



**Report Identification Number: NY-16-010**

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

**Issue Date: 8/9/2016**

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

<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
<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-Cardio-pulmonary 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-Others	
<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		

## Case Information



**Report Type:** Child Found Alive  
**Age:** 11 year(s)

**Jurisdiction:** New York  
**Gender:** Female

**Date of Death:** Unknown  
**Initial Date OCFS Notified:** 02/01/2016

## Presenting Information

On 2/1/16, the SCR registered a report regarding the death of the family's eleven-year-old female child. The report alleged that at some time in 2011, the BM brought her three children; the now fourteen, eleven and nine-year-old respectively to the strip club where she worked. On two occasions the BM prostituted the fourteen-year-old child to three men. On another occasion, the BM prostituted the eleven-year-old female child to the same three men at the strip club. The report also alleged that after the eleven-year-old female child was sexually assaulted by the men, the BM and the fourteen-year-old female child found the eleven-year-old female child covered in blood. The BM failed to seek medical attention for the eleven-year-old female child. She took the children home and put the eleven-year-old female child in the oven and burned her to ashes. The BM then cleaned the oven and threw the ashes out.

## Executive Summary

The investigations conducted by ACS and the NYPD revealed there is no deceased child. For the purposes of this report, the fourteen-year-old female child shall be called the subject child (SC) and the eleven-year-old female child shall be called the alleged deceased child (ADC). The ACS investigation revealed the SC fabricated the accounts of her being sexually assaulted and her sisters death.

On 2/1/16, ACS received the SCR report and contacted NYPD and the family. The information obtained from the NYPD and the statements provided by the family revealed there was no deceased child. The ADC had been residing out-of-state with her BF since she was three years old. ACS and the NYPD contacted the LDSS and the out of state LE where the ADC resided and confirmed that she is alive and well in her BF's care. Additionally, the SC was unable to provide details about the sexual assault by her cousin. ACS confirmed via CONNECTIONS that the male cousin had been in foster care since 2014 and did not have any contact with the SC. The Specialist interviewed the SC's siblings and they were unaware that they had another sister. The Specialist did not report any concerns for the safety of the children.

On 3/31/16, the SCR registered a subsequent report alleging IG of the six-year-old child by the BM and the PS. ACS investigated the allegation of the report and on 5/27/16, unsubstantiated the allegation IG against the BM and the PS. The case remained open for services.

During the investigation, ACS referred the family to receive functional family therapy-child welfare (FFT-CW) services. The family was already receiving PPRS services at the time of the report.

On 4/4/16, ACS unsubstantiated the allegations of the 2/1/16 report. ACS based its decision on the information obtained during the course of the investigation which revealed there was no deceased child. The family continued with PPRS and FFT-CW services. ACS continued to monitor the family and documented case activities in the FSS. The NYPD discontinued the criminal investigation due to lack of evidence of the fatality of a child.

ACS exhibited good practice by collaborating with the LDSS where the ADC and her BF resided. ACS requested a courtesy home visit on the ADC and the LDSS assessed the ADC and deemed her safe with her BF.



## 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? No

### 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:

ACS conducted the investigation appropriately.

Was the decision to close the case appropriate? N/A

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 case remained open open for service.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Pre-Determination/Assessment of Current Safety/Risk
<b>Summary:</b>	The safety assessments dated 2/2/16 and 2/5/16 have safety decision number #3 although the case circumstances do not support this decision. There is no indication the children are in immediate or impending danger of serious harm.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(iii)(b)
<b>Action:</b>	The Administration for Children's Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Fatality-Related Information and Investigative Activities



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## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	11 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Other Adult	No Role	Male	38 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	14 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	9 Year(s)

## LDSS Response

On 2/1/16, the ACS Specialist initiated the CPS investigation by contacting the school staff who confirmed the report. The staff stated that the SC was in receipt of weekly school based services and was doing well.

