



Report Identification Number: NY-15-090

Prepared by: New York City Regional Office

Issue Date: 4/26/2016

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

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
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		

Case Information



Report Type: Child Deceased
Age: 17 year(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 11/03/2015
Initial Date OCFS Notified: 11/03/2015

Presenting Information

On 11/03/15, the SCR registered a report alleging sometime in the morning of 11/03/15, the seventeen-year-old male SC was found hanging from a ceiling fan inside his sister's home. The report also alleged it was unclear whose care the SC had been in or who was responsible for him. The report stated it was unclear if the SC had a clinical health condition or if he had a recent argument or problem with his caretaker or guardian. EMS staff responded to the home at 2:35 A.M. and gave the SC CPR; he could not be revived. The SC's body was then taken to the hospital where medical staff pronounced him dead at 3:09 A.M.

Executive Summary

On 11/03/15, the SCR registered a report regarding the death of this seventeen-year-old male SC. The case records revealed that on 11/03/15, the SC was found by his adult sister hanging from a ceiling fan inside the sister's home. The sister immediately called 911 and at 2:35 A.M., police and EMS personnel responded to the home. EMS staff gave the SC CPR but he could not be revived. The SC's body was then taken to the hospital where medical staff pronounced him dead at 3:09 A.M. According to the ME, the cause of death was hanging. The manner of death was suicide. There were no other children in the sister's home or at the BM's home.

The SC was in non-kinship foster care under the auspices of New York Foundling. Prior to his death, the SC had a history of being AWOL and not being stable in the foster home placements. He had resided in several foster homes and was missing from care at the time of his death.

ACS initiated the CPS investigation on the same day the report was received. The Specialist made contacts with the assigned detective, hospital staff and family members. The statements provided by family members regarding the SC's death were consistent. The family was cooperative and provided information about the SC's most recent suicidal incidents and his hospitalization. Additionally, ACS obtained information from the detective and the hospital staff which ruled out any criminality.

During the investigation, the NYPD and the DA reported there were no arrests or findings of criminality regarding the SC's death. Also, the ME concluded that the cause of death was hanging and the manner of death was suicide.

On 12/1/15, ACS unsubstantiated the allegations of the report. Prior to his death, the SC had expressed suicidal ideations and the family acted appropriately to ensure that the SC received medical attention at the time. The SC was hospitalized on two occasions and his most recent hospitalization was on 11/1/15. On 11/2/15, the hospital discharged the SC and on 11/3/15, he committed suicide in his sister's home.

Throughout the investigation, the Specialist made all necessary collateral contacts and received the SC's discharge summaries from the hospital. There were treatment plans for the SC, but he did not follow through with the plans.

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

Explain:

At the time of the investigation closing, there were no other children in the sister's home or at the BM's home. There was no additional safety or risk factors. Based on the information obtained during the course of the investigation, ACS' decision to unfound the case was appropriate.

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:

At the time of the investigation closing, there were no other children in the sister's home or at the BM's home.

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: 11/03/2015

Time of Death: 03:09 AM

County where fatality incident occurred: KINGS

Was 911 or local emergency number called? Yes

Time of Call: 02:31 AM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

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? Yes

How long before incident was the child last seen by caretaker? 5 Days

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Adult Sibling	No Role	Female	38 Year(s)
Deceased Child's Household	Adult Sibling	No Role	Male	35 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	17 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	59 Year(s)

LDSS Response

On 11/3/15, ACS initiated the investigation on the same day the report was received. The Specialist contacted by phone the assigned detective, the case planner (CP) and hospital staff. The detective stated the family members reported the SC's suicidal ideations and that he received medical attention. The SC's most recent hospitalization was on 11/1/15. On 11/2/15, the hospital staff deemed the SC was not suicidal and discharged him on that same day. He committed suicide on 11/3/15. The SC had left a note on the adult sister's door and a long suicide note on his phone. The detective ruled out any criminality in the SC's death and stated there was no arrest made or planned at the time. The CP and the hospital staff confirmed the SC's recent hospitalization. The CP reported the SC had refused to engage in therapy.

The Specialist then contacted the family. The family was cooperative and provided information about the SC's most recent suicidal incidents and his hospitalization which was consistent with the information already known. They denied the SC had any history of suicidal ideations prior to these incidents.

On 11/4/15, the Specialist made contacts with the family, the detective and the EMS liaison to obtain additional information about the CPS investigation. The family did not provide any new information about the SC's death. The detective stated that the criminal investigation would be closed because the fatality was a clear suicide and no arrests would be made. The EMS liaison reported the SC had bruising around his neck and a deviated trachea that was consistent with hanging.

