



**Report Identification Number: NY-15-051**

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

**Issue Date: 11/9/2015**

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.



## 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                     | 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                             |                                       |
| <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



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**Report Type:** Child Deceased  
**Age:** 12 year(s)

**Jurisdiction:** Manhattan  
**Gender:** Male

**Date of Death:** 06/22/2015  
**Initial Date OCFS Notified:** 06/23/2015

## Presenting Information

On 6-22-15 at 10:30 pm SC passed away at Terence Cardinal Cooke Medical Center as his heart rate and blood pressure went down. He stopped breathing via ventilator and no longer had a pulse. SC had advance directives from his biological mother of a DNR (do not resuscitate and do not transfer to a hospital). Cause of death: cardiac arrest, due to or as a consequence of congenital cardiac disease, Hypoplastic Left heart, due to or as a consequence of cyanotic congenital heart disease.

## Executive Summary

On June 22, 2015, SC passed away in his sleep, at Terrance Cardinal Cooke Medical Center, where he resided due to his medical needs. His heart rate and blood pressure went down, he stopped breathing via ventilator and had no pulse. The manner of death was natural. The cause of death was cardiac arrest. There were advance directives from the birth mother of a DNR (do not resuscitate and do not transfer to a hospital). There was no report made to the SCR because there was no reasonable suspicion of abuse or neglect. Documentation is missing from the case record as to the circumstances that led to the placement of SC into care, and where he was residing prior to placement. Children's Aid Society had case planning responsibility. Case documentation reveals inconsistencies about the date he was placed with the agency, and the date which he began residing under the care of Office for Persons with Developmental Disabilities (OPWDD) 24 hr. skilled nursing facility. The agency maintains they received case planning in 2010, however case record documentation including the Family Assessment and Service Plans (FASPS) reveals that they had case planning since at least 2007. Also, agency documentation states that SC was transferred to the 24 hour skilled nursing facility in 2010, however, FASPS reflect that he may have been at the facility since at least 2007. Agency casework contacts with SC occurred on a monthly basis at the 24 hour skilled nursing facility, the agency received updates regarding SC's progress and participated in SC's medical services plan conferences. However, there was no family participation in the medical services planning, as the mother was not involved and the father was never contacted by the agency. There were no casework contacts with the mother for more than a year (8/2013 to 1/2015), there were no efforts to evaluate her visiting plan with the SC, or to facilitate her visits with him, and there was no exploration of relatives as long term visiting resources for the SC reflected in case documentation. The mother however eventually signed a DNR order and informed the facility as to the services she would not consent to. There were no siblings in care at the time of the fatality, though SC has siblings who were in care in the past. The last sibling to leave foster care signed herself out of care in 2014.

## 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:



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- 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:**

There were no allegations.

**Was the decision to close the case appropriate?** Yes

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

**Was there sufficient documentation of supervisory consultation?** No

**Explain:**

There was no investigation. There was no report made to the SCR because there was no reasonable suspicion of abuse or neglect. SC passed away in his sleep, in the OPWDD 24 hr. skilled nursing facility where he resided, due to medical reasons.

### 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:** 06/22/2015

**Time of Death:** 10:20 PM

**County where fatality incident occurred:** MANHATTAN

**Was 911 or local emergency number called?** No

**Did EMS to respond to the scene?** No

**At time of incident leading to death, had child used alcohol or drugs?** No

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

- Sleeping  Working  Driving / Vehicle occupant
- Playing  Eating  Unknown
- Other

**Did child have supervision at time of incident leading to death?** Yes

**Is the caretaker listed in the Household Composition?** No

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1



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## Household Composition at time of Fatality

| Household                  | Relationship   | Role    | Gender | Age        |
|----------------------------|----------------|---------|--------|------------|
| Deceased Child's Household | Deceased Child | No Role | Male   | 12 Year(s) |
| Other Household 1          | Mother         | No Role | Female | 44 Year(s) |

## LDSS Response

SC passed away in his sleep in the OPWDD 24 hr. skilled nursing facility where he resided, due to his medical needs. There was no SCR report. The agency informed OCFS of the fatality in a timely manner. SC has siblings but none were in care at the time of the fatality. There are no siblings in the household.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical 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 OCFS approved Child Fatality Review team in New York City.

## 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Family Members                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 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"/> |



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|  |                          |                                     |                          |                          |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Was there timely entry of progress notes and other required documentation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|

**Additional information:**

Hospital staff person's name was not listed in the record.

