



**Report Identification Number: NY-18-035**

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

**Issue Date: Aug 02, 2018**

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 11 year(s)

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 02/06/2018  
**Initial Date OCFS Notified:** 02/07/2018

## Presenting Information

On 2/7/18, the New York State Office of Children and Family Services received notification via OCFS 7065 form from the foster care agency Coalition for Hispanic Family Services. SC fell into the pond and drowned, after attempting to rescue his friend who had fallen into the pond. On 2/6/18 at 6:30 pm, 11-year-old SC was pronounced dead at the hospital. SC and sibling were on trial discharge with BM since 11/21/17. Agency learned of the incident after the supervisor observed it on the evening news. Case Planner immediately contacted family to confirm the wellbeing of the SC. It was then the adult SS confirmed SC had died.

## Executive Summary

This fatality report concerns the death of a 11-year old male. The death certificate signed on 2/12/2018 indicated the cause of death as Drowning and Hypothermia. At the time of death, SC and older sibling were on trial discharge with BM since 11/21/2017.

On 2/7/2018, the New York State Office of Children and Family Services received notification from Coalition for Hispanic Family Services informing of SC's death. A report was made to State Central Registry about the incident by Coalition for Hispanic Family Services, however, it was not accepted.

On 2/7/2018, the New York State Office of Children and Family Services received notification via OCFS 7065 form from the foster care agency Coalition for Hispanic Family Services. It was indicated SC fell into a pond while attempting to rescue his 12 year old friend. The incident became known to the agency when the case supervisor was watching the evening news, at approximately 9pm, and recognized the name and information pertaining to SC. Agency Supervisor immediately reached out to the assigned Case Planner and birth mother via text message, to inquire if everyone was alright. BM did not respond however CP was able to follow-up and reach out to adult sister of SC. She confirmed that SC was the youth in the news and that he had passed away. The family was still at the hospital at the time of the call and BM was unable to speak with agency staff.

After speaking with the Case planner, the supervisor immediately called the Director of Foster Care to report the news and inquire about next steps. Director instructed Supervisor to reach out to case planner once again and try to obtain as much information as possible. Simultaneously, the Director called the Executive Director to inform her of the fatality. After completing that phone call, the Director called Supervisor back, Case planner, former foster parent, and birth family, respectively. Concurrently the Executive Director called and emailed ACS's Shared Response office a summary of the incident. On 2/8/2018 several agency staff including, a therapist made a home visit to family's home to offer support and services to the family, which BM refused. The family's caseworker was later able to follow up with BM and discuss the SC's whereabouts prior to the fatal incident.

The case was initially opened because both BM and BF were arrested on 4/19/2017 due to drugs being found in the home. On 4/20/2017 SC and older sibling were removed due to adult siblings not being able to provide appropriate resource to care for the children. The allegations against BM and BF were IG and PD/AM. SC and SS were initially placed in the kinship foster home of PGM on 4/21/2017. They remained in the kinship foster home of SS PGM until 6/14/2017, when she asked to have them moved from her home. PGM did not have a good relationship with her grandchild and SC. SC and SS were then placed in a non-kinship foster home on 6/14/2017 until trial discharged to BM on 11/21/2017.



A review of the foster care records indicates that there was a delay in the referral of SC and SS to individual therapy from 5/2017 until 10/2017. Additionally, during the month of 9/2017, the case planner did not make a visit to foster home placement. During the trial discharge, case planner missed a visit to BM's home. The agency will continued to monitor the family's home until the next court date in 9/2018.

## 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 as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

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

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

Was there sufficient documentation of supervisory consultation? No

### Explain:

The case remained open.

## 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: 02/06/2018

Time of Death: 06:30 PM

County where fatality incident occurred: Queens

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

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

### Child's activity at time of incident:

- |                                   |                                  |   |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing  | <input type="checkbox"/> Eating  | <input checked="" type="checkbox"/> Unknown         |
| <input type="checkbox"/> 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	Male	11 Year(s)
Deceased Child's Household	Mother	No Role	Female	42 Year(s)
Deceased Child's Household	Sibling	No Role	Male	21 Year(s)
Deceased Child's Household	Sibling	No Role	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)

### LDSS Response

There is no information that LDSS was directly involved, in response to the fatality. Following confirmation of the fatality from SC's family on 2/6/18, the agency's Executive Director called/emailed Shared Response office at ACS. The final call was made with Director and Executive Director at approximately 11pm. A discussion was shared in review of the events, the response from staff, former foster parent, and family members, and plans and review of next steps.

