



Report Identification Number: SV-20-007

Prepared by: New York State Office of Children & Family Services

Issue Date: Jul 27, 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

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
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	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: 18 year(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 02/03/2020
Initial Date OCFS Notified: 02/10/2020

Presenting Information

The death of the 18-year-old subject child was reported to OCFS by Westchester County Department of Social Services via the Agency Reporting Form 7065 on 2/4/20. At the time of the child's death, he was in Foster Care and he was incarcerated at Westchester County Jail. The child was injured during an altercation with two other inmates and he was declared deceased at the hospital on 2/3/20.

Executive Summary

This report concerns the death of the 18-year-old male subject child that occurred on 2/3/20. At the time of the subject child's death, he was in the custody of the Commissioner of Westchester County Department of Social Services (WCDSS) with a goal of Another Planned Living Arrangement. The child had been in Foster Care since 2017, due to a history of aggressive behavior and not following his mother's rules. On 12/16/19, the subject child assaulted another child at his group home, and he was moved to a detention center while awaiting sentencing for violating probation. On 1/13/20, the subject child was incarcerated in county jail and sentenced to a six-week shock incarceration program.

On 1/31/20, WCDSS was notified by staff at the jail that the subject child was in the Intensive Care Unit at the hospital. WCDSS learned that the subject child was brought to the ER on 1/30/20, after being assaulted by two inmates. The subject child was placed on life support and he required surgery due to bleeding on his brain. On 2/1/20, the subject child was determined to be brain dead and on 2/3/20, he was taken off life support and declared deceased. Law enforcement investigated the incident and determined the child's cause of death was homicide. The criminal investigation remained open pending the final autopsy results.

The subject child's mother and siblings resided in Georgia and visited with the subject child on occasion. The subject child's father was unable to be located and he had not seen the child in many years. WCDSS had recently located the father and they were in the process of setting up a visit for the father to see the child when he became incarcerated. WCDSS spoke to the mother and father at the hospital and the siblings were assessed to be safe in the mother's care.

WCDSS provided the parents with information on victim's services for burial and funeral assistance. The mother was provided with information on grief services available to her and the siblings in Georgia and the father was provided with information on local grief services. It was unknown if the parents utilized these services. WCDSS appropriately closed their case once they gathered information about the child's death.

PIP Requirement

For issues identified in historical cases, WCDSS will submit a PIP to the Spring Valley Regional Office within 30 days of receipt of this report. The PIP will identify action(s) WCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, WCDSS will review the plan and revise as needed to address ongoing concerns.

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 death of the subject child was not reported to the SCR, therefore safety assessments and a determination were not completed.

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:

WCDSS investigated the circumstances surrounding the child's death and the case was appropriately closed.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities**Incident Information**

Date of Death: 02/03/2020

Time of Death: 05:30 PM

Date of fatal incident, if different than date of death:

01/30/2020

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

Unknown

County where fatality incident occurred:

Westchester

Was 911 or local emergency number called?

Unknown

Did EMS respond to the scene?

Unknown

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

No

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 type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: Physical Altercation | | |



Did child have supervision at time of incident leading to death? Unable to determine

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	18 Year(s)
Other Household 1	Mother	No Role	Female	45 Year(s)
Other Household 1	Sibling	No Role	Female	17 Year(s)
Other Household 1	Sibling	No Role	Male	16 Year(s)
Other Household 1	Sibling	No Role	Male	2 Year(s)
Other Household 1	Sibling	No Role	Female	5 Year(s)
Other Household 1	Sibling	No Role	Female	9 Year(s)
Other Household 1	Sibling	No Role	Female	12 Year(s)

LDSS Response

On 1/31/20, WCDSS was notified by staff at the jail that the subject child had been hospitalized the previous day following an injury sustained while incarcerated. Upon learning of the incident, WCDSS notified the mother about the child's hospitalization and purchased a plane ticket for her to fly to NY that day. WCDSS immediately went to the hospital and met with the father, doctors, and the Deputy Commissioner of Corrections. It was learned that the subject child had a verbal altercation with two inmates, which was believed to have occurred on 1/29/20. One of the inmates distracted the child while the other punched him on the side of his head, causing him to fall and hit his head on the floor, and he became unconscious. Following the incident, the child complained of having a headache and he was having difficulty breathing. The child was transported to the hospital on 1/30/20, after his condition worsened. A CAT scan showed there was bleeding on his brain and he had emergency surgery to repair the injury. The child was unable to recover from his injury and he was declared brain dead on 2/1/20.

On 2/3/20, WCDSS met with the mother and father at the hospital and they learned that the child's organs were being donated and he would be removed from life support that day. The child was declared deceased on 5:30 PM that evening.

WCDSS notified OCFS of the child's death within the required timeframe, they spoke to law enforcement, and they thoroughly investigated the incident. They provided the parents with information on the necessary burial and grief services and they appropriately closed their case as the subject child was the only child receiving services.

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? Yes

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

WCDSS contacted all appropriate collaterals and thoroughly investigated the circumstances surrounding the subject child'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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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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Explain:
The siblings were assessed to be safe with the mother in Georgia within 7 days of notification of the child's death.