**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"/> |

**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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Housing assistance         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services     | <input type="checkbox"/> | <input 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"/> |
| <b>Other, specify:</b> cremation services expense   |                                     |                          |                          |                          |                          |                                     |                          |
| <b>Additional information, if necessary:</b><br>Mother requested cremation instead of funeral arrangements. |                                     |                          |                          |                          |                          |                                     |                          |

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? N/A

**Explain:**  
Fatality occurred in the OPWDD 24 hr. skilled nursing facility where SC was residing. No siblings in foster care.

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

**Explain:**  
The agency offered bereavement counseling, which was refused. Mother requested that SC be cremated. The agency paid for the cremation service. The Memorial service was attended by agency staff and SC's caregivers. There was no child protective services investigation activities regarding this fatality.

**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? 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**

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



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

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 06/18/2007

Date of placement with most recent caregiver? Unknown

How did the child(ren) enter placement? Court Order

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

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



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

## Family Assessment Service Planning (FASP)

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

## Provider Oversight/Training



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|   | Yes                                 | No                       | N/A                                 | Unable to Determine                 |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| <b>Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Did the provider comply with discipline standards?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Were the foster parents receiving enhanced levels of foster care payments because of child need?</b>   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>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?</b> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Was the certification/approval for the placement current?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Was a Criminal History check conducted?<br/>Date:</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Was a check completed through the State Central Register?<br/>Date:</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>Was a check completed through the Staff Exclusion List?<br/>Date:</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**Additional information, if necessary:**  
 The existing documentation does not provide information on what were the circumstances that brought SC into care, and where he had resided prior to placement into foster care. There are inconsistencies about the date he was placed with the agency, and the date which he began residing in the OPWDD 24 hr. skilled nursing facility.

**Required Action(s)**

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

Yes    No

|                         |  |
|-------------------------|--|
| <b>Issue:</b>           | Efforts must be made to involve birth parents, including birth fathers, in the development and review of the foster child's service plan   |
| <b>Summary:</b>         | No evidence in the record that there was any diligent effort to locate, and engage the father. One of the FASPS states mother did not provide any information. However, he has been identified in case record, investigative stage.                  |
| <b>Legal Reference:</b> | 18 NYCRR430.12(c)(2)   |
| <b>Action:</b>          | Agency needs to make efforts to locate and involve the parents in the service plan of SC. ACS must submit a Corrective Action Plan within 45 days that addresses what action the agency will take to address this citation.                          |
|                         |  |
| <b>Issue:</b>           | Adequacy of case recording in FASP   |
| <b>Summary:</b>         | There was liberal visiting plan for mother to visit SC at the 24 hr. skilled nursing facility. She visited sporadically. Also, liberal visiting plan for SC's sibling (while she was still in foster care) to visit SC. No follow up was documented. |



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|                         |   |
|-------------------------|---|
| <b>Legal Reference:</b> | 18 NYCRR 428.6(a)   |
| <b>Action:</b>          | The agency needs to follow up and evaluate the visiting plan for the child with his parents, siblings and other significant family members. ACS must submit a Corrective Action Plan within 45 days that addresses what action the agency will take to address this citation.   |
| <b>Issue:</b>           | Required data and official documents  |
| <b>Summary:</b>         | There was no birth certificate in SC case record, and none had been requested.  |
| <b>Legal Reference:</b> | 428.3(b)(2)(i)  |
| <b>Action:</b>          | The agency needs to request the birth certificate. Birth certificate needs to be part of the SC record, as it provides information about the SC's parents. ACS must submit a Corrective Action Plan within 45 days that addresses what action the agency will take to address this citation.  |
| <b>Issue:</b>           | Adequacy of monitoring child/family while in foster care  |
| <b>Summary:</b>         | There was no evidence in the record, of face to face casework contacts with the mother, or attempted case work contacts with her at the case address for over a year (8/2013 to 1/2015). There were attempted phone contacts.   |
| <b>Legal Reference:</b> | 18 NYCRR 441.21   |
| <b>Action:</b>          | Casework contacts must be made with parents to encourage family support, evaluate parents'/relatives' ability to (re)establish connections/relationship with the youth and to serve as a resource to the youth where appropriate. ACS must submit a Corrective Action Plan within 45 days that addresses what action the agency will take to address this citation. |
| <b>Issue:</b>           | Timely/Adequate Case Recording/Progress Notes   |
| <b>Summary:</b>         | Some progress notes were entered 3 to 4 months after occurrence of the event.   |
| <b>Legal Reference:</b> | 18 NYCRR 428.5(a) and (c)   |
| <b>Action:</b>          | The agency needs to ensure that progress notes are made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded. ACS must submit a Corrective Action Plan within 45 days that addresses what action the agency will take to address this citation.  |
| <b>Issue:</b>           | Failure to Offer Services   |
| <b>Summary:</b>         | No discussions with the mother to identify/reach out to long term visiting resources for SC that would last beyond his transition to adult custodial care. No discussions with mother about family supports (maternal/paternal), and involvement.   |
| <b>Legal Reference:</b> | SSL 424(10); NYCRR 428.6  |
| <b>Action:</b>          | The agency needs to obtain information about family members so that appropriate family assessments can be made and necessary services can be provided to address the family's needs. ACS must submit a Corrective Action Plan within 45 days that addresses what action the agency will take to address this citation.  |



