

Report Identification Number: SY-16-063

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

Issue Date: May 11, 2017

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

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	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Broome
Gender: Male

Date of Death: 11/28/2016
Initial Date OCFS Notified: 11/30/2016

Presenting Information

The SCR report alleged that on 11/28/16, 1-month-old child (CH) was murdered by abuse by one of BM's paramours. CH was buried in the backyard of the motel where the family members were staying. BM was unable to adequately support her 14-year-old son, 1-year-old twins, 1-year-old daughter, and a 1-month-old CH with necessary provisions. There's not enough food for the children (CHN) to eat and there was no formula for the 1 month old CH. As a result, the teenage son had shoplifted, dug in the motel dumpster looking for food, and the other CHN begged for food. The BM was unable to provide medical care for the CHN. One of the female CHN required a wheelchair and BM couldn't afford it. Also, at an unknown time, the male twin was malnourished, had a fractured skull and broken bones. The teenage son used marijuana and cocaine and had behavioral issues, and the BM failed to rectify the situation. MGM resided with the family and was also a subject of this report. BF had an unknown role.

Executive Summary

Broome County LDSS received the above SCR report on 11/30/16. It was determined that none of these children existed and they were falsely reported. LDSS worked closely with LE, BM's doctor, local school districts and other collateral contacts to determine that these children did not exist. The alleged BM and BF both have developmental disabilities and mental health issues. BM was arrested in the past for making a false report to police regarding BF. There was a previous CPS case in October 2016, that also determined that the alleged children did not exist. LDSS took extensive steps to ensure to determine if these children ever existed. LE determined that they did not have enough information to press charges against anyone for making a false report.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

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:
CW did extensive work to find out if these children on the report existed and it was discovered that they did not.

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: 11/28/2016 **Time of Death:** Unknown

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

County where fatality incident occurred: BROOME

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Child was falsely reported and does not exist.

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: 0

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	69 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	10 Month(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)



Other Household 1	Father	No Role	Male	36 Year(s)
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LDSS Response

CW responded appropriately by checking the family history and seeing that the last case was determined to be a false report about child abuse. CW verified with LE that they received a law enforcement referral from the SCR. LE responded and spoke with BM and MGM who claimed they were being harassed by BM's ex-boyfriend who continued to call in false reports. LE witnessed no children in the home and the women denied there were any children. LE unfounded their report. CW reached out to local school districts to see if the school-aged children listed on the report were registered in any schools. The children named in the report were not enrolled in any local school districts. CW verified with BM's doctor, that in June 2015, BM had miscarried around 5 weeks. CW spoke with several collateral contacts who all confirmed that they had no knowledge that these children existed and had never seen the BM with children. CWs made several home visits and never witnessed any children in the home and never saw any evidence of children having lived in the home. CW checked with the hospital and local schools to see if there were any records of these children and there were none.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Unknown

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: There was no deceased child; children did not exist.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
036142 - Deceased Child, Male, 1 Month(s)	036141 - Mother, Female, 36 Year(s)	DOA / Fatality	Unsubstantiated
036142 - Deceased Child, Male, 1 Month(s)	036141 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
036142 - Deceased Child, Male, 1 Month(s)	036149 - Grandparent, Female, 69 Year(s)	DOA / Fatality	Unsubstantiated
036142 - Deceased Child, Male, 1 Month(s)	036149 - Grandparent, Female, 69 Year(s)	Inadequate Guardianship	Unsubstantiated
036145 - Sibling, Male, 1 Year(s)	036141 - Mother, Female, 36 Year(s)	Fractures	Unsubstantiated
036145 - Sibling, Male, 1 Year(s)	036149 - Grandparent, Female, 69	Malnutrition / Failure to	Unsubstantiated



