

Report Identification Number: NY-14-130

Prepared by: New York City Regional Office

Issue Date: 5/1/2015

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.

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Abbreviations

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

Case Information

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

Jurisdiction: Manhattan
Gender: Female

Date of Death: 11/01/2014
Initial Date OCFS Notified: 12/03/2014

Presenting Information

According to documentation in form OCFS-7065, on 11/2/14, foster mother informed agency supervisor that subject child was fatally stabbed by another female youth. It is reported that on or about 8:00PM, 11/1/14, subject child along with foster mother's two daughters ages 16 and 9 left the foster home to go to the store. On their way to the store they took a detour to confront a sixteen year old teenager who was allegedly bullying the foster mother's daughter. Upon the arrival to the teenager's home a verbal altercation ensued. The verbal altercation quickly became physical and the foster mother's 16 year old daughter was stabbed in the chest. The subject child was stabbed in the lower back. They were both rushed to the hospital. Subject child reportedly expired at South Nassau Ocean Side Hospital/Nassau University Medical Center. According to documentation in subject child's children's record, time of death was 9:24 PM, on 11/1/14.

Executive Summary

The death occurred on 11-1-14. It was reported to OCFS on 11-3-14. Autopsy report was requested and is pending. The agency informed CPS that the subject child may have been 6 weeks pregnant at the time of death. Documentation in subject child's children's record indicates that CPS was informed by the Chief Medical Examiner's office that the cause of death was a hemorrhage due to stab wound in the back of the chest with perforation of the left lung. The subject child had been residing in a foster home. She went to the store with the foster mother's two daughters. On the way to the store they reportedly detoured and went to the home of a 16 year old teenager who was allegedly bullying foster mother's daughter. The verbal altercation became physical. The foster mother's 16 year old daughter was stabbed in the chest. The subject child was stabbed in the lower back. It was reported that the subject child was not the intended target. It was really the foster parent's 16 year old child. They were both taken to South Nassau Ocean Side Hospital/Nassau University Medical Center. The 16 year old survived the stabbing. The subject child died 9:24 PM.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?**
 - **Safety assessment due at the time of determination?**

N/
A
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?**
- **Was the determination made by the district to unfound or indicate appropriate?**

N/
A
N/
A

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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

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/01/2014 **Time of Death:** 09:24 PM

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

County where fatality incident occurred: NASSAU

Was 911 or local emergency number called? Yes

Time of Call: 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:

- | | | |
|-----------------------------------|----------------------------------|---|
| <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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	17 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	61 Year(s)
Deceased Child's Household	Other	No Role	Male	68 Year(s)
Deceased Child's Household	Other Child	No Role	Female	6 Year(s)
Deceased Child's Household	Other Child	No Role	Male	11 Year(s)
Deceased Child's Household	Other Child	No Role	Male	9 Year(s)

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Deceased Child's Household	Other Child	No Role	Male	12 Year(s)
Deceased Child's Household	Other Child	No Role	Female	17 Year(s)
Deceased Child's Household	Other Child	No Role	Female	15 Year(s)
Deceased Child's Household	Other Child	No Role	Female	14 Year(s)

LDSS Response

LDSS contacted the agency, and made collateral contacts to obtain information regarding the fatality, such as with the detective assigned to the investigation, and the Medical Examiner's office.

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: Hospital physician

Multidisciplinary Investigation/Review

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

Comments: There is no Child Fatality Review Team

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<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?

Family Court
 Criminal Court
 Order of Protection

Criminal Charge: Manslaughter Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	the perpetrator	Unknown	pending
Comments:	The manslaughter case against the perpetrator is pending. The criminal case will be presented to the grand jury at Nassau County District 1. Date is pending. The agency states that no access can be given to the police (police report) because the case is under investigation- being presented to the grand jury.		

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

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

Explain:

Bereavement services

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

Explain:

Assistance with funeral expenses.

History Prior to the Fatality

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Child Information

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

Report 7-27-97 against birth mother of subject child. Report was indicated. Subject child and sibling were put in foster care. Since then, administrative review made the report unfounded. Report 6-2-11 was against the father of subject child, for leaving her with his girlfriend, without adequately providing for her , and traveling to Jamaica. Report was indicated.

