



Report Identification Number: NY-16-060

Prepared by: New York City Regional Office

Issue Date: 2/3/2017

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	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 15 year(s)

Jurisdiction: New York
Gender: Male

Date of Death: 06/12/2016
Initial Date OCFS Notified: 06/17/2016

Presenting Information

According to information provided in the completed form OCFS 7065, the 16-year-old child was alleged to have jumped from the Wards Island Bridge into the East River at approximately 10:00 p.m. on 6/12/16. At the time of this report, SC 's body was not located.

Executive Summary

The SC male 16-year-old died on 6/12/16. The ACS case record listed the cause of death as drowning. NYCRO sent a request for ME preliminary and final autopsy report on July 5, 2016; as of 1/20/17 NYCRO has not received the report.

At the time of the SC death the family was engaging in preventive services with New York Mission Society (NYMS). New York Mission Society met five times with the family. NYMS initial visit was on 4/26/16 with the ACS CPS worker. NYMS also made collateral contact with the SC's probation officer to discuss SC's terms and conditions of probation; monitoring SC for 60 days, attend school daily, comply with school rules, obey curfew.

NYMS held an FTC conference whereby the family was in attendance. NYMS discussed a service plan and devised a plan of action outlined in CONNECTIONS. The CP and family made face to face contact with SC's school to discuss his educational needs and summer school.

The CP and CP's director met with the family on 6/13/16 to discuss SC's disappearance.

ACS submitted to NYCRO the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive cases. The SCR was not called; however LE became involved; allegedly there were two female witnesses that observed SC jump from the Wards Island Bridge into the East River. The names and identities of SC's friends were unknown. As a result of the fatality, NYMS offered the family counseling; however, the family refused services. NYMS closed the FSS stage on 09/30/16.

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



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

Explain:
The PPRS agency conducted a total of five visits and observed the SC to have no visible marks or bruises.

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Unable to Determine

Was there sufficient documentation of supervisory consultation? No

Explain:
The case was open for services during the fatality. The service case was closed after the fatality report on 9/30/16.

Required Actions Related to the Fatality

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

Issue:	Failure to Offer Services
Summary:	The preventive agency received reports of SC's alleged marijuana use, and did not make any immediate referrals to address SC's drug use. The mother also had some concerns regarding youth's mental health.
Legal Reference:	SSL 424(10); NYCRR 428.6
Action:	ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 06/12/2016 **Time of Death:** 10:00 PM

County where fatality incident occurred: New York

Was 911 or local emergency number called? Unknown

Did EMS to respond to the scene? Unknown

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

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or



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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		15 Year(s)
Deceased Child's Household	Father	No Role	Male	45 Year(s)
Deceased Child's Household	Mother	No Role	Female	41 Year(s)

LDSS Response

ACS was not involved during the child fatality. Although ACS was not involved, there was an open preventive service case through the New York City Mission Society (NYMS). NYCMS documented that the mother left a message for the CP on 6/12/16; to inform her of the disappearance of SC. On 6/13/16 CP and CP's Director conducted a home visit to the family's address to discuss the incident. During the visit the mother, notified NYCM Society that she did not know about her son's disappearance or his whereabouts. NYCM Society documented that there is suspicion that SC jumped into the East River several blocks from his house.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: There is no OCFS approved Child Fatality Review Team in the NYC region.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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"/>

Additional information, if necessary:
 NYMS spoke with the mother and the father about bereavement counseling, mental health services and 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:
 NYCM Society documented that there were no other children in the home.

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

Explain:
 The parents and caregivers were provided with burial assistance.

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?** No
- 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)	Status/Outcome	Compliance Issue(s)
03/09/2016	13313 - Deceased Child, Male, 16 Years	13311 - Mother, Female, 41 Years	Educational Neglect	Unfounded	Yes

Report Summary:

The SCR report alleged that SC was absent for 55 days and late 16 times for the 2015-2016 school year. As a result of SC's absences, SC was failing. SC had an educational plan; however, because of poor attendance SC did not receive the counseling services outlined in his educational plan. SM was made aware of the negative impact, that SC's absences had on his education. SM failed to address the issue.

Determination: Unfounded**Date of Determination:** 05/06/2016**Basis for Determination:**

ACS case 3/9/2016 involving the SC was unfounded on 5/6/2016. ACS Manager reported the allegation of EdN was unfounded because the SM had ongoing communication with the school. ACS documented that the SM was sending the SC to school; however the SC did not attend school. The SM also went to ACS Family Assessment services for assistance on 2/29/2016; SC refused to attend services. ACS also documented referral to Preventive Services which began on 4/20/16. The Case planning agency documented in the case record that the Family Services Stage was closed on September 30, 2016 and removed from PROMIS.

OCFS Review Results:

ACS did not consult Drug , Mental Consultant and Educational Policy unit, after the subject family disclosed SC allegedly had issues with marijuana, and educational absenteeism.

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

Adequacy of Child Protective Services casework contacts

Summary:

ACS was notified that SC was allegedly engaging in substance abuse. ACS did not consult with Mental Health, drug consultant. ACS documented that SF was verbally abusive towards SM. ACS did not obtain a Domestic Violence consultant.