Following the contact with the school staff, the Specialist and the NYPD interviewed the family at Manhattan Child Advocacy Center (CAC). The family confirmed there was no deceased child. The BM stated the alleged deceased child (ADC), had been residing out-of-state with her BF since she was three years old. She stated that the SC had behavioral issues in the past and engaged in services. The BM was willing to engage in services to address the SC's behaviors. She denied the SC was sexually assaulted by her cousin because the cousin had entered foster care before the SC returned from a visit to another country on 9/29/15 and they've had no contact since then.

The SC admitted she fabricated the entire account of her sister's death to "scare people." She reported she visited a website where people blog about scary bloody horror stories and paranormal activities. The SC was unable to provide any details about the sexual assault by her cousin.

The BM of the SC's cousin confirmed that her son did not have any contact with the SC. She described the SC as a very manipulative child. The Specialist also confirmed via CONNECTIONS that the cousin had been in care since 2014 and always had supervised agency visits. The SC's siblings were unaware that they had another sister. They denied knowledge of a cousin who allegedly sexually assaulted the SC. The Specialist did not document any concerns for the children. In addition, the Specialist discussed monitoring the SC's computer usage and parental locks with the BM.

On 2/2/16, LE in the state where the ADC's resided confirmed that on 2/1/16, the ADC was seen alive and well in the care of her BF. Later on the same date, ACS referred the family to receive functional family therapy-child welfare services.

On 2/17/16, ACS obtained documentation from the LDSS where the ADC resided confirming that a courtesy home visit and assessment was conducted. The LDSS deemed the ADC safe in her BF's care. The ADC and her BF did not have any prior history with the LDSS.

On 3/2/16, the Specialist made a follow up contact with the ADC's BF. He confirmed the ADC had been in his care through a private arrangement with the BM since she was three years old. The ADC had not visited with the BM and did not have any contact with the SC since she had been with her BF. The BF did not report any concerns for the ADC.

Between 3/10/16 and 3/28/16, ACS made contacts with collaterals and the family. The Specialist observed all the children in the home at the time and did not document any concerns for the children. The family had engaged in FFT-CW services with the PPRS services which were already in place for the family.

On 3/31/16, the SCR registered a subsequent report regarding the six-year-old child. The child was observed not to be thriving. There were also concerns that the BM failed to ensure the child wore her ear implants daily which had impacted her academic progress. ACS investigated the allegation of the report and on 5/27/16, unsubstantiated the allegation IG of the child by the BM and the PS. ACS kept the case open for services.

On 4/4/16, ACS unsubstantiated all of the allegations of the 2/1/16 report. ACS based its decision on the information obtained during the course of the investigation which revealed there was no deceased child and no credible evidence to support any of the other allegations.

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** The investigation adhered to approved protocols for joint investigation.

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
029241 - Deceased Child, Female, 11 Yrs	029242 - Mother, Female, 34 Year(s)	DOA / Fatality	Unsubstantiated
029241 - Deceased Child, Female, 11 Yrs	029242 - Mother, Female, 34 Year(s)	Burns / Scalding	Unsubstantiated
029241 - Deceased Child, Female, 11 Yrs	029242 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
029241 - Deceased Child, Female, 11 Yrs	029242 - Mother, Female, 34 Year(s)	Lack of Medical Care	Unsubstantiated
029241 - Deceased Child, Female, 11 Yrs	029242 - Mother, Female, 34 Year(s)	Sexual Abuse	Unsubstantiated
029243 - Sibling, Male, 9 Year(s)	029242 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
029246 - Sibling, Female, 14 Year(s)	029242 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
029246 - Sibling, Female, 14 Year(s)	029242 - Mother, Female, 34 Year(s)	Sexual Abuse	Unsubstantiated



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## 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 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 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"/>

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



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parent/caretaker actions adequate?

**Explain:**  
Although the safety assessments for this investigation were completed timely the safety decisions are not consistent with the case circumstances. The safety assessments dated 2/2/16 and 2/5/16 have safety decision #3 and there is no documentation to support any of the children are in immediate or impending danger of serious harm.

### 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 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"/>

**Explain as necessary:**  
There was no deceased child. There were no concerns regarding the children in the home.

### 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



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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 parent(s) and other care givers to address any immediate needs related to the fatality? N/A

**Explain:**

Although there is no fatality the family is engaged in services.