Known CPS History Outside of NYS

no known CPS History outside of NYS.

Services Open at the Time of the Fatality

Family Assessment and Service Plan (FASP)

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

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

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Preventive Services History

Report 6-2-11 against the father. He left subject child with his girlfriend and went to Jamaica (May 2011) no provisions. CPS Interviews revealed: the 14 year old subject child was 7 and a half months pregnant, was in foster care in Jamaica, had behavior issues/physical altercations history, was brought from Jamaica to Children's Center pregnant in February 2011 by her father, exhibits aggressive behavior, posts nude pictures of herself online/cell phone, hangs out with grown men, is on the street late at night, comes home with money, family suspects involvement in prostitution. Father's girlfriend did not want subject child in her home. Though she never had any legal authority, or guardianship over the subject child, the girlfriend agreed (case conference 6/22/11, father participating by phone from Jamaica) to let subject child stay in her home, and to participate in preventive services : family counseling and parenting skills for subject child). The girlfriend did not follow through with the intake in August, and subject child was placed (September 2011) while father was still in Jamaica.

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: 09/07/2011

Date of placement with most recent caregiver? 09/25/2014

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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>

Family Assessment Service Planning (FASP)

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	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent Service Plan Review consistent with case circumstances?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the Staff Exclusion List?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date:				
Additional information, if necessary: Subject child has no siblings in care.				

Required Action(s)

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

Yes No

Issue:	Procedures in cases of children AWOL from foster care placement
Summary:	When subject child AWOLed from RTC (6/4-6/12/13), HeartShare St.Vincent's Services attempted a visit at father's address, but only phone contact was made with the mother. No visit was made to mother's address, or the mother's cousin's address.
Legal Reference:	18 NYCRR 431.8
Action:	When child is AWOL diligent search must be made to locate child, including visiting the areas where child might frequent or visit, parents' homes, friends' homes, etc.
Issue:	Failure to Offer Services
Summary:	HeartShare SVS identified B/F's lack of housing as the only permanency barrier after he complied with counseling and parenting skills. Contacts with the B/F did not focus on subject child's behavioral issues/inappropriate sexual/risky behavior.
Legal Reference:	SSL 424(10); NYCRR 428.6
Action:	HeartShare SVS needs to assess whether the child would be safe if he or she was to return home, and the potential for future risk of abuse or maltreatment if he or she was to return home. This should guide the child's parents or relatives towards a course of action aimed at resolving the issues that led to the foster care placement.
Issue:	Appropriateness and adequacy of child's foster care placement
Summary:	The record indicates HeartShare SVS did not have therapeutic foster home, which subject child needed. No indication that referral was made to another agency to accommodate her service needs. She was placed in RTC after psychiatric hospitalization.
Legal Reference:	18 NYCRR 430.11(c) or (d)
Action:	HeartShare SVS needs to coordinate with Office of Placement to appropriately service the needs of a child at another agency, if this agency is not able to accommodate her service needs.
Issue:	Adequacy of case recording in FASP
Summary:	Information documented in FASPs not consistent with case circumstances, incorrect safety assessments, incorrect risk assessment, no updated information, wrong person identified as caretaker.
Legal Reference:	18 NYCRR 428.6(a)