Legal Reference:

432.2(b)(4)(vi)

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Issue:

Timely/Adequate Seven Day Assessment

Summary:

During the seven day safety assessment ACS documented that SC was hit by a car while on his way to the store. ACS documented Safety decision 2 instead of Safety Decision 3. SM was unable to control child's behavior leading to SC getting hit by the car. A controlling intervention and or safety plan such as court ordered supervision could have been implemented.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)



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Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/15/2014	13332 - Deceased Child, Male, 14 Years	13333 - Mother, Female, 40 Years	Inadequate Guardianship	Unfounded	Yes
	13332 - Deceased Child, Male, 14 Years	13333 - Mother, Female, 40 Years	Emotional Neglect	Unfounded	

Report Summary:

The SCR report alleged that SM was aware that SC failed most of his subjects as a result of missing 31 days of school. SC had an educational plan and missed additional services as a result. The role of the SF is unknown.

Determination: Unfounded**Date of Determination:** 02/12/2015**Basis for Determination:**

ACS documented the allegations of EdN and IG as unfounded. ACS learned that the SM and SF knew the whereabouts of SC. ACS found that the SM did not exploit the SC or make demands on the SC beyond the SC's ability. ACS also learned that the SM was sending the SC to school in the morning but the child did not attend classes. ACS documented that the SM, attended school meetings necessary for the SC's educational needs. ACS also documented that SM drove the SC to school when she could.

OCFS Review Results:

ACS did not schedule a meeting with the Department of Education to address the immediate concerns. ACS did not consult mental health, or SC's primary care physician.

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

Issue:

Adequacy of Child Protective Services casework contacts

Summary:

ACS did not schedule a meeting with the Department of Education to address the immediate concerns. ACS did not consult mental health, or SC's primary care physician.

Legal Reference:

432.2(b)(4)(vi)

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/12/2014	13323 - Deceased Child, Male, 13 Years	13322 - Father, Male, 46 Years	Educational Neglect	Unfounded	Yes
	13323 - Deceased Child, Male, 13 Years	13321 - Mother, Female, 40 Years	Educational Neglect	Unfounded	

Report Summary:



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The SCR report alleged that SM and SF are aware that SC has 85 absences for the 2014 school year. SM and SF have not addressed the situation, which resulted in SC failing his classes.

Determination: Unfounded

Date of Determination: 06/23/2014

Basis for Determination:

ACS documented the allegation of EdN was unfounded because of insufficient evidence. ACS documented unsuccessful attempts to locate family.

OCFS Review Results:

ACS documented contact with DHS, Investigative Consultant, Virginia DHS and visited several reported addresses. ACS did not however, contact BF or MGM; ACS failed to visit their addresses. ACS did not contact the SC's primary care physician or the Emergency contact on file at SC's school.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

ACS documented that they were not able to locate the family. ACS did not document casework contacts to MGM or BF. ACS did not review prior history casework contacts to locate family.

Legal Reference:

432.1 (o)

Action:

ACS must submit a corrective action plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

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

The BM was known to SCR and ACS in 12 reports three years prior to the fatality; 5/6/10, 3/25/08, 7/8/08, (7/25/08, 8/7/08, and 9/4/08 subsequent cases), 10/2/07, 10/18/06, 5/1/06, 10/30/01, 3/9/99, and 1/28/91. The BM was listed as a confirmed subject in 9 of the total 12 reports. These reports were dated 5/6/10, 3/25/08, 7/8/08, (7/25/08, 8/7/08, and 9/4/08 subsequent cases) and 10/30/01, 3/9/99. The BF was listed as a confirmed subject in the 10/18/06 report. The 12 reports included the allegations of IG, PD/AM, CD/A, L/B/W, EdN, IF/C/S, LS pertaining to the deceased child and his now adult siblings. The allegations of CD/A, IG, PD/AM, and EDN were substantiated. Allegations of LS, IF/C/S and LBW were unsubstantiated. ACS indicated the reports; closed the investigation stage and opened the FSS stage for PPRS services.

The BM was also known to ACS as an abused child, in a report dated 1/28/91 (allegations of EdN, and sexual abuse). The case was unfounded against MGM.

Known CPS History Outside of NYS

According to ACS database there appears to be no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes



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Date the preventive services case was opened: 04/26/2016

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 04/26/2016

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
Was the FASP consistent with the case circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The subject family was referred to the NYC Mission Society for PPRS services on 4/20/16. CP services with the PPRS agency began on 4/26/16.



Required Action(s)

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

Yes No

Preventive Services History

The family has been receiving PPRS services since 12-27-06 through Northside Center for Case planning, Domestic Violence, Anger management, Mentoring, Counseling and Parenting skills. LDSS staff documented that the deceased child’s adult sibling received treatment services at Phoenix House. Northside Center transferred the family to the Harlem Children’s Zone Family Support Center on 8-16-07. LDSS documented a referral to the Family Preservation Program on 4/7/08 (FPP Services included educational monitoring, after school program, and GED referrals). The family was referred to the Family Services Unit on 6/13/08 (services included supervision for six months).

ACS documented that the subject family engaged in Preventive services on 4/26/16 through NYC Mission Society Family Support Center. SC was also enrolled in the Summer Youth Employment Program. The Case planning agency documented in the case record that the Family Services Stage was closed on September 30, 2016 . ACS also documented that the SC was monitored by probation during the 3/9/2016 investigation.

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement 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.

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

Additional Local District Comments

The preventive agency should make all needed referrals, based on CPS investigation as well as their preliminary assessment and information.

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



Explain: The preventive agency received reports of SC's alleged marijuana use, and did not make any immediate referrals to address SC's drug use. The mother also had some concerns regarding youth's mental health.