



**Report Identification Number: NY-15-106**

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

**Issue Date: 6/1/2016**

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

<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
<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
CPR-Cardio-pulmonary Resuscitation		
<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-Others	
<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		

## Case Information



# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 16 year(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 12/24/2015  
**Initial Date OCFS Notified:** 12/25/2015

## Presenting Information

On 12/24/15 at approximately 11:00 pm, the SC (who was on aftercare/trial discharge status) was leaving the neighborhood of his close family relatives in the Bronx to return to his new home in Yonkers, N.Y. A verbal dispute ensued involving two groups of individuals in the area. The argument between the men became violent; someone pulled out a gun and everyone fled. The SC tried to run and was shot in the back multiple times. He was pronounced dead at the scene as a result of the gunshot wounds.

## Executive Summary

This 16-year-old male teen was killed on 12/24/2015. The ME listed the cause of death as gunshot wound of the torso and the manner of death as homicide. It was reported that on 12/24/15 at about 11:00 PM, the SC was leaving the Bronx to return to his new home in Yonkers. A verbal dispute involving groups of individuals in the area arose; the dispute was followed by gunfire. The SC tried to run and was shot in the back. He was pronounced dead at the scene. On 12/25/15, the mother contacted the Non-Secure Placement (NSP) aftercare therapist to inform her of the SC's murder. The contracted provider informed ACS who in turn contacted OCFS.

Both ACS and the voluntary agency (VA) provided the mother with a list of agencies where she could obtain bereavement counseling. The NYPD's Crime Victim's Unit paid for most of the funeral expenses. ACS and the VA offered additional financial assistance. The VA held a memorial service for the SC.

The SC and family had received both preventive services and Close To Home (CTH) Non-Secure Placement (NSP) services in the past, as the SC had a history of Persons in Need of Supervision (PINS) and juvenile delinquent behavior. Youth placed in CTH NSP programs are considered foster care children as the programs are operated under NYS foster care regulations. At the time of the SC's death, SC was receiving MST-FITT aftercare/trial discharge services which included monitoring of education, drug use, medication compliance, community safety, and the relationship between BM and SC.

The SC was placed at Children's Village CTH NSP (substance abuse (Sub AB) cottage) on two different occasions, each time for approximately 7 months with trial discharge to aftercare. Episode 1 was 4/19/2013 to 12/3/14 due to violating his conditions of probation for theft.

The SC was placed at CV a second time due to another arrest. The SC did well in placement then was again discharged to aftercare. The service provider, MST-FITT attempted to meet the service needs of the SC; however, was faced with many roadblocks that pertained to the SC's education and where he would be receiving said education. CV and the aftercare portion of the agency communicated and planned for the SC's discharge. In the end, the SC was released (during the summer) without a discharge plan. The SC's Individualized Education Plan (IEP) had to be reviewed before the SC could go to a Welcome Center to determine where he could attend school. The IEP review did not take place until 9/10/15, after school had started. The aftercare provider along with the assistance from the former case planner helped the family get the SC into a school. The service provider attempted to enroll SC in a new school to avoid risk factors. Despite the request, the SC was placed in his former school. The SC got into fights



with other teens on the way to school and was at risk of not attending school; finally he stopped attending school. The safety transfer occurred a few weeks later. By then, the SC did not want to continue with school.

The BM had concerns about SC attending his former school and wanted a safety transfer to another school. She did not actively address SC's drug use or medication non-compliance. SC reported that he was smoking marijuana less frequently. SC did not want to participate in mental health counseling and BM did not believe that SC's prescribed medication was effective. The BM was mostly concerned about SC's education and conflicts with other youth in the neighborhood. She did not believe that he was safe in his assigned school. It was unknown whether or not the SC was killed by someone with whom he had a prior conflict within the neighborhood or at school.

The SC resided in the home with his mother. There were no surviving siblings.

## 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:

Children's Village MST-FITT aftercare worker was very thorough in her assessments of the youth and family's needs and very diligent in her attempt to get the youth enrolled in the appropriate school setting. The ACS Permanency and Placement Specialist did a good job of providing oversight to the aftercare provider. Both parties did a very good job of engaging both the parent and child.

**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:

The case is not closed in the CONNECTIONS system as of 5/6/16. This is a compliance issue.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	As of 5/6/2016, the last progress note for this case was entered on 2/1/16. The case, which had no surviving siblings, remained opened without any documentation of case activities .