	Year(s)	Thrive	
036145 - Sibling, Male, 1 Year(s)	036149 - Grandparent, Female, 69 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
036145 - Sibling, Male, 1 Year(s)	036149 - Grandparent, Female, 69 Year(s)	Fractures	Unsubstantiated
036145 - Sibling, Male, 1 Year(s)	036141 - Mother, Female, 36 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
036145 - Sibling, Male, 1 Year(s)	036141 - Mother, Female, 36 Year(s)	Malnutrition / Failure to Thrive	Unsubstantiated
036145 - Sibling, Male, 1 Year(s)	036141 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
036145 - Sibling, Male, 1 Year(s)	036149 - Grandparent, Female, 69 Year(s)	Inadequate Guardianship	Unsubstantiated
036145 - Sibling, Male, 1 Year(s)	036149 - Grandparent, Female, 69 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
036145 - Sibling, Male, 1 Year(s)	036141 - Mother, Female, 36 Year(s)	Lack of Medical Care	Unsubstantiated
036145 - Sibling, Male, 1 Year(s)	036141 - Mother, Female, 36 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
036145 - Sibling, Male, 1 Year(s)	036149 - Grandparent, Female, 69 Year(s)	Lack of Medical Care	Unsubstantiated
036146 - Sibling, Male, 14 Year(s)	036141 - Mother, Female, 36 Year(s)	Childs Drug / Alcohol Use	Unsubstantiated
036146 - Sibling, Male, 14 Year(s)	036141 - Mother, Female, 36 Year(s)	Lack of Medical Care	Unsubstantiated
036146 - Sibling, Male, 14 Year(s)	036149 - Grandparent, Female, 69 Year(s)	Childs Drug / Alcohol Use	Unsubstantiated
036146 - Sibling, Male, 14 Year(s)	036149 - Grandparent, Female, 69 Year(s)	Inadequate Guardianship	Unsubstantiated
036146 - Sibling, Male, 14 Year(s)	036149 - Grandparent, Female, 69 Year(s)	Lack of Medical Care	Unsubstantiated
036146 - Sibling, Male, 14 Year(s)	036141 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
036146 - Sibling, Male, 14 Year(s)	036141 - Mother, Female, 36 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
036146 - Sibling, Male, 14 Year(s)	036149 - Grandparent, Female, 69 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
036152 - Sibling, Female, 10 Month(s)	036141 - Mother, Female, 36 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
036152 - Sibling, Female, 10 Month(s)	036149 - Grandparent, Female, 69 Year(s)	Inadequate Guardianship	Unsubstantiated
036152 - Sibling, Female, 10 Month(s)	036149 - Grandparent, Female, 69 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
036152 - Sibling, Female, 10 Month(s)	036141 - Mother, Female, 36 Year(s)	Lack of Medical Care	Unsubstantiated



036152 - Sibling, Female, 10 Month(s)	036141 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
036153 - Sibling, Female, 1 Month(s)	036141 - Mother, Female, 36 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
036153 - Sibling, Female, 1 Month(s)	036149 - Grandparent, Female, 69 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
036153 - Sibling, Female, 1 Month(s)	036141 - Mother, Female, 36 Year(s)	Lack of Medical Care	Unsubstantiated
036153 - Sibling, Female, 1 Month(s)	036149 - Grandparent, Female, 69 Year(s)	Lack of Medical Care	Unsubstantiated
036153 - Sibling, Female, 1 Month(s)	036141 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
036153 - Sibling, Female, 1 Month(s)	036149 - Grandparent, Female, 69 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

It was discovered that the children named in this report do not exist. CW made contact with local schools, family members and LE to verify the non-existence of these children.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
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Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 It was determined that the children did not exist, therefore none of these services were offered.

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? No
 Explain:



It was determined the children listed on the report did not exist, therefore there was no need for services.

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

Explain:
It was determined the children listed on the report did not exist, however, the adults listed on the report could have needed 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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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)
09/30/2016	13003 - Sibling, Female, 1 Years	13001 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	No
	13004 - Sibling, Female, 9 Months	13001 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	13002 - Sibling, Male, 1 Years	13001 - Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	

Report Summary:



BM has multiple mental health issues and refuses to take her medication. BM is not mentally stable enough to take care of her three children.

Determination: Unfounded

Date of Determination: 10/27/2016

Basis for Determination:

CWs made extensive diligent efforts to see if these children actually existed and found no credible evidence that these children had ever existed. Searches for birth certificates, putative father registries and other data bases did not produce any results that would lead CPS to believe that children were ever born to BM. Home visits were made and never had any evidence of children living there. Collateral contacts confirmed BM was pregnant but did miscarry at approximately 5 weeks, in June 2015.

OCFS Review Results:

CW worked with several different agencies and made extensive attempts to find out if these children ever existed. CW concluded that this was a false 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 is no CPS history three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Required Action(s)

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

Yes No

Preventive Services History

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

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Additional Local District Comments

This case involves repeated intentional false reports to NYS' Central Registry (Child Abuse Hotline). NYS OCFS requires local Child Protective Services (CPS) fully investigate each repeated intentional false report, even reports about nonexistent children. NYS OCFS' current administrative process required OCFS write this child fatality report about a nonexistent child.



This case highlights how NYS OCFS' current practices permit false child abuse reporting to create an undue strain on NYS' Child Protective system (CPS).

NY State's Office of Children and Family Services needs to review its State Central Registry (SCR) intake policies and procedures to more effectively screen repeated false reports. Currently, NYS OCFS requires complete local CPS investigations, even in cases of repeated intentionally false reports. If NYS OCFS does not have administrative authority to improve their SCR screening process to limit this waste of resources, OCFS needs to develop a legislative proposal to solve this problem.

OCFS Reply:

The comments by the Broome County Department of Social Services fail to accurately reflect the statutory obligations imposed on the Office of Children and Family Services and local department of social services in regard to the receipt of reports of suspected child abuse or maltreatment, the conducting of investigations following the receipt of such reports and the issuance of fatality reports involving deaths reported to the State Central Register.

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