



Report Identification Number: NY-16-014

Prepared by: New York City Regional Office

Issue Date: 8/8/2016

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

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

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

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

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

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

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

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



Abbreviations

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	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
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



NYS Office of Children and Family Services - Child Fatality Report

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

Jurisdiction: New York
Gender: Female

Date of Death: 02/10/2016
Initial Date OCFS Notified: 02/10/2016

Presenting Information

On February 10, 2016, the New York State Office of Children and Family Services received notification via OCFS 7065 form from the foster care agency Little Flower Children and Family Services. On February 10, 2016 at approximately 10 am, Case Planner received phone call from a detective from the 105 Precinct. Case Planner was informed that at approximately 12:16 am there was a fatal hit and run car accident. The detective reported that SC's school program card was found which stated her name and school schedule. The detective informed the Case Planner that he contacted SC's high school and was given the case planner's information. Case Planner subsequently contacted the high school and confirmed that child was not in attendance. Foster Parent stated that the child called her the night before stating that she was at a friend's house. Foster Parent was unaware that child had not come home until she was informed by the Case Planner.

Executive Summary

This fatality report concerns the death of a 16-year-old female who was the victim of a hit-and-run which occurred on 2/10/16 at 12:16 a.m. The death certificate signed on 2/19/16 indicated the cause of death as Blunt Impact Injuries by Torso and the manner of death as Accident. At the time of SC's death, there was an open foster care services case with the Local District Social Services, ACS. The case was initially opened in January 2012 after a CPS investigation against BM for IG and PD/AM in regards to SC's older sibling, who was subsequently placed in care. SC was placed in care on 10/27/14 after a CPS investigation against BM for XCP, C/T/S, and IG.

On 2/10/2016, the NYS Office of Children and Family Services, NYC Regional Office (NYCRO) received notification from Little Flower Children's Services informing of SC's death. A report was made to State Central Registry about the incident by Little Flower Children Services, however it wasn't accepted.

The SC had a history of frequent absences without leave (AWOL) from her foster care placements. She had been placed in seven foster home placements including one with a Paternal Aunt. Since her placement on 10/27/14, SC was absent from her placement on five occasions, with her length of absences ranging from two days to fifty-three days. Throughout her placement the agency failed to appropriately address the underlying reasons of the SC's chronic absent behavior. It was reported on several occasions by BM that SC was sexually promiscuous and prostituting with older men. Additionally, according to the progress notes, one of her FP's expressed suspicion that "SC is selling her body" and may be a victim of sex trafficking, when SC had an unexplained large sum of money that was missing while in the FH. There is no documentation of the agency exploring with SC if she may have been a victim of sex trafficking. After a dispute with FP about the missing money, SC was admitted to the hospital for an evaluation and then transferred to a psychiatric hospital for further evaluation. Although SC never displayed any mental health issues during placement, she was admitted into a psychiatric hospital for almost two months and placed on medication. Agency documentation did not provide any clear reasoning for SC's need for a clinical evaluation and resulting extended hospitalization. Furthermore, agency failed to appropriately document SC's progress or treatment plan while hospitalized.

While referrals were made for family therapy, there is no indication that there were concerted efforts to engage birth



parents to address barriers and develop a support system that could assist in achieving permanency for SC. BF expressed an interest in planning for SC. The progress notes do not indicate that the agency continually involved him in discussions and decisions regarding SC. Likewise, there were no continued strategies to improve family engagement and enhance support.

It was reported that on the night of SC's death, FP was unaware that SC hadn't returned home. FP informed the agency that she had communicated with SC via text message at approximately 12 am on 2/10/2016, minutes before the fatal accident. FP stated that she questioned SC about her whereabouts and mentioned it was past her curfew. However, SC's absence went unnoticed by FP when she left for work the next morning. FP was informed by CP of the fatal accident while at work. FP failed to report to the agency that SC missed curfew and failed to confirm that she hadn't made it home the next morning. FP had a previous incident of failing to report that a child was missing from her home during a prior placement.

