TRANSMITTAL NO: 88 ADM-29

DATE: July 15, 1988

DIVISION: Family and Children Services

TO: Commissioners of Social Services
Executive Directors

SUBJECT: Reporting of Injuries and Death of Children in Foster Care

SUGGESTED DISTRIBUTION: Social Services Staff
Child Placement Agencies
Staff Development Coordinators

CONTACT PERSON:
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I. PURPOSE

This directive has two purposes. The first is to remind authorized agencies of the Department's reporting requirements contained in 18 NYCRR 441.7(c)(1) and (2):

441.7 Records and Reports

(c) A child care agency shall:

(1) report the death of any child in its care to the department within 24 hours of such death, on a form and in accordance with instructions prescribed by the department;

(2) report to the department within 24 hours any injury to a child in its care which requires the services of a physician and which, in the opinion of such physician, may cause death, serious disability or disfigurement;

The second purpose is to advise authorized agencies of new reporting procedures effective on July 15, 1988 that supercede the ones described in 78 ADM-17, issued March 17, 1978.

II. BACKGROUND

Several agencies in recent months have indicated a need for instructions on reporting the deaths and injuries of children in care. The last directive on the subject, 78 ADM-17, issued March 17, 1978 is canceled.

III. PROGRAM IMPLICATIONS

The prompt reporting of the deaths and injuries of children in foster care maintains the accountability of the foster care system and enables the Department to have accurate information about the foster care population so that it may carry out its supervisory responsibilities.

IV. REQUIRED ACTION

A. Reporting a child's death or serious injury to a child.

1. Authorized agencies shall report the death or a serious injury involving a child in its care by telephone to the appropriate Regional Office.

   a. The report shall be made as soon as possible but not later than 24 hours after the death or serious injury.

   b. A death or serious injury occurring either after the close of the normal work day on a Friday or on a Saturday shall be reported before noon on the following Monday. A death or serious injury occurring before noon on Sunday shall be reported before noon on the following Monday.
2. Information to be provided by telephone shall include:

- child's name
- birth date
- sex
- child's identification number (CIN)
- the home or facility where the child is placed at time of death or serious injury
- date and time of death/injury
- cause of death/injury
- name of staff reporting the death
- name of person in reporting agency who will complete the SDSS official form for making the report to the department within seven days.

NOTE: After the call is made to the Regional Office the official reporting form will be sent to the agency. See Appendix A for copy of the official reporting form.

B. Closing the records of deceased children.

1. Records in the CCRS system are closed utilizing death code (535).

NOTE: Telephone calls are no longer to be made to CCRS to report deaths or injuries. Telephone calls regarding deaths and injuries are to be made only to the regional offices.


C. Notifying the child's parents and guardians.

1. Clearly define the responsibility for notifying parents and guardians of a serious injury or the death of their child in the agency's procedures manual. The manual should emphasize the importance of notifying the parent or guardian as soon as possible and always within 24 hours. Where possible, the notice to the parents should be provided through face to face contact and preferably by the person best known to the parent or guardian or the person who has the best relationship with the parent or guardian.

NOTE: A private agency continues to be responsible for notifying the local commissioner in whose custody the child was placed when the child has died or been seriously injured and it may be their responsibility also to notify the parent or guardian, depending upon the arrangement that is made with the local social services district that had placed the child with the agency.
V. SYSTEMS IMPLICATIONS

When a child who is in care dies, the district is required to close the child's record in Child Care Review Service, utilizing as the reason, code of death, (535). The Welfare Management System should be updated, as appropriate.

VI. ADDITIONAL INFORMATION

The reporting procedures described herein are separate and apart from the Child Protective Services reporting requirements found in Section 413-415 of the Social Services Law. If a mandated reporter has reasonable cause to suspect that the death of or injury to a child may be the result of child abuse or maltreatment, then the mandated reporter must report or cause a report to be made to the NYS Child Abuse and Maltreatment Register. Calling the regional office does not suffice or preclude the responsibility to make a report to the SCR.

VII. Effective Date

This directive is effective July 15, 1988.

[Signature]
Joseph Semidei
Deputy Commissioner
Division of Family and Children Services
Appendix A

Agency Reporting Form
for Serious Injuries, Accidents, or
Deaths of Children in Foster Care

Instructions: Form is to be filled in by an agency official to report a serious injury or accident, resulting in medical treatment, hospitalization or death, or to report a death from a cause other than a serious injury or accident. The form should be sent in duplicate to the appropriate Regional Office of the New York State Department of Social Services.

Name of child __________________________ Date of birth ________________

CIN ________ Agency or individual having legal custody ______________________

Address _______________________________ City _______________________

Witnesses to accident ____________________________

Address _______________________________

Describe circumstances of child's accident, injury or cause of death. Details should include DATE, TIME and LOCATION. ____________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Describe agency actions following accident or injury. In the death of a child report the name of parents, indicate if the parents were notified and describe the method of notification.

________________________________________________________________

________________________________________________________________

________________________________________________________________

Attending physician's name (if any) ________________________________

Hospital, clinic or other treatment facility to which child was taken __________________________

Address ________________________________

☐ Check if child is still there.

☐ Check if hospital or medical report is attached.
Date NY State Dept. of Social Services notified by telephone

Name of agency caller

NY State Dept. of Social Services representative contacted

Additional comments to supplement above information or to clarify child's situation, condition, prognosis, official cause of death, etc.

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Name of Agency Signature and Title of Agency Official

Date form completed

To be completed by NYS DSS Regional Office:

Date Received in Regional Office

Reviewed by Name of Regional Director

Additional information that is needed by Regional Office

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Follow-up Action assigned to