



## Report Identification Number: SV-20-025

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

Issue Date: Nov 23, 2020

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 16 year(s)

**Jurisdiction:** Nassau  
**Gender:** Female

**Date of Death:** 05/28/2020  
**Initial Date OCFS Notified:** 06/04/2020

## Presenting Information

On 6/4/20, the death of the 16-year-old teenager was reported to OCFS by Nassau County Department of Social Services (NCDSS) through the required Agency Reporting Form 7065. The teenager died on 5/28/20, as the result of a homicide.

## Executive Summary

On 6/4/20, NCDSS learned of the passing of the 16-year-old subject child following a phone call with law enforcement. At the time of the teenager’s death, she had runaway from her family’s home and was residing in Baltimore, Maryland. It was learned she was living a transient lifestyle and did not have a permanent address in Maryland. Prior to absconding, the child resided with her mother, stepfather, 4-year-old sibling, and 1-year-old sibling. An SCR report was registered on 6/2/20 as the mother was unable to contact the child. The child frequently left the home and the mother struggled to control her behaviors. Though the subject child had left the home several months prior, she communicated with her mother daily until 5/28/20. After not hearing from the child for several days, the mother contacted law enforcement for assistance in locating the subject child.

It was learned the child left the home in March. There was an open Preventive Services Case and PINS petition related to the child’s status as a runaway. The child maintained contact with her mother while away from home, but refused to return to New York. It was later learned the child was living a transient lifestyle and it was unknown where she was staying. To the mother’s knowledge, the child was staying with a friend who was involved in sex trafficking. During the investigation, NCDSS learned the child left the friend’s home approximately one month before her death. The mother disclosed the child was having a problem with a group of men in the days leading up to her death but had no additional information. It was learned the child died on 5/28/20 and her death was ruled a homicide.

Medical records from the subject child’s primary care physician reflect no concerns for her care. The child was up to date on all immunizations and had no preexisting health conditions. Records were received for her siblings who were also healthy and free from concerns.

Due to the nature of the death, the autopsy and criminal records were not available to NCDSS. The criminal investigation remained ongoing at the time of this writing.

At the time of this writing, the investigation and Preventive Services Case were closed as the family declined a need for continued Preventive Services. NCDSS offered the appropriate community-based services to the family members and, at the time of this writing, the mother was engaged in mental health services.

## 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 N/A 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

**Explain:**

NCDSS conducted a thorough investigation into the circumstances surrounding the death as it was not an SCR reported fatality.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**

The fatality was not SCR reported. At the time of the child's death, there was an open investigation for concerns unrelated to the death. Following the child's death, multiple services were offered. NCDSS investigated the circumstances surrounding the death and determined an SCR report was not necessary as there was no suspicion of abuse or neglect.

**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: 05/28/2020

Time of Death: Unknown

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

Was 911 or local emergency number called? Unknown

Did EMS respond to the scene? No

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

**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**

**Adults: 0**

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	16 Year(s)
Deceased Child's Household	Mother	No Role	Female	36 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Stepfather	No Role	Male	36 Year(s)

**LDSS Response**

On 6/4/20, NCDSS submitted a completed 7065 Reporting Form to OCFS regarding the death of the subject child, which occurred on 5/28/20. At the time of the subject child's death, there was an open investigation, which began on 6/2/20. NCDSS spoke with all collateral sources and there were no concerns noted regarding the safety of the 2 surviving siblings.

NCDSS conducted a thorough review of CPS history for the family. It was learned the subject child was a chronic runaway. Most recently, the subject child had been missing since March 2020. The mother contacted LE in both her home state as well as the state where the subject child ran away to. The mother made multiple attempts to have the child return.

NCDSS enlisted the use of translation services throughout the investigation as the family's primary language was not English. The mother reported the subject child left the home often and would stay away for extended periods of time. This most recent time, the child left in March. The mother contacted the family friend with whom the child was allegedly staying and confirmed that the subject child was welcome in the home. The mother maintained daily contact with the child until 5/28/20. After making several attempts to contact the child, the mother called LE for assistance on 6/2/20. LE in Nassau County contacted LE in Maryland and the family was able to identify the body of the subject child based on the child's clothing and tattoos. The child's death was being treated as a homicide.

Based on information gathered, NCDSS determined the child's death was not due to abuse or maltreatment by a caretaker. Once all case objectives were met, NCDSS appropriately closed the open investigation and Preventive Services Case. NCDSS provided the family several resources for bereavement and mental health counseling following the death.

**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:** Unknown

**Multidisciplinary Investigation/Review**

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes**



# Child Fatality Report

## 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"/>
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"/>
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 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"/>
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**Explain:**  
 Although there was no SCR report surrounding the fatality, NCDSS inquired of relevant collaterals and family members as to whether there was reasonable cause to suspect abuse or maltreatment with respect to the SC's death. NCDSS found there to be no such reason. Although safety assessments in these instances are not required, NCDSS did assess and document the safety of the surviving siblings as part of this review.

## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

**Explain:**  
 NCDSS conducted a thorough investigation into the circumstances surrounding the death, though it was not an SCR reported fatality. Appropriate services were offered to the family related to bereavement and mental health counseling.