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Action:	FASPs need to contain updated and accurate information and to reflect consistency with the facts of the case.
Issue:	Adequacy of monitoring child/family while in foster care
Summary:	Face to face contacts with the parents, were not comprehensive to include the impact of the subject child's serious behavioral/emotional needs on the permanency goal, and the parent's ability to address those needs, in order to sustain the placement.
Legal Reference:	18 NYCRR 441.21
Action:	In assessing family needs and strengths and facilitating the provision of services, HeartShare SVS needs to address how individual risk elements affect family functioning, so that appropriate services can be provided.
Issue:	Adequacy of foster home certification, approval training, or monitoring
Summary:	Most recent FAD: Household Detail inconsistency: foster mother -legally separated, adult male living with her -married. For him the FAD shows no fingerprint results, no SCR clearance information. Subject child's record refers to him as husband.
Legal Reference:	18 NYCRR Part 443
Action:	Home study of the foster home needs to be updated, and fingerprint and SCR clearances need to be done and included in the FAD.
Issue:	Adequacy of Medical care of child
Summary:	F/M cancelled psychiatric assessment appointment (9/14), didn't notify Heart Share SVS. When asked by the agency, she said the child had hives. Agency didn't inquire about seeing a doctor, did not visit the foster home to verify child's condition.
Legal Reference:	18 NYCRR 441.22
Action:	For a child in care, who is sick, HeartShare SVS needs to verify if child was seen by doctor, and needs to verify what follow up took place, as well as visit foster home to verify condition of the child, to ensure child's safety and well being.
Issue:	Failure to Offer Services
Summary:	There was improper planning/no timely exploration of relatives as possible resources for the subject child; or encouragement of such a relationship. Even when the agency was considering APPLA goal.
Legal Reference:	SSL 424(10); NYCRR 428.6
Action:	Contacts with the parents and relatives are needed for proper planning, and in order to guide towards a course of action aimed at resolving problems or needs of a social, emotional, developmental or economic nature that are contributing to the reason(s) why child is in foster care.
Issue:	Failure to Offer Services
Summary:	No indication that HeartShare SVS discussions with subject child regarding permanency planning were comprehensive, were preparing her for trial discharge to the mother, or discussed her feelings/prior reservations she had about such placement.
Legal	SSL 424(10); NYCRR 428.6

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Reference:	
Action:	Casework contacts with the child need to be comprehensive and to include assessing needs and strengths to facilitate the service plan and provision of services.
Issue:	Failure to Offer Services
Summary:	Subject child informed (Graham Windham RTC) 11-12-13, she smokes and drinks daily due to her job, makes good money, and doesn't need a degree. This was not addressed in trial discharge conference or that she needs substance abuse counseling.
Legal Reference:	SSL 424(10); NYCRR 428.6
Action:	HeartShare SVS needs to provide appropriate services to address the child's needs, to address safety and achieve permanency.
Issue:	Diligence of Efforts
Summary:	Trial discharge to mother in domestic violence shelter without exploring her immigration status. Agency unaware her visa was expiring. Supportive services were not adequate for subject child's AWOLs, non-compliance and behavioral/emotional disorder
Legal Reference:	NYCRR 430.12D
Action:	HeartShare SVS needs to assess for safety when considering child's return to parent. Case work contacts need to assess whether a child in care would be safe if he or she was to return home, and the potential for future risk of abuse or maltreatment if he or she was to return home.
Issue:	Adequacy of monitoring child/family while in foster care
Summary:	Soon after trial discharge, mother reported subject child's breaking curfew, being picked up/dropped off by strangers, and that she might be prostituting. Yet, the child was allowed to travel to Jamaica with the mother, for mother's visa issues.
Legal Reference:	18 NYCRR 441.21
Action:	HeartShare SVS needs to assess child safety prior to trial discharge, and make appropriate referrals to address the family's needs, Including the possibility of services for sexually exploited children.
Issue:	Appropriateness and adequacy of child's foster care placement
Summary:	Subject child placement: regular foster homes in spite of ER recommendation (2012)for therapeutic foster home, and psychiatric evaluation recommendation for Residential Treatment Center (RTC). She was placed in RTC in 2013, after hospitalizations.
Legal Reference:	18 NYCRR 430.11(c) or (d)
Action:	HeartShare SVS needs to ensure that a child's foster care placement adequately meets the child's needs, and that there is appropriate service provision.

Foster Care Placement History

Subject child was placed in foster care on 9-7-11, with her twin sons (not in care) due to allegations of inadequate guardianship against the father. He had left the child with his girlfriend, with no provisions, and went to Jamaica. On 1/18/12, her twin sons were placed in care as well, due to inadequate guardianship against the subject child. On 12/4/12 the judge dismissed the neglect petition against the father. On 12/12/12 the father voluntarily placed the subject child in foster care. On 12/10/13 the child was trial discharged to the birth mother. Throughout her foster care placement, the deceased child had numerous placements in foster boarding homes, as well as RTC, as a result of either continuous AWOLing , and incidents related to inappropriate behavior in the foster homes, as well as threatening and aggressive behavior. On 6/12/14 the child was placed in a foster home because of failed trial discharge.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

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

Are there any recommended prevention activities resulting from the review? Yes No