The information for this report was collected from Connections, agency records, and the death certificate.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
o 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:

Casework activity meets case circumstances.

Was the decision to close the case appropriate? N/A

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:

Not applicable.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information



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Date of Death: 02/10/2016

Time of Death: 12:16 AM

County where fatality incident occurred: QUEENS

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:

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

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	16 Year(s)
Deceased Child's Household	Foster Parent	No Role	Male	51 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	53 Year(s)

LDSS Response

The LDSS, ACS made a home visit to the FH, and also reached out to Highway patrol personnel.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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



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CPS Fatality Casework/Investigative Activities

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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

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:

None of SC's siblings were placed with her in the FH. Her siblings resided in separate FH's.

History Prior to the Fatality

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
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10/21/2014	9321 - Deceased Child, Female, 16 Years	9324 - Mother, Female, 36 Years	Choking / Twisting / Shaking	Indicated	No
	9321 - Deceased Child, Female, 16 Years	9324 - Mother, Female, 36 Years	Excessive Corporal Punishment	Indicated	
	9321 - Deceased Child, Female, 16 Years	9324 - Mother, Female, 36 Years	Inadequate Guardianship	Indicated	
	9321 - Deceased Child, Female, 16 Years	9325 - Mother's Partner, Male, 42 Years	Inadequate Guardianship	Indicated	
	9322 - Sibling, Female, 14 Years	9325 - Mother's Partner, Male, 42 Years	Inadequate Guardianship	Indicated	
	9321 - Deceased Child, Female, 16 Years	9324 - Mother, Female, 36 Years	Lacerations / Bruises / Welts	Indicated	
	9321 - Deceased Child, Female, 16 Years	9325 - Mother's Partner, Male, 42 Years	Excessive Corporal Punishment	Indicated	
	9321 - Deceased Child, Female, 16 Years	9325 - Mother's Partner, Male, 42 Years	Swelling / Dislocations / Sprains	Indicated	
	9321 - Deceased Child, Female, 16 Years	9324 - Mother, Female, 36 Years	Swelling / Dislocations / Sprains	Indicated	
	9321 - Deceased Child, Female, 16 Years	9325 - Mother's Partner, Male, 42 Years	Choking / Twisting / Shaking	Indicated	
	9321 - Deceased Child, Female, 16 Years	9325 - Mother's Partner, Male, 42 Years	Lacerations / Bruises / Welts	Indicated	

Report Summary:

The allegations were birth mother hit SC in the face and choked her. The SC sustained swelling , scratches and redness.

Determination: Indicated

Date of Determination: 12/19/2014

Basis for Determination:

BM physically disciplined SC inappropriately, causing injuries and reportedly has used this method in the past as a normal means of discipline. During the investigation it became known that there was a physical altercation between BM and her paramour. Although the children were not physically harmed, they reportedly stated feeling upset about the incident. BM denied the domestic violence incident and insisted that it was a verbal argument. There were concerns that BM could not protect the children.

OCFS Review Results:

The SC and siblings were appropriately placed in care.

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

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

A report was made to the SCR on 1/19/12 of allegations of IG, PD/AM and LS, in regards to SC older sibling. The sibling was placed in care. The younger siblings along with SC were returned to BM with ACS supervision. On 9/24/12, a report was received to the SCR of IG, AND L/B/W against SC. The findings were unsubstantiated. On 10/21/14, a report was received by the SCR of XCP, C/T/S and IG. The report stated BM hit, punched and choked SC, as a form of discipline.



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BM was arrested and charged with Assault and Endangering the Welfare of a child. On 12/16/14, the allegations were substantiated against BM. The SC and her siblings were subsequently placed in care.