# NYS Office of Children and Family Services - Child Fatality Report

<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)
<b>Action:</b>	The Administration for Children's Services (ACS) should implement a quality control process that will assist supervisory staff in the timely closing of cases. A copy of the corrective action plan must be submitted within 45 days that identifies what action it has, or will take, to address the citation(s) identified in the fatality report.
<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	ACS Case Manager approved the FASP 102 days after the FASP was submitted by case planner.
<b>Legal Reference:</b>	18 NYCRR 428.3(f)(5)
<b>Action:</b>	The Administration for Children's Services (ACS) should implement a quality control process that will assist supervisory staff in tracking and approving FASPs. ACS must submit a corrective action plan within 45 days that identifies what action it has taken, or will take, to address the citation(s) identified in the fatality report.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 12/24/2015

**Time of Death:** 11:00 PM

**County where fatality incident occurred:**

BRONX

**Was 911 or local emergency number called?**

Unknown

**Did EMS to 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: Walking

**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:** 001

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	16 Year(s)
Deceased Child's Household	Mother	No Role	Female	38 Year(s)

## LDSS Response

Following the receipt of the information regarding the SC's death on 12/24/15, ACS made contact with OCFS to report the SC's death, and contacted the agency. ACS requested that the agency perform a status check of all the youth in the program who were on home visits or were in the community. ACS staff reached out to the agency and to the family to assess the mother's needs. Financial assistance was offered to the mother; however, the mother had already accepted assistance from the NYPD's Crime Victims Unit. The ACS case manager was in regular communication with voluntary agency and the mother. ACS offered to pay for the foot maker for SC's grave.

### Additional information:

A review of CONNECTIONS, the system of record, was conducted. The composition section of the case noted BM and SC as the only two residents of the household. Previous cases also indicated that SC was the only child in the home.

Progress notes did not reflect that youth was absent without leave (AWOL) or that he was in violation of curfew. The incident occurred Christmas Eve. Emails indicate that SC had walked his girlfriend to the train and was then returning to his home in Yonkers, which is not far from his home. A decision was made to not make a child abuse hotline report.

### Case Review:

The SC was placed at Children's Village CTH NSP (substance abuse (Sub AB) cottage) on two different occasions, each time for approximately 7 months with trial discharge to aftercare.

Episode 1: On 4/19/2013 the SC was placed at CV because he violated the conditions of his probation for theft. He remained at CV until 12/3/14 ACS's Community Support Specialist provided poor documentation of case events and poor oversight of service providers - Family Functional Therapy and drug program service provider. The case management did not reflect continuous oversight of the drug treatment provider or the SC and his problem behavior: drug use, curfew issues, truancy and disrespect. In a 2/26/2014 progress note, ACS staff – Community Support Specialist (CSS)- indicated that the Sub AB program provider recommended the SC's participation in a residential Sub AB treatment program upstate. The exact date of the recommendation could not be determined from review of the progress notes.

The SC's CTH time expired on 3/30/2016. The recommendation for residential Sub AB was not implemented prior to the SC's CTH expiration date. The progress notes did not reflect that there was regular communication or oversight of the Sub AB program or the FFT therapist. Within 6 weeks of SC's CTH time expiring, the mother was asking the Family Assessment Program (FAP) for help.

Episode 2: On 11/18/14, the SC was placed at CV a second time due to another arrest; he remained there until 7/6/15. The SC did well in placement then was discharged to aftercare once again. The Service provider, MST-FITT attempted to meet the service needs of the SC; however, was faced with many roadblocks that pertained to the SC's education and where he would be receiving said education. CV and the aftercare portion of the agency communicated and planned for the SC's discharge. In the end, the SC was released (during the summer) without a discharge plan. The SC's Individualized Education Plan (IEP) had to be reviewed before the SC could go to a Welcome Center to determine where he could go to school. The IEP review did not take place until 9/10/15, after school had started. The aftercare provider along with the assistance from the former case planner helped the family get the SC into a school.



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## 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 the NYC region.

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Progress notes did not reflect that LDSS had contact with first responders, law enforcement, or the medical examiner to gather information about the SC's death.

## 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"/>



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## Legal Activity Related to the Fatality

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

## Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Children's Village had a memorial service

**Additional information, if necessary:**

ACS offered bereavement counseling and financial assistance to pay for the funeral. NYPD Victim's Services covered a large portion of the funeral expenses.

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

**Explain:**

The BM was offered bereavement counseling and financial assistance.





