



**Report Identification Number: NY-20-065**

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

**Issue Date: Dec 07, 2020**

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

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

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

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

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

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

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

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



## Abbreviations

<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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 19 year(s)

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 07/05/2020  
**Initial Date OCFS Notified:** 07/05/2020

## Presenting Information

The voluntary agency was notified at 6:45 am on 7/5/2020 by the foster mother via emergency call that the subject child was killed. She stated that she had given him permission on 6/26/20 to attend a barbeque in Flatbush, Brooklyn (Avenue D and 39th Street), and he left her home at noon on 7/4/20. Foster mother was unaware that he had not returned home until his friends came to the foster home and reported what happened. By the description of his friends, the subject child was shot by a stray bullet. The foster mother went to Kings County Hospital at approximately 8:00 am to identify the body. She went back home and returned to the hospital at approximately 9:00 am with the subject child's NY State ID which was needed by the hospital.

## Executive Summary

This fatality report concerns the death of a 19-year-old male that occurred on July 5, 2020. The New York City Regional Office was notified of the death on 7/5/2020. The autopsy report was requested and is pending. On July 5, 2020 the youth was attending a barbeque and was struck by a bullet. At the time of the death, the youth had an open foster care case with the New York City Administration of Children's Services. The police report does not state whether the shooting was related to his gang involvement, or if it was a stray bullet. The foster mother gave the youth permission to attend the barbeque. When the youth left for the barbeque the foster parent advised that he should be safe. She did not, however, have a conversation with the youth regarding when he should return home.

This case was opened in July 2017 when the youth was remanded to care due to an Article 10 finding of abuse/neglect. A CPS investigation completed on 7/20/17 was indicated with a finding of inadequate guardianship and lacerations, bruises and welts against the biological mother for the youth. The youth was placed in foster care on 6/1/17 in the ACS Children's Center. He was moved to the a Youth Reception Center on 6/27/17 and to a foster home on 7/5/17. The youth was placed in two subsequent foster homes, the final one on 9/6/2018.

While the youth was in care the agency encouraged him to attend school, receive mental health counseling, and stop being involved in gang activity. The first two years of care the youth attended school and passed each year. He was absent from school the majority of the 2019 - 2020 school year and did not pass his classes. After he stopped attending school his gang activity increased. The youth declined to accept other education options that would prevent him from interacting with his gang and rival gangs. The agency did not create a safety plan regarding the youth's involvement in the gang. Agency staff and the foster parent imposed an 11:00 pm curfew, but the youth did not comply. The agency was successful in enrolling him for mental health therapy in 2018, but he attended appointments for less then three months. The youth went on trips to Pennsylvania which were funded by the agency to visit his father and half-sibling, and his paternal grandmother who was his permanency resource. He also had weekend visits with his biological mother in New York City. The agency assisted him in applying to NYCHA public housing and provided transportation for needed interviews.

Services provided to the biological mother included funding to attend the funeral which was held in Pennsylvania. Payment of funeral expenses and bereavement counseling were offered to the family but were declined.

NYCRO gathered information for this report from Connections, agency records, the police report and interviews with the agency staff.

## PIP Requirement



**PIP Requirements:**

The voluntary agency did not create a safety plan regarding the youth's gang affiliation and involvement in gang activities.

## 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

**Explain:**

The casework activity was commensurate with case circumstances. The voluntary agency complied with New York State regulations for casework contacts and service provision.

**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?** No

**Explain:**

The decision to close the investigation case was appropriate. All needed information about the cause of death by gunshot wound was obtained.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of Documentation of Safety Assessments
<b>Summary:</b>	The voluntary agency knew that the subject child was affiliated with a gang and involved in their activities. The agency failed to do a safety assessment or create a safety plan.
<b>Legal Reference:</b>	18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)
<b>Action:</b>	The agency must perform safety assessments and create safety plans as needed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 07/05/2020

**Time of Death:** Unknown

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



**County where fatality incident occurred:** Kings  
**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:**  
 Sleeping       Working       Driving / Vehicle occupant  
 Playing       Eating       Unknown  
 Other

**Did child have supervision at time of incident leading to death?** No - Not needed given developmental age or circumstances

**Total number of deaths at incident event:**  
**Children ages 0-18:** 1  
**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	19 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	57 Year(s)

### LDSS Response

The voluntary agency was notified at 6:45 am on July 5, 2020 by the foster mother via emergency call that the deceased child was shot and killed while at a barbeque in Brooklyn, NY. The foster mother stated that she was at her home when the subject child was shot by a stray bullet at the barbeque. The foster mother stated that she was informed at 6:45 by the youth's friends who came to her house. The foster mother stated the subject child was at Kings County hospital. At 8:45 am the on-call supervisor spoke with hospital staff who confirmed that the subject child was deceased but needed identification for the youth to confirm his identity. The on-call supervisor was transferred to speak to a doctor, who reported that the subject child passed away and once they receive confirmation of his identity then the body will be transferred to the medical examiner to confirm the cause of death. The foster mother went to the hospital with the subject child's identification at 9:00 am. The hospital released the subject child's body to the medical examiner.

On 7/5/2020 the biological parents were informed of the death. The mother was informed by voluntary staff who accompanied the New York City police department to the mother's home. The father, who resides in Pennsylvania, was informed by a phone call from the agency.

The family made arrangements for the body to be transferred to a funeral home in Pennsylvania. On 7/6/20 the biological mother and step-mother called the agency and informed them of the funeral arrangements. Agency staff attended the funeral.

