follow up with any criminal charges being filed against a specific person. The legal guardian has reason to believe that the child was in the company of some older men and might have been overdosed on an illegal substance.

Executive Summary

On 4/29/2015, Nassau County Department of Social Services (NCDSS) notified NYS Office of Children and Family Services (OCFS) of the death of 17-year-old Subject Child (SC). SC had absconded from her home on 4/5/2015, her Maternal Grandmother (MGM) filed a missing persons report within 48 hours. On 4/9/2015, MGM was notified by the Nassau County Police Department that SC's body was found in a hotel near Nassau Coliseum. The information provided by Nassau County Police Department is that there were unidentified males in that room but there was no clear indication of what occurred in the room that led up to the fatality.

An autopsy report dated 6/16/2015, indicates that the cause of death was Acute Mixed Intoxication (ethanol, cocaine, cocaethylene, heroin, phencyclidine).

There was a history of preventive services offered intermittently since 2012, which were in place at the time of the fatality. Both SC and MGM were engaged in services and working with Family Specialist (FS) on a consistent basis. FS was providing case management services beginning 9/9/2014. Monthly visits and service connections were done with SC for educational services as well as mental health and substance abuse treatment. SC presented challenges during the time period leading up to her death with engagement around being compliant with staying away from illegal substances and alcohol. There were two siblings in the home ages 12 and 14, and services were not needed for them.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination?

N/
A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate?

N/
A
N/



A

Explain:

Casework contacts were clear and were appropriate given the circumstances of the case.

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? No

Explain:

The closing of the case was appropriate but there was not a clear reflection in the record of supervisory review of the case.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/09/2015

Time of Death:

County where fatality incident occurred: NASSAU

Was 911 or local emergency number called? Unknown

Did EMS to respond to the scene? Unknown

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? No - Not needed given developmental age or circumstances

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	No Role		17 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	62 Year(s)



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Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)

LDSS Response

A home visit was conducted to the MGM and Family Specialist (FS) brought groceries to the home. FS spoke to MGM about any additional services that were needed, specifically bereavement counseling. MGM stated that she did not want to utilize the services at this point. The preventive case was closed. There was no further need for preventive services. The children were observed but were not interviewed.

Official Manner and Cause of Death

Official Manner: Accident

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<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:

Children were observed, MGM stated that there were no services needed for other children in the home. She stated that she had supports (ie church) to assist her if she needed any additional resources.



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Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<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? There was no legal activity

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



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
 Family Specialist went to the home and offered bereavement services to the family but family stated that they did not want them at the time they were offered. Groceries were brought to the family by the Family Specialist.

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? Yes

Explain:
 Services were offered but MGM stated that they were not necessary at this point in time.

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

Explain:
 Family declined services at the time of the fatality. MGM stated that she had support from her church and her family.

History Prior to the Fatality

Child Information



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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/23/2012	4413 - Deceased Child, Female, 15 Years	4411 - Grandparent, Female, 60 Years	Inadequate Guardianship	Unfounded	No

Report Summary:
 Youth is out of control, drinking, smoking and using drugs. MGM has custody of SC but cannot handle her and is refusing to seek help for SC.

Determination: Unfounded **Date of Determination:** 11/19/2012

Basis for Determination:
 The allegation of inadequate guardianship was unsubstantiated regarding the MGM. Caseworker stated that MGM denies that the SC has not been under the influence of any drugs or alcohol and has not had any issues at this point. SC's siblings also state that they have not seen any sign of SC's alcohol or drug use.

OCFS Review Results:
 OCFS reviewed this case and there were no regulatory concerns.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/14/2013	4416 - Deceased Child, Female, 15 Years	4414 - Grandparent, Female, 60 Years	Childs Drug / Alcohol Use	Unfounded	No
	4416 - Deceased Child, Female, 15 Years	4414 - Grandparent, Female, 60 Years	Lack of Medical Care	Unfounded	
	4416 - Deceased Child, Female, 15 Years	4419 - Father, Male, 39 Years	Childs Drug / Alcohol Use	Unfounded	
	4416 - Deceased Child, Female, 15 Years	4419 - Father, Male, 39 Years	Inadequate Guardianship	Unfounded	
	4416 - Deceased Child, Female, 15 Years	4419 - Father, Male, 39 Years	Lack of Medical Care	Unfounded	
	4416 - Deceased Child, Female, 15 Years	4414 - Grandparent, Female, 60 Years	Inadequate Guardianship	Unfounded	
	4416 - Deceased Child, Female, 15 Years	4414 - Grandparent, Female, 60 Years	Educational Neglect	Unfounded	

Report Summary:



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Subject Child (SC) was reported to have been drinking or using drugs and appeared to be "hung over" and not going to school. Maternal Grandmother had filed a PINS petition and is trying to address challenges that SC is presenting.

Determination: Unfounded

Date of Determination: 06/21/2013

Basis for Determination:

Case was unfounded as MGM was working to get assistance for SC.

OCFS Review Results:

OCFS reviewed this case and there were no regulatory concerns.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/04/2013	4421 - Deceased Child, Female, 16 Years	4420 - Grandparent, Female, 60 Years	Inadequate Guardianship	Unfounded	No
	4421 - Deceased Child, Female, 16 Years	4420 - Grandparent, Female, 60 Years	Educational Neglect	Unfounded	

Report Summary:

SC lives with MGM and has missed 18 days of school during the school year. SC was failing all her classes due to poor attendance. SC has only attended 2 days of school and was suspended for smoking cigarettes and drinking alcohol.

Determination: Unfounded

Date of Determination: 11/23/2013

Basis for Determination:

MGM tries to wake up SC to go to school but child refuses to get up or go to any program. MGM met with school officials and was told that school could do nothing to assist her. PINS diversion worker will be filing a PINS petition on behalf of the MGM. There was no credible evidence to suggest that MGM is not providing adequate care for the child or is neglecting the SC's educational needs.

OCFS Review Results:

OCFS reviewed this case and there were no regulatory concerns.

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

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

There was no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

None

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 09/09/2014

Evaluative Review of Services that were Open at the Time of the Fatality



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	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 Subject Child was receiving Case Management Services at the time of fatality from Family & Children’s Services Nassau House.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
Yes No

Preventive Services History

There were preventive cases for this family on the following dates:
 10/5/10 – Mercy First Preventive Services
 10/23/12- Unfounded CPS - Inadequate Guardianship (IG) but preventive services were provided for the family.
 4/14/13- Unfounded CPS-Child’s Drug/Alcohol Use, Educational Neglect, Inadequate Guardianship, Lack of Medical Care (Preventive Services were provided)
 10/4/13 – Unfounded CPS – Unfounded IG/Educational Neglect (Preventive Services were provided)
 1/16/14 - Preventive services were closed due to SC moving to Florida.
 9/9/14 – MGM requested preventive services as SC had returned to her home from Florida and was not attending school. Services were in place at time of death.



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

Action:	The closing of the case was appropriate but it is recommended that the Nassau County DSS review with contracted agencies the importance of documenting supervisory conferences throughout the life of a case.
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Are there any recommended prevention activities resulting from the review? Yes No