Fatality Risk Assessment / Risk Assessment Profile



	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
The mother and children were referred for grief services in Georgia and it was unknown if they utilized these services.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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



Child Fatality Report

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:

The mother was provided with information on grief services in Georgia for the children.

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

Explain:

The mother was provided with information on grief services in Georgia and for burial assistance. The father was provided with information on local grief services.

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? No
- Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/13/2017	Deceased Child, Male, 16 Years	Mother, Female, 42 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 16 Years	Mother, Female, 42 Years	Lacerations / Bruises / Welts	Unsubstantiated	



Deceased Child, Male, 16 Years	Mother's Partner, Male, 40 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 16 Years	Mother's Partner, Male, 40 Years	Lacerations / Bruises / Welts	Unsubstantiated
Deceased Child, Male, 16 Years	Mother, Female, 42 Years	Other	Unsubstantiated

Report Summary:

An SCR report was received regarding a 1034 court ordered investigation that was ordered by the Westchester County Family Court judge.

Report Determination: Unfounded

Date of Determination: 09/11/2017

Basis for Determination:

The subject child admitted to being the aggressor during physical confrontations with the mother's partner. The child was not following household rules, was being aggressive toward the mother and her partner, he was refusing to live at home, and was having suicidal ideation. A refrain from order of protection was issued against the child and the mother signed a Voluntary Placement Agreement for the child to receive a diagnostic evaluation.

OCFS Review Results:

WCDSS conducted several home visits and assessed the home to be safe. Safe sleep education was provided to the mother regarding a sibling that was born at the time the investigation closed. WCDSS interviewed all household members and relevant collateral sources. Safety assessments and the RAP were completed accurately and timely. There were no documented attempts to locate and interview the fathers of the children and they were not provided with Notice of Existence of the report.

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

Issue:

Failure to provide notice of report

Summary:

There were no attempts documented to obtain contact information for the fathers of the children and to provide them with Notice of Existence letters.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

WCDSS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/29/2017	Deceased Child, Male, 16 Years	Mother's Partner, Male, 40 Years	Inadequate Guardianship	Far-Closed	Yes
	Sibling, Male, 13 Years	Mother's Partner, Male, 40 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

An SCR report was tracked FAR that alleged on 6/26/17, the mother's partner went into the subject child's and the then 13-year-old sibling's room, looked through their belongings, and he began to choke the sibling. The subject child jumped in and intervened to protect his brother. The mother was in the room and she attempted to stop her partner, but he swung and hit the subject child in his face causing a scratch on his face. The subject child left the home after the altercation. The roles of the other children in the home were unknown.

**OCFS Review Results:**

WCDSS conducted home visits and assessed the home to be safe for the children. The family members were interviewed and everyone except the subject child denied the allegations. During the open FAR case, the subject child was not following the rules and there was an incident where he threatened the mother. She filed for an order of protection in Family Court, which resulted in a court ordered investigation being ordered. The FAR case was appropriately closed and a new investigation was required. The fathers of the children were not provided with notice of the FAR case.

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

Issue:

FAR-Failure to Provide Notice of Report

Summary:

WCDSS did not provide the fathers of the children with written notification of the report.

Legal Reference:

18 NYCRR 432.13 (e)(2)(i)(a)-(d)

Action:

No later than seven days after receipt of a child protective report that has been assigned to the Family Assessment Response track, the child protective service must provide written notification to every parent, guardian or other person legally responsible for the child or children named in the report.

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

The mother had an extensive CPS history involving the subject child and siblings between 1997 and 2017.

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"/>

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: 08/22/2017

Date of placement with most recent caregiver? 12/16/2019

How did the child(ren) enter placement? Voluntary Placement



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

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input 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 checked="" type="checkbox"/>	<input 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"/>

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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Additional information, if necessary: The subject child was placed in a detention center with an independent living goal and he was incarcerated at the time of his death. The clearance dates for staff at the detention center were not documented in the case.				

Foster Care Placement History

The subject child was placed in Foster Care as a Person in Need of Supervision from 1/4/16-6/14/16 due to aggressive behavior at home and in the community. The child was discharged to his mother with aftercare services continuing until 1/11/17.

On 8/22/17, the subject child was voluntarily placed in Foster Care to receive a diagnostic evaluation, following several physical altercations with the mother and her partner, incidents of suicidal ideation, and the child's refusal to follow household rules. The child was transferred to several different group homes and detention facilities due to increasingly aggressive behavior and criminal charges. It was determined the child was unable to be discharged home due to his behavior and his goal was changed to Another Planned Living Arrangement-Independent Living on 7/3/19. In December 2019, the child was charged with assaulting another group home resident and on 1/13/20, he was sentenced to 6 weeks in a shock incarceration program in county jail. On 2/3/20, the child died from injuries sustained during an altercation with another inmate. The child received an abundance of services during the time that he was placed in Foster Care.

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

Family Court Petition Type: SSL 358-s - Voluntary		
Date Filed:	Fact Finding Description:	Disposition Description:
08/22/2017	Court Approved VPA	Care/Custody to Local Social Services District
Respondent:	None	
Comments:	On 8/22/17, the subject child was placed in Foster Care on a Voluntary Placement Agreement. He remained in Foster Care at the time of his death.	



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