### 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:**  
 There was no removal of the surviving siblings.

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
 NCDSS provided referrals to the family related to mental health and bereavement counseling.

**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:**  
 NCDSS offered services to the family following the death.

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

**Explain:**  
 NCDSS offered a variety of resources to the family following the death.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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)	Allegation Outcome	Compliance Issue(s)
06/02/2020	Deceased Child, Female, 16 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

NCDSS received a report from the SCR alleging the subject child was a chronic runaway. The subject child had runaway from home at least five times in the past and stayed away for extended periods of time. On 3/8/20, the subject child ran away from home. The mother reported her missing on 3/11/20. As of 6/2/20, the child had not returned home.

**Report Determination:** Unfounded**Date of Determination:** 07/21/2020**Basis for Determination:**

NCDSS determined there was no credible evidence to support the allegations. NCDSS found the parents were appropriate in attempts to locate the subject child when she absconded. Ultimately, the child was found deceased in a different state. There was no reasonable cause to suspect abuse or maltreatment with respect to the SC's death.

**OCFS Review Results:**

NCDSS assessed safety of the SS within 24 hours and found there to be no immediate safety concerns for them. NCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. NCDSS appropriately determined the allegations given the information obtained during the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/18/2020	Deceased Child, Female, 15 Years	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

NCDSS received an SCR report alleging the then 15-year-old subject child was a chronic runaway. The child was leaving the home for extended periods of time and prostituting herself out. The mother was aware of her behaviors and failed to intervene.

**Report Determination:** Unfounded**Date of Determination:** 04/29/2020**Basis for Determination:**

NCDSS unsubstantiated the allegations as there was no credible evidence to support an indication. NCDSS determined the parents were appropriate in contacting LE when the child went AWOL and exhausted efforts to supervise the child.

**OCFS Review Results:**

NCDSS completed all casework objectives in a timely and adequate manner. NCDSS offered resources and referred the family to the safe harbor program, PINS, and Preventive Services.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/04/2019	Deceased Child, Female, 15 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

NCDSS received a report from the SCR alleging the mother was unable to control the 15-year-old subject child. The child left the home without her mother's consent on a regular basis, for up to a week at a time. On 11/27/19, the subject child ran away from home to Maryland and refused to return home.

**Report Determination:** Unfounded**Date of Determination:** 02/05/2020**Basis for Determination:**

NCDSS determined there was no credible evidence to substantiate the allegations. NCDSS found that the parents acted appropriately in notifying LE when the child ran away from home. NCDSS referred the family to PINS and they began working with a worker during the investigation.

**OCFS Review Results:**

NCDSS completed casework in a timely and adequate manner. NCDSS contacted all relevant collateral sources and made referrals based on the family's needs. Once all case objectives were met, NCDSS appropriately closed their case.

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)
05/28/2019	Deceased Child, Female, 15 Years	Stepfather, Male, 35 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child, Female, 15 Years	Stepfather, Male, 35 Years	Lack of Supervision	Far-Closed	
	Deceased Child, Female, 15 Years	Mother, Female, 35 Years	Inadequate Guardianship	Far-Closed	
	Deceased Child, Female, 15 Years	Mother, Female, 35 Years	Lack of Supervision	Far-Closed	

**Report Summary:**

NCDSS received an SCR report alleging the 15-year-old subject child was out of control. Child was running away from home and not following the parents' rules. On the night of 5/27/19, the subject child was found hanging out with two 29-year-old men. The men were drinking alcohol with the subject child. Parents were unable to control the child's behaviors and a subsequent report was received regarding the child running away again.

**OCFS Review Results:**

NCDSS appropriately investigated the concerns and determined the report would be tracked FAR. NCDSS completed all necessary FAR protocol and provided resources to the family prior to ending their involvement.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/27/2018	Deceased Child, Female, 13 Years	Stepfather, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 13 Years	Stepfather, Male, 34 Years	Sexual Abuse	Unsubstantiated	

**Report Summary:**

Nassau County Department of Social Services received a report from the SCR on 3/27/18 alleging in September 2017, the stepfather sexually abused the then 13-year-old subject child. The stepfather had sexual intercourse with the child.

**Report Determination:** Unfounded

**Date of Determination:** 05/22/2018

**Basis for Determination:**

NCDSS determined there was no credible evidence that the stepfather sexually abused the subject child. The child recanted after her disclosure and NCDSS found she was not credible in her account of the alleged abuse. Additionally, the parents were having trouble controlling the child, who was frequently hanging out with older men and running away from the home.

**OCFS Review Results:**

NCDSS thoroughly investigated the allegations along with additional concerns that arose during the course of the investigation. NCDSS completed all case objectives in an adequate and timely manner. Once all casework was completed and appropriate community-based services were offered, NCDSS closed their investigation.



# Child Fatality Report

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 investigative history more than three years prior to the fatality.

### Known CPS History Outside of NYS

There was no known history outside of New York.

### 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: 02/19/2020

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If not, how many days was it overdue?</b> The FASP was 2 days overdue.				
<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"/>

### Provider

	Yes	No	N/A	Unable to Determine
<b>Were Services provided by a provider other than the Local Department of Social Services?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> NCDSS provided services to the family.				

### 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