Known CPS History Outside of NYS

There is 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 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: 10/27/2014

Date of placement with most recent caregiver? 10/13/2015

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

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

	Yes	No	N/A	Unable to Determine
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input type="checkbox"/>	<input checked="" 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 01/27/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 04/22/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 BF was interested in planning for SC, whom wanted to reside with him. The agency did not work with BF to address any barriers in him being a discharge resource for SC. Furthermore, SC was a chronic runaway and possibly involved in promiscuous behavior. There is no indication that the FP was appropriately trained to address SC's behavior.

Required Action(s)

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

Yes No

Issue:	Efforts must be made to involve birth parents, including birth fathers, in the development and review of the foster child's service plan
Summary:	There is no indication that there was concerted efforts to engage birth parents in achieving the permanency goal of return to parent. BF expressed interest in planning, as well SC stated an interest in residing with BF.
Legal Reference:	18 NYCRR 430.12(c)(2)
Action:	Agency must be diligent at working at achieving permanency for SC. Agency must conduct a comprehensive assessment of the needs of the child and develop a plan to effectuate the permanency goal.
Issue:	Failure to Offer Services
Summary:	There were concerns that SC was prostituting. She also frequently AWOL from her placement. There is no indication that this was appropriately addressed with SC, and appropriate services were provided.
Legal Reference:	SSL 424(10); NYCRR 428.6
Action:	Agency must have a plan in place to address a child triggers of frequent AWOL patterns. The plan must include strategies to determine whether child is involved in high-risk behaviors while on AWOL.
Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	The information in the progress notes often did not match the SC activities. The activity report stated SC



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	AWOL on 3/7/15. The progress notes was not clear if SC went missing on 3/5/15 or 3/6/15.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	Agency must ensure that there is consistency in the case recording, and it accurately reflects child's activity while in placement.
Issue:	Procedures in cases of children AWOL from foster care placement
Summary:	SC frequently AWOL from placement. there is no indication that the agency made contact with birth parents each time to determine whereabouts. In one episode, SC was AWOL for 53 days, appropriate steps were not taken to locate child.
Legal Reference:	18 NYCRR 431.8
Action:	Agency must follow appropriate protocol for notifying birth parents upon child's AWOL from placement. Additionally, there must be ongoing efforts to determine child's whereabouts.
Issue:	Adequacy of case recording in FASP
Summary:	Information in the FASP was not consistent with the case circumstances. FASP dated 8/20/15 did not provide a plan to address SC frequent AWOL and follow-up to SC hospitalization for 53 days.
Legal Reference:	18 NYCRR 428.6(a)
Action:	The agency must ensure that information in the FASP is comprehensive and reflects all of the case circumstances, and includes a service plan to address achieving permanency.
Issue:	Adequacy of Medical care of child
Summary:	In November, 2015, SC was reported to be pregnant and scheduled to have an abortion. There is no indicating that SC was examined by agency medical staff to confirm pregnancy, nor cleared by agency, once it was reported that SC had an abortion.
Legal Reference:	18 NYCRR 441.22
Action:	Agency must provide appropriate follow-up in regards to medical care for foster children, that ensures necessary care is provided, as necessary.

Foster Care Placement History

The SC was placed in foster care on 10/27/14 in a non-kinship home, on an Article 10 neglect petition. During her placement, SC was moved 8 times into 7 different foster homes. The Case Planner's progress notes reported that SC would go AWOL for no apparent reasons. She was absent from her placement on five occasions, ranging from 2 to 53 days. According to the progress notes, BM stated she suspects SC is in a gang and having sex with older men. It was also documented that a FP expressed that she believed SC was sexually promiscuous with older men. Each time the SC was absent from placement, the agency filed a missing persons report. There is no indication that her reasons for absences and whereabouts were adequately addressed with SC. During one of her placement, SC threatened the FP after SC stated that her monies were missing from the FH. The police was called, and the SC was transported to Brookdale Hospital for



observation. The next day she was transferred to Brunswick hospital for a clinical evaluation. SC remained at that hospital for 54 days. After discharge from hospital SC was placed in a non-kinship home.

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