On 11/5/15, the ME reported that the autopsy for SC was completed and the cause of death was hanging. The manner was suicide.

The SC's school was contacted on 11/5/15, and staff reported no behavioral concerns for the SC. The attendance



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information indicated the SC was “officially discharged” from the school.

Later that same date, ACS received a copy of the SC’s clinical evaluation. The SC was diagnosed with a clinical condition and was provided a care plan, but he did not follow through with the plan.

Between 11/6/15 and 11/20/15, ACS made multiple contacts with collaterals and the family. On 11/9/15, the Specialist provided the family with information about bereavement counseling services. The family was willing to participate in services. On 11/10/15, the DA reported that the criminal investigation would be closed as it was a suicide case and the cause of death was not by the alleged subject.

On 12/1/15, ACS unsubstantiated the allegations of the report. Prior to his death, the SC had expressed suicidal ideations and the family acted appropriately to ensure that the SC received medical attention at the time. The SC was hospitalized on two occasions and his most recent hospitalization was on 11/1/15. On 11/2/15, the hospital discharged the SC and on 11/3/15, he committed suicide in his sister’s home.

Official Manner and Cause of Death

Official Manner: Suicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

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

Comments: There is no OCFS approved Child Fatality Review Team in the NYC region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026781 - Deceased Child, Male, 17 Yrs	026821 - Mother, Female, 59 Year(s)	DOA / Fatality	Unsubstantiated
026781 - Deceased Child, Male, 17 Yrs	026821 - Mother, Female, 59 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input 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"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:
There were no other children in the home where the incident occurred or at the BM's home.

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

Explain:
On 11/9/15, the Specialist provided the family with information about bereavement counseling services. The family was willing to participate in services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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? Yes
- 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)
01/10/2013	8364 - Deceased Child, Male, 14 Years	8365 - Foster Parent, Female, 35 Years	Inadequate Guardianship	Unfounded	No

Report Summary:
 The report alleged IG of the foster child by his kinship foster mother (FM). According to the report, the FC was reprimanded for being disruptive in class. The school staff determined the FC must be removed from the school by his FM but the FM refused to remove the FC from the school and plan for his care.

Determination: Unfounded **Date of Determination:** 02/21/2013

Basis for Determination:
 ACS determined the FM did not place the FC in any immediate or impending danger by not coming to pick him up from school. A family team conference was held to address the FC's ongoing behavioral issues in school. Also, the foster care agency was working to address the FC's behavior as well as his permanency.

OCFS Review Results:
 ACS conducted the investigation of the report appropriately.

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)
11/29/2013	8361 - Deceased Child, Male, 15 Years	8362 - Foster Parent, Male, 29 Years	Inadequate Guardianship	Indicated	No
	8363 - Other - Foster Child, Male, 16 Years	8362 - Foster Parent, Male, 29 Years	Inadequate Guardianship	Indicated	

Report Summary:
 The report alleged the foster parent (FP) locked the SC and another foster child out of the foster home. The children had been locked out of the home on multiple occasions after school and waited for the foster parent to come home at about 7:00 P.M. or 8:00 P.M.

Determination: Indicated **Date of Determination:** 01/27/2014

Basis for Determination:
 ACS substantiated the allegation IG against the FP. The ACS Specialist made visits to the FP's home and observed the home to be very unkempt. Also, there was no food in the home. Additionally, the FP had a history of DV as a suspect. The DV incidents between the FP and his girlfriend had occurred in the home a few times and the FP had been arrested as a result. The FP had an active case in Queens County Criminal Court at the time.

ACS unsubstantiated the allegation LS against the FP. During a home visit, the children showed the Specialist their keys to the foster home. They denied ever being locked out of the home.

OCFS Review Results:
 The investigation was conducted appropriately.



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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)
05/12/2014	8359 - Deceased Child, Male, 16 Years	8360 - Mother, Female, 58 Years	Inadequate Guardianship	Unfounded	No
	8359 - Deceased Child, Male, 16 Years	8360 - Mother, Female, 58 Years	Lack of Medical Care	Unfounded	

Report Summary:
The report alleged IG and LMC of the SC by the BM. The report stated the BM was prescribed pain killers and allowed the SC, who was not prescribed the medication to take the medication for his back pain. The child was found with the pills at school.