### Official Manner and Cause of Death

**Official Manner:** Homicide



**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Comments:** There is no OCFS approved Child Fatality Review Team in New York City.

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>

### 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 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>
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:**  
 Payment of funeral expenses and bereavement counseling were offered to the family but were declined. The mother did accept financial assistance to cover the expenses associated with going to Pennsylvania for the funeral.

**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:**  
 The half-sibling was placed in the kinship home of her father, which was not the same foster home of the subject child. ACS and the agency reached out to the half-sibling to provide services. The half-sibling declined grief counseling but did attend the funeral.

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

**Explain:**  
 The agency offered to pay the funeral expenses but the family declined. Family declined bereavement services. Mother accepted agency payment to assist with the trip to Pennsylvania to attend the funeral.

## History Prior to the Fatality



## Child Information

**Did the child have a history of alleged child abuse/maltreatment?** Yes  
**Was the child ever placed outside of the home prior to the death?** Yes  
**Were there any siblings ever placed outside of the home prior to this child's death?** Yes  
**Was the child acutely ill during the two weeks before death?** No

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/10/2019	Sibling, Female, 9 Years	Mother, Female, 40 Years	Educational Neglect	Unsubstantiated	No
	Sibling, Female, 9 Years	Mother, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 40 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

The SCR report is unfounded and is closed because mother refused services. Allegations of Parent's Drug/Alcohol Misuse, Education Neglect, Lack of Supervision and Inadequate Guardianship are unsubstantiated against the mother for the half-sibling. At the time of the SCR report the subject child did not live with his mother and half-sibling.

**Report Determination:** Unfounded

**Date of Determination:** 07/10/2019

**Basis for Determination:**

All allegations were unsubstantiated. It was determined that there is not credible evidence that the mother's marijuana use is harmful to the child. There is not educational neglect because the half-sibling is being promoted to the next grade. There is not lack of supervision because the half-sibling denied being left home alone. There is not credible evidence at this time to substantiate inadequate guardianship.

**OCFS Review Results:**

OCFS reviewed the CPS case and determined that the finding was correct.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/21/2017	Deceased Child, Male, 19 Years	Mother, Female, 40 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 19 Years	Mother, Female, 40 Years	Lacerations / Bruises / Welts	Substantiated	
	Sibling, Female, 9 Years	Mother, Female, 40 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The case was indicated and a case was opened and CPS was required.

**Report Determination:** Indicated

**Date of Determination:** 07/21/2017

**Basis for Determination:**

The allegations of swelling, dislocation and sprains, lacerations, bruises and welts and inadequate guardianship were substantiated against the mother for the subject child. The allegation of inadequate guardianship was substantiated against the mother for the subject child's half-sibling. The subject child had a physical altercation with the mother. The mother threw a frying pan at the subject child which resulted in a laceration to the lip and abrasions to the face. There was inadequate guardianship by the mother of the half-sibling because the half-sibling saw the physical altercation between the subject child and the mother.

**OCFS Review Results:**

OCFS reviewed the case and determined that it was appropriate that the subject child and half-sibling were placed in foster care as a result of the investigation findings.

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

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

There was one CPS report more than three years prior to the fatality. The investigation took place from 1/16/2016 - 3/16/2016. It was unfounded. The allegation of Parent Drug/Alcohol misuse and Inadequate Guardianship against the biological mother for the subject child's half-sibling was unsubstantiated. The drug use did not occur in the presence of the child. The allegation of Educational Neglect was unsubstantiated against the biological mother for the half-sibling. All absences were excused and were caused by transportation issues. The allegation of Inadequate Guardianship was unfounded because it was determined that the biological mother provided adequate care to the child.

**Known CPS History Outside of NYS**

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

**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**

ADVOPO preventive services were provided from 12/14/2014 - 7/26/2017. There is no information provided in ADVOPO preventive programs as the families voluntarily sign up for services.

**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: 06/01/2017

Date of placement with most recent caregiver? 09/06/2018

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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: 06/28/2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 05/30/2008	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 05/26/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> There is no additional information.				

### Foster Care Placement History

Subject child was placed in care on an Article 10 neglect petition. He was placed at the Children’s Center on 6/1/17, where he remained until 6/27/17, and he was then transferred to a Youth Reception Center. On 7/5/17 he was placed in a non-kinship foster home. The youth was placed in two subsequent non-kinship foster homes, the final one on 9/6/18, where he remained until his death on 7/5/20.

Service needs that were identified in the case records were mental health counseling, transportation and funding to visit half-sibling at her foster home in Pennsylvania (kinship placement with father), education assistance, employment assistance, assistance obtaining necessary documentation and applying for housing. These services were provided. It was known by staff that youth was involved in gang activity. The foster parent and agency staff spoke to the subject child regarding their concerns about his gang involvement. The subject child felt that he had to belong to a gang for his own protection. Agency staff offered to assist the subject child in changing schools for protection from another gang, but the subject child declined the offer. Subject child was encouraged to obtain mental health counseling regarding this issue, but he only attended counseling for three months, then refused to continue. The agency did not make a safety plan to address the youth's gang involvement.

### 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

**Have any Orders of Protection been issued? Yes**

**From:** 06/02/2017

**To:** 11/29/2017

**Explain:**

Court ruled on 11/29/17 that biological mother may have unsupervised visits with subject child.

### Additional Local District Comments



There are no additional local district comments.

**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