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|                         |   |
|-------------------------|---|
| <b>Issue:</b>           | Adequacy of case recording in FASP  |
| <b>Summary:</b>         | FASP documentation is vague re: family assessment and reason for case opening pertaining to SC. One FASP states both parents have been identified and located, which is inconsistent with case progress notes, and permanency hearing reports info.   |
| <b>Legal Reference:</b> | 18 NYCRR 428.6(a)   |
| <b>Action:</b>          | The agency must ensure that family assessment includes a description of legal activities and their impact on the case. The case record must provide a thorough family assessment and an account of all family and children's services delivered to children and their families. ACS must submit a Corrective Action Plan within 45 days that addresses what action the agency will take to address this citation. |
| <b>Issue:</b>           | Adequacy of case recording in FASP  |
| <b>Summary:</b>         | Most current FASP (prior to the fatality) rated the child's needs and strengths incorrectly: age appropriate development, average cognitive skills, appropriate interpersonal skills etc.   |
| <b>Legal Reference:</b> | 18 NYCRR 428.6(a)   |
| <b>Action:</b>          | The agency needs to ensure that each family assessment and service plan includes a thorough and comprehensive assessment or reassessment and analysis of the family members' strengths, needs and problems. ACS must submit a Corrective Action Plan within 45 days that addresses what action the agency will take to address this citation.   |
| <b>Issue:</b>           | Case record contains information that relevant, useful, factual and objective   |
| <b>Summary:</b>         | Incorrect information is documented in FASPS, progress notes and permanency hearing reports re: initial placement date, date agency assumed case planning, date child entered skilled 24 hr. skilled nursing facility, identifying and locating parents.  |
| <b>Legal Reference:</b> | 18 NYCRR 428.1(a) and 18 NYCRR 428.1(b)(1)  |
| <b>Action:</b>          | The agency needs to ensure that case records provide a thorough family assessment and an account of all family and children's services delivered to children and their families, and that such records contain information that is relevant, useful, and objective. ACS must submit a Corrective Action Plan within 45 days that addresses what action the agency will take to address this citation.             |

## Foster Care Placement History

SC has siblings, who were in care in the past but are no longer in care. The last sibling to leave care signed herself out in 2014. Review of case documentation does not indicate whereabouts of sibling who is over 21. SC entered foster care with Article 10 on 6-18-2007. Documentation is missing from case record as to the circumstances that led to the placement in foster care, where he was residing prior to the placement and placement setting.

## Legal History Within Three Years Prior to the Fatality

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



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

Family Court

Criminal Court

Order of Protection

| Family Court Petition Type: FCA Article 10 - CPS |   |                             |
|--|---|-----------------------------|
| Date Filed:                                      | Fact Finding Description:   | Disposition Description:    |
| 08/01/2013                                       | There was not a fact finding  | There was not a disposition |
| <b>Respondent:</b>                               | 021483 Mother Female 44 Year(s)   |                             |
| <b>Comments:</b>                                 | There are gaps in documentation regarding when the child came into care, why he came into care or where he lived before placement. The agency was requested to submit copy of the remand order, but none has been submitted. There have been permanency hearings within the three years prior to the fatality. Article 10 petition was filed 9-18-03. Permanency hearing dates within the last three years: 8-1-13, 6-17-14, 10-28-14, 3-24-15. |                             |

### 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