Determination: Unfounded **Date of Determination:** 06/26/2014

Basis for Determination:
ACS based its decision on the BM's denial of the allegations. She stated the SC received a prescription for the medication. The Specialist observed the medication bottle which confirmed an active prescription of the pills found on the SC. In addition, the SC's case planner confirmed the SC was up to date with his medical appointments.

OCFS Review Results:
The investigation was appropriate.

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)
03/25/2015	8356 - Deceased Child, Male, 17 Years	8355 - Foster Parent, Male, 46 Years	Inadequate Guardianship	Indicated	No
	8358 - Other - Foster Child, Male, 15 Years	8355 - Foster Parent, Male, 46 Years	Inadequate Guardianship	Indicated	

Report Summary:
The SC and another foster child, aged fifteen years; were witnessing physical violence in the home between the foster father and his wife. The foster father was always the aggressor.

Determination: Indicated **Date of Determination:** 05/24/2015

Basis for Determination:
ACS' investigation revealed that the FP allowed his wife to frequently visit and spend the night in the home without informing the foster care agency. The FP's wife was not cleared by the foster care agency to be in the home. The children reported they were familiar with FP's wife and had observed her in the home.

The FP was also listed in several domestic incident reports at his home as a suspect and a victim while caring for the foster children. He had an active Article 10 petition in Kings County Family Court regarding acts of DV.

OCFS Review Results:
ACS conducted the investigation appropriately.

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)
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09/24/2015	8353 - Deceased Child, Male, 17 Years	8352 - Mother, Female, 59 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	8353 - Deceased Child, Male, 17 Years	8352 - Mother, Female, 59 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The report alleged the SC was homeless and sleeping on trains at night. The SC's parent was not providing any food, clothing or shelter for him.

Determination: Unfounded

Date of Determination: 11/23/2015

Basis for Determination:

The SC was AWOL from his placement in a foster boarding home at the time. He visited his BM's home where he was provided with food. He also reported that he was residing with friends whose information he refused to provide.

OCFS Review Results:

The investigation was appropriate. On 9/28/15, ACS held a family team conference and discussed a service plan for the SC; however, the SC did not follow through with the plan.

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

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

Between 11/4/90 and 8/11/04, the BM was listed as a subject in five closed reports. According to the case records, four of the reports were indicated and one was unfounded against the BM. The theme of the allegations of the reports was excessive physical discipline, drug abuse issues and lack of supervision by the BM.

On 4/29/08, the SCR registered a report alleging CHTS, EXCP, LBW and IG of the SC by the BM. The SC was observed with a bite mark on his arm and several bruises about his body. The BM was arrested and incarcerated for assaulting the SC. ACS BFO conducted the CPS investigation and substantiated the allegations of the report. On 4/30/08, ACS filed an Article 10 Petition in Kings County Family Court (KCFC) against the BM and the SC was paroled to his adult sister.

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**Family Assessment and Service Plan (FASP)**

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



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most recent FASP?				
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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

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.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 06/24/2008

Date of placement with most recent caregiver? 10/20/2015

How did the child(ren) enter placement? Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the agency comply with Absent without Consent regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Was there supervision of visits as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional information, if necessary:

The foster mother (FM) last saw the SC on 10/29/15 but did not report the SC was missing from care. The New York Fondling counseled the FM regarding "Missing from Care Protocol" and the severity of the SC's clinical health status.



The foster home was administratively closed and the agency longer used the home for a respite placement.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

The SC entered care in June 2008 due to excessive corporal punishment by the BM. The BM was arrested and incarcerated for assaulting the SC. On 4/30/08, ACS filed an Article 10 Petition in Kings County Family Court (KCFC) against the BM. KCFC granted a remand for the SC and he was paroled to his adult sister. On 5/10/08, ACS requested a change from parole status to remand for the SC at KCFC. KCFC granted a remand for the SC and he was placed with his adult sister under the auspices of New York Foundling.

In 2012 and 2014, there were two failed trial discharges for the SC due to constant conflicts between the SC and the BM. Consequently, KCFC ordered a removal of the SC from the BM’s home and he was placed into a non-kinship home. The SC then resided in several non-kinship foster homes. He frequently AWOLed from the homes and refused to engage in therapy.

On 9/24/15, the SC had been AWOL from placement and was hospitalized for overdosing on prescription pills. On 10/20/15, he was discharged from the hospital and was placed in a respite multidimensional treatment foster home. He was doing well and seemed comfortable in his new home. On 11/1/15, the SC was again hospitalized after expressing suicidal ideations and released from the hospital on 11/2/15. He was missing from care at the time. On 11/3/15, he committed suicide in his adult sister’s home.

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