



Report Identification Number: SV-17-044

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

Issue Date: Mar 06, 2018

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: 13 year(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 10/19/2017
Initial Date OCFS Notified: 10/19/2017

Presenting Information

On 10/19/2017, the 13yo SC died as a result of intentional overdose. On either 10/17/2017 or 10/18/2017, the SC intentionally overdosed by taking all of her prescribed medication, lexipro, as well as the SF's prescribed medication Hydrocodone, Oxycodone and Xanax. The SC was in the care of the stepmother and the SF at the time of her overdose. The SC had access to the medication which was in an unlocked medicine cabinet in the SF's and stepmother's bedroom. Prior to this incident, the SF and the stepmother were aware the SC suffered from depression. On 10/17/2017, the SF and the stepmother became aware of that the SC had been cutting herself. It was unknown why the SC committed suicide. The roles of the other household members were unknown.

Executive Summary

An SCR report was received on 10/19/2017, with the allegations of DOA/fatality and IG against the SF and the Step Parent (SP) regarding the death of the 13yo SC. Suffolk County Department of Social Services (SCDSS) initiated an immediate investigation that included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed. SCDSS did question the SF and the SP about drug or alcohol misuse. There was no credible evidence of any current misuse and the parents denied any substance abuse.

In the first 24 hours of the investigation SCDSS attempted to assess the safety of the 13yo OC (step-sister to the SC). SCDSS also contacted the BM of the SC and the 11yo SS who resided with the BM. The SS had regular contact with the SF, SP and SC in the SF's home. SCDSS attempted to assess the safety of the 11yo SS in the first 24 hours. SCDSS had some difficulty obtaining the SF and the BM full cooperation in providing access to the 13yo OC and the 11yo SS. SCDSS was very diligent in their efforts to see and interview these children.

Subsequently, SCDSS did interview the 11yo SS and the OC and assessed their home environment. The 11yo SS and the 13yo OC were determined to be safe and there were no noted safety concerns. SCDSS offered referrals for bereavement counseling for all family members.

It was learned through interviews with the SF, SP, the school social worker and the SC's private therapist, the events leading up to the SC's death. The SC's peers at school went to the school social worker on 10/17/2017 and reported the SC was cutting herself. The school notified the SF and the SP. The SP went to the school and learned from the school social worker the SC was very upset and felt her friends had betrayed her. The SP stated they recently had learned that the SC was cutting herself from the SC's therapist. The SC's therapist was contacted about what happened at school. The therapist told the SF and the SP not to fire questions at the SC. The therapist contacted the SC and the SC denied wanting to hurt herself. The therapist did not believe the SC was suicidal.

The SF and the SC had a verbal argument and he left the home to go back to work. The SC watched some TV the evening of 10/17/2017 with the SP and at 9:30PM the SC went to her bedroom. The morning of 10/18/2017 the SP got up to at 6:15AM and woke her own daughter for school. She checked in on the SC at that point and she was asleep on the bedroom floor. The SP said this was not usual for the SC to sleep on the floor instead of her loft bed. Since the 13yo OC and the SC went to school at different times, the SP sent the 13yo OC to the school bus. The SP went back upstairs to get the 13yo SC up for school. At this point was when she found the SC unresponsive with 3 bottles of medication next to the SC. The SP called to the SF to call 911. The SF performed CPR until EMS arrived. The SC was transported to the hospital and was resuscitated three times. The SC was then transported to another hospital. The SC was pronounced brain dead.



The SC was taken off life support and passed away on 10/19/2017.

The final autopsy report listed the cause of death as acute intoxication by combined effects of various prescription medications and the manner of death suicide. There were no arrests.

The SCDSS Unsub the allegations of DOA/fatality and IG against the SF and SP for the SC. SCDSS found there was no credible evidence to the support the allegations. The SF and SP had the SC in counseling and the Therapist confirmed that they had acted appropriately and there was no evidence that the SC was suicidal. SCDSS offered all family members bereavement services. SCDSS Unf and closed the INV no services required.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** 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 notes a consultation took place, but no details noted.

Explain:

SCDSS gathered sufficient information to close their 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: 10/19/2017

Time of Death: 11:14 AM

Date of fatal incident, if different than date of death:

10/18/2018

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

Unknown

County where fatality incident occurred:

Suffolk

Was 911 or local emergency number called?

Yes

Time of Call:

07:04 AM

Did EMS respond to the scene?

Yes

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

Yes

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: overdose

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

How long before incident was the child last seen by caretaker? 7 Hours

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	13 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	43 Year(s)
Deceased Child's Household	Other Child - step sister	No Role	Female	13 Year(s)
Deceased Child's Household	Stepmother	Alleged Perpetrator	Female	45 Year(s)
Other Household 1	Mother	No Role	Female	41 Year(s)
Other Household 1	Sibling	No Role	Female	11 Year(s)

LDSS Response

Upon receipt of the SCR report on 10/19/2017, SCDSS initiated an immediate investigation that included contact with the source to verify the information in the SCR report. SCR and criminal history checks were completed and reviewed.