### Official Manner and Cause of Death

**Official Manner:** Accident

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

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>Coordination of investigation with law enforcement?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

CPS was not involved in any investigation regarding this fatality.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**

There were no concerns regarding the safety of SC's 17-year sibling who remained in the care of BM, on a trial discharge.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving 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"/>
<b>Explain as necessary:</b> The SS remained with BM on trial discharge.				

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>



<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Additional information, if necessary:**  
 Following SC's death, the family was offered bereavement counseling. BM had mental health concerns while grieving the loss of SC. Case planner requested for additional therapy to help the family deal with the loss.

**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:**  
 Case planner made referral for 17 year old SS to be referred to bereavement counseling.

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

**Explain:**  
 Case planner made referral for birth mother to be referred to bereavement counseling.

## History Prior to the Fatality

### Child Information

- |   |     |
|---|-----|
| <b>Did the child have a history of alleged child abuse/maltreatment?</b>                    | Yes |
| <b>Was there an open CPS case with this child at the time of death?</b>                     | No  |
| <b>Was the child ever placed outside of the home prior to the death?</b>                    | Yes |
| <b>Were there any siblings ever placed outside of the home prior to this child's death?</b> | Yes |
| <b>Was the child acutely ill during the two weeks before death?</b>                         | 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)
04/19/2017	Sibling, Female, 16 Years	Mother, Female, 42 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 10 Years	Mother, Female, 42 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**  
 Mother and father were leaving drugs accessible to subject child and his sibling. The drugs was in a plastic bag in a kitchen cabinet. Both parents were arrested.

**Report Determination:** Indicated **Date of Determination:** 06/23/2017

**Basis for Determination:**  
 The allegation of inadequate guardianship against birth mother and birth father was substantiated. Drugs were found in the home, within access of the children. As a result, the birth mother and birth father were incarcerated.

**OCFS Review Results:**  
 Based on the results of the investigation and the circumstances, the findings were appropriate.

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





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

The family has an extensive CPS history with ACS prior to death of SC, case dates range from 2002 to 2014. There were seven prior CPS cases, by which four of them were indicated. In review of the prior reports, BM had difficulty in following through with her public assistance services, housing services, and the children attending school on a consistent basis. Previous allegations included Inadequate Guardianship, Educational Neglect, and Inadequate Food Shelter and Clothing. The SC and SS had extremely poor school attendance, although the family reported that they only missed school when they were sick, there was no medical documentation to confirm. BM also has history of past DV, and criminal history where she took drugs into the prison. Previous reports of unfounded allegations included Parent's drug/alcohol misuse which was associated with the sale of drugs in the BM and BF's home.

### Known CPS History Outside of NYS

There are no known CPS history outside of NYS.

### 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 most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Preventive Services History

Following a report of educational neglect on SS, the family was referred for preventive services. These services began August 2009, and continued until July, 2011. These services were closed after it was assessed that family was stabilized.

### 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: 04/22/2017

Date of placement with most recent caregiver? 06/14/2017

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" 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"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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: Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Was a check completed through the State Central Register?</b> Date: 05/25/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Was a check completed through the Staff Exclusion List?</b> Date: 05/25/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Additional information, if necessary:**  
The SC and SS went on Trial Discharge on 11/21/17 to BM. TD was court ordered once criminal felony charges were dropped against BM. The case planner continued to visit and communicate with the family on a monthly basis.

**Required Action(s)**

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

Yes  No

<b>Issue:</b>	Adequacy of monitoring child/family while in foster care
<b>Summary:</b>	While child was in foster care placement, there was no visit made to the foster home during the month of September 2017.
<b>Legal Reference:</b>	18 NYCRR 441.21
<b>Action:</b>	Agency must ensure that monthly contacts are made to foster home, to assess the safety and well-being of child in foster care placement.

<b>Issue:</b>	Failure to Monitor
<b>Summary:</b>	During the trial discharge period, there was a missed visit to birth mother's home for the month of December.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(5)
<b>Action:</b>	Agency must ensure visits are made to monitor safety and risk of children in care, and ensure services are being implemented for the family.

**Foster Care Placement History**

The SC was placed in foster care at the ACS Children's Center on 4/19/17, on an Article 10 neglect petition. On 5/3/17, SC was placed in the home of SS paternal grandmother. The SC was transferred to a non-kinship home on 6/14/17, after the foster parent stated she no longer wished to care for SC and SS. SC and SS remained in the foster home until 11/22/17 when they were trial discharged to BM's home. The SC remained in BM's care until the fatal incident.

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?**

Family Court  Criminal Court  Order of Protection

<b>Family Court Petition Type:</b> FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
04/20/2017	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	046486 Mother Female 42 Year(s)	



<b>Comments:</b>	On 11/20/17, the court ordered SC be trial discharged to mother's care. On 12/6/17, the permanency hearing and disposition was adjourned until March 2018.
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### 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