## 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)
11/06/2015	9739 - Sibling, Female, 6 Years	9734 - Mother, Female, 34 Years	Educational Neglect	Unfounded	No
	9739 - Sibling, Female, 6 Years	9734 - Mother, Female, 34 Years	Lack of Medical Care	Unfounded	
	9735 - Sibling, Female, 14 Years	9734 - Mother, Female, 34 Years	Choking / Twisting / Shaking	Unfounded	
	9739 - Sibling, Female, 6 Years	9734 - Mother, Female, 34 Years	Inadequate Guardianship	Unfounded	
	9735 - Sibling, Female, 14 Years	9734 - Mother, Female, 34 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	9735 - Sibling, Female, 14 Years	9734 - Mother, Female, 34 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

The report alleged C/T/S, IFCS and IG of the SC by the BM. The case records reflected the BM choked and banged the SC's head on the ground. On a regular basis, the BM berated the SC, threatened to send her to paternal relatives oversea and withheld food from the SC.

On 11/24/15, the SCR registered a subsequent report alleging ED/NG, IG and LMC of the six-year-old child by the BM. The child had an excessive amount of absences which had negatively impacted her academic progress. Also, she was hearing impaired and needed a working hearing aid. The BM was aware that the child needed a working hearing aid but was uncooperative about the child's education.

**Determination:** Unfounded

**Date of Determination:** 01/07/2016

**Basis for Determination:**

ACS merged and investigated the allegations of the two reports. The Specialist made home and school visits and documented there were appropriate provisions in the home for the family. The SC's siblings denied the BM hit the SC. The SC was medically seen and cleared at the hospital on the day the report was received. The six-year-old child's processor was lost and the BM ordered a replacement. She received her processor on 11/29/15. The school records did not reflect the school attempted any contact with the BM about the reported concerns. On 1/4/16, ACS referred the family for PPRS services. New York Foundling was the supervising agency.

**OCFS Review Results:**

ACS conducted the investigation appropriately.

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

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

Between 12/11/09 and 5/11/11, the mother was known to the SCR as a subject of six reports registered on 12/11/09,



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2/2/10, 10/13/10, 12/6/10, 2/7/11, and 5/11/11. A review of CONNECTIONS revealed the allegations of these reports were XCP, IG, L/B/W, LMC, C/T/S, B/S, LOS and IFCS of the now fourteen, nine and six-year-old children by the BM and the stepfather (SF).

According to ACS documentation, the allegations of the 12/11/09, 2/2/10, 12/6/10, and 5/11/11 reports were unfounded. However, the 10/13/10 and 2/7/11 reports were indicated against the BM and the step father (SF) regarding the fourteen and nine-year-old children.

The 10/13/10 report stated the SF choked the SC. The SC lost her breath as the SF lifted her against the wall. ACS investigated the allegations of the report. ACS found credible evidence to support the allegation of IG. On 12/10/10, ACS substantiated the allegation IG against the SF.

The 2/7/11 report stated the BM and the SF were not adequately bathing the nine-year-old child and his sister, or washing their clothes. As a result, the children had an extremely strong and offensive odor.

On 4/5/11, ACS substantiated the allegation IG of the two children by the BM and the SF. According to the investigation, the BM and the SF failed to ensure that the children took a shower on a regular basis. The BM reported that the SC would sometimes wet the bed at night and not bath causing her to have a body odor.

### Known CPS History Outside of NYS

The family did not have any known CPS history outside of NYS.

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes**  
**Date the Child Protective Services case was opened:**

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

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



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Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Required Action(s)

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

Yes No

### Preventive Services History

Sometime in 2011, the SC received weekly clinical health services. During the same period, the family received PPRS services. The BM completed Parenting Classes at the time. The BM also received clinical health services at the St. Luke's Family Institute and the Women's Health Project.

The family was receiving PPRS services at the time of the 2/1/16 report. The New York Foundling was the supervising agency.

### 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

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