History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No  
 Was there an open CPS case with this child at the time of death? No  
 Was the child ever placed outside of the home prior to the death? Yes  
 Were there any siblings ever placed outside of the home prior to this child's death? N/A  
 Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

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

There is no known prior NYS CPS history in this case.

Known CPS History Outside of NYS

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

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

If not, how many days was it overdue?

A Plan Amendment was written on 12/9/ 15 but was never completed or approved. It was converted to template form. The final FASP was due on 12/16/2015. Due to the youth's murder, the agency (Children's Village) un-submitted their overdue FASP and updated it with information that pertained to the fatality and services offered to mom after the fatality. agency submitted the FASP on 1/21/2016. ACS (case manager) approved the plan on 5/2/2016. ACS Case Manager approved the FASP 102 days after the FASP was submitted by case planner. Additional information- the case



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is still not closed in the connection system.

<b>Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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

#1 Advocate (ADVPO) Preventive Service -Good Shepherd Services' (GSS) 6/22/10 - 12/20/10. The SC talked about suicide. The BM took him to be evaluated at an ER that referred him to community based programming. The SC/family received individual and family counseling due to SC acting out in school, not being motivated to complete school work, and poor communication between BM and child. The BM received parenting skills training. Services ended due to marked improvement in all areas.

#2 ADVPO Prev, GSS- - 2/23/12 - 1/7/13 -Family Assessment Program referral due to poor school attendance, failing classes, increased marijuana use, and curfew issues. SC was arrested for theft and placed on probation. The SC received in-patient substance abuse services. The SC AWOLled from the program. The case was closed due to probation violation and placement in detention.

#3 New York Foundling's (NYF) - Multi-Systemic Therapy program from 6/5/14 through 9/8/14. Family referred to NYF through ACS's FAP program on 5/22/14. The BM had requested services due to youth being uncontrollable. The BM reported that the SC was disobedient, disrespectful, truant from school, and smoked marijuana. This referral occurred 6 weeks after CTH case was closed, The BM requested that the case be closed due to her work schedule and not seeing a quick change in the SC's behavior.

## 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:**

**Date of placement with most recent caregiver?**

07/06/2015

**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
<b>Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the placement comply with the appropriateness of placement standards?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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knowledge and skills to meet the needs of the child?				
Was the certification/approval for the placement current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> Case remains open. OCFS has reached out to ACS to close the case as there are no other children in the home.				

### 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 was adjudicated a JD by FC Judges due to being arrested and subsequently violating probation. He was placed in the care and custody of the Commissioner of ACS on 2 separate occasions - 4/5/2013 and 11/18/14. In both instances, he was placed in FC at CV's Sub AB CTH program.

Episode 1 - 4/19/13- 11/22/13 -in care- Aftercare/Trial Discharge -11/22/13 - 3/30/14. While in placement youth received education, mental health counseling , sub AB counseling, and independent living skills training. The SC's placement ended due to his "time" related to his delinquency charge, expiring. The SC was placed at CV CTH NSP (substance abuse (Sub AB) cottage) on two different occasions, each time for approximately 7 months with trial discharge to aftercare. While on Aftercare status, ACS's Comm. Support Specialist -CSS- provided poor documentation of case events and poor oversight of service providers-Family Functional Therapy and drug program service provider. The ACS CSS did not reflect continuous oversight of the drug treatment provider nor the SC and his problem behavior: drug use, curfew issues, truancy and disrespect. In a 2/26/14 progress note, ACS CSS indicated that the Sub AB program provider recommended that SC go into a residential Sub AB residential program. SC's time on aftercare expired and Sub AB placement did not happen.

The SC was on aftercare on 12/24/15.

### 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 3 - JD		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
	There was not a fact finding	Care/Custody to OCFS Commissioner



# NYS Office of Children and Family Services - Child Fatality Report

<b>Respondent:</b>	None
<b>Comments:</b>	Youth was adjudicated a juvenile delinquent by Family Court Judges due to being arrested and subsequently violating probation. He was placed in the care and custody of the Commissioner of ACS on two separate occasions - 4/5/2013 and 11/18/14. In both instances, he was placed in foster care at CV's CTH programs.

## Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes?  Yes  No

<b>Action:</b>	THE LDSS- ACS should have documented communication with first responders, law enforcement and medical examiners when a fatality of a child in their custody occurs. The information should be placed in the CONNECTIONS system.
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Are there any recommended prevention activities resulting from the review?  Yes  No

**Explain:** Progress notes did not reflect that LDSS-ACS had communication with first responders, law enforcement, or the medical examiner.