SCDSS conducted a joint investigation with LE. Numerous home visits to the SC's case address were attempted in the first 24 hours without contact. SCDSS made an unannounced home visit to the BM home on 10/20/2017. It was learned during the home visit that the SF was still at the hospital and tests were being done. The SS was at friend's house and arrangements were made to visit the SS on another day. The BM was interviewed and the only information she had about



the events leading to the SC's death were reported to her from the SF. The BM told SCDSS that the SC had only visited her three times in the past year since she had gone to live with the SF. The BM reported to SCDSS that she reached out via text on a regular basis with the SC with very little response. The BM signed releases for SCDSS. SCDSS provided the BM with referrals for bereavement counseling.

SCDSS made phone contact with the SF, he informed SCDSS that the 13yo OC had left for a vacation and would return in a week. SCDSS received a phone call that the SF stating he was hiring an attorney and would be in contact with SCDSS.

SCDSS interviewed the SF, the SP, the school social worker and the 13yo SC's therapist about the events prior to the SC's death. It was learned that on 10/17/2017, the SC's friends reported to the school Social Worker (SW) the SC had been cutting herself.

According to the SP, on the morning of 10/18/2017, the SP awoke at 6:15AM. After she got her daughter to leave for the school bus, she entered the SC bedroom at 6:45 AM to get the SC up for school. The SC was on the floor and unresponsive. The SP found three pill bottles near the SC's body. The SP yelled for the SF to call 911. The SF called 911 and began CPR. The SC had taken an undetermined amount of her own Lexapro and her father's pain medication that was kept in the master bath. EMS arrived and the SC was transported to the hospital and was then transferred to another hospital where she was pronounced brain dead. The SC was taken off life support and passed away on 10/19/2017.

SCDSS made diligent efforts to assess the safety of 13yo OC and the 11yo SS through face to face contact in the first 24 hours of the investigation but were initially denied access to the SS and the OC. The SF had hired an attorney and had let the 13yo OC go on a vacation out of state with friends shortly after the death of the SC. Upon the 13yo return, SCDSS did interview and asses the child's home environment. SCDSS interviewed and assessed the safety of the 11yo SS and the home environment.

SCDSS offered bereavement referrals to all family members. SCDSS interviewed collaterals including the school SW, therapist, physician and family members and obtained signed releases for relevant school and medical records. SCDSS reviewed all records received. There were no noted concerns for the safety of the SS or the 13yo OC. There was no information that the SC was suicidal.

The final autopsy was received and listed the cause of death as Acute Intoxication and the manner of death as suicide. The allegations of DOA/fatality and IG for the SF and the SP were Unsub. There was no credible evidence to support the allegations. The SF and the SP had the SC in counseling and had regular contact with the therapist. The therapist nor the psychiatrist who evaluated the SC and prescribed the medication believed the SC was suicidal and reported the parents followed the recommended treatment plan. The case was Unf and closed-no services required.

Official Manner and Cause of Death

Official Manner: Suicide

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?No

Comments: SCDSS does not have an OCFS approved CFRT.



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
044401 - Deceased Child, Female, 13 Yrs	044406 - Stepmother, Female, 45 Year(s)	Inadequate Guardianship	Unsubstantiated
044401 - Deceased Child, Female, 13 Yrs	044405 - Father, Male, 43 Year(s)	Inadequate Guardianship	Unsubstantiated
044401 - Deceased Child, Female, 13 Yrs	044405 - Father, Male, 43 Year(s)	DOA / Fatality	Unsubstantiated
044401 - Deceased Child, Female, 13 Yrs	044406 - Stepmother, Female, 45 Year(s)	DOA / Fatality	Unsubstantiated

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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"/>
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
No children were removed.

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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral



Bereavement counseling	<input checked="" type="checkbox"/>	<input 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 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 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"/>

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:
SCDSS offered bereavement referrals for all family members.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:
SCDSS offered bereavement referrals to all family members.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/25/2016	Deceased Child, Female, 12 Years	Mother, Female, 40 Years	Other	Unfounded	No
	Deceased Child, Female, 12 Years	Father, Male, 42 Years	Other	Unfounded	

Report Summary:
Nassau County Family Court ordered a 1034 investigation on the SF and the BM for the SC. SCR report was received with allegation of "other" for COI investigations.

Determination: Unfounded **Date of Determination:** 09/12/2016

Basis for Determination:
The allegation of "other" against the BM and the SF were Unsub. NCDSS and SCDSS interviewed all family members. There was no evidence to support the allegations. The SC wanted to go and live with her father. The SF and the BM came to an agreement and the SF was granted custody of the SC. The case was Unf and closed no further services needed.

OCFS Review Results:
OCFS found that Nassau County Department of Social Services made the appropriate determination based on the information gathered during the investigation.

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

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

There is no CPS history more than three years more to the reported fatality.

Known CPS History Outside of NYS

There is no know history outside of NYS.

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