



**Report Identification Number: NY-22-006**

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

**Issue Date: Jul 05, 2022**

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

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

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

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

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

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

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

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



## Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

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

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 09/30/2021  
**Initial Date OCFS Notified:** 02/02/2022

## Presenting Information

According to the OCFS 7065 form, the SC was shot in front of a grocery store in the borough where he resided. Two unknown males exited a vehicle, approached the SC and another individual, and opened fire on 9/29/21. The SC was taken to the hospital where he underwent surgery but eventually succumbed to his injuries.

## Executive Summary

This fatality report concerns the death of a 16-year-old male subject child. The autopsy report listed the cause of death as gunshot wounds of neck and head, torso, and right thigh. The manner of death was listed as homicide – shot by other person(s).

At the time of the incident, the subject child was living with his MGM on trial discharge and on aftercare from his Juvenile Justice placement. A 4-yo surviving sibling was in kinship foster care with a maternal aunt.

According to case documentation, on 9/29/21 the subject child skipped school to help a friend. At about 12:50 PM, the subject child was in front of a grocery store when two unknown men exited a vehicle, approached the subject child, and opened fire. The subject child was shot multiple times and was taken to the hospital for gunshot wounds to his chest and head. The subject child underwent surgery but died on 9/30/21. A police investigation ensued and on 10/16/21 a 21-yo man was arrested and faced charges of Murder, Attempted Murder, Assault, and other charges related to possession of weapons and firearms.

The family was engaged in Multi-Systemic Therapy – Family Integrated Transition (MST -FIT) services which continued after the death of the subject child. The family was also offered bereavement counseling and assistance with burial and funeral arrangements. The services agency closed their case on 10/22/21.

## 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 N/A as well as any others identified in the course of the investigation?**
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

**Explain:**

There was no SCR report related to the SC's death; therefore, there was no CPS investigation.

**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:**

The level of case activities was commensurate with case circumstances.

**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:** 09/30/2021

**Time of Death:** 03:34 AM

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

09/29/2021

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

12:49 PM

**County where fatality incident occurred:**

Bronx

**Was 911 or local emergency number called?**

Unknown

**Did EMS respond to the scene?**

Unknown

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

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 circumstances

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

**Children ages 0-18:** 1

**Adults:** 0

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child		Male	16 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	54 Year(s)



### LDSS Response

The case documentation reflected that upon receipt of the information regarding the subject child's death, the agency contacted law enforcement and the subject child's parents to obtain information regarding the circumstances.

Law enforcement indicated the subject child was standing in front of a store in his neighborhood when two unknown assailants exited a vehicle and opened fire on him and an adult male who was in the vicinity. The subject child was shot in his head and torso. He was taken to the hospital where he underwent surgery. The next day, the subject child died.

The service provider contacted the family and offered bereavement counseling and assistance with funeral arrangements. Agency staff also attended the subject child's funeral.

On 10/16/21, law enforcement arrested an adult male in connection with the subject child's death.

On 10/22/21, the agency closed the services case.

### Official Manner and Cause of Death

**Official Manner:** Homicide

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality referred to 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
<b>All children observed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public or Private Child Care	<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"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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### 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:**  
There were no surviving siblings or other children in the MGM's home. The surviving sibling resided in kinship care with a maternal aunt. The sibling was assessed as being safe in the care of the aunt.

### History Prior to the Fatality

#### Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was the child ever placed outside of the home prior to the death?	Yes
Were there any siblings ever placed outside of the home prior to this child's death?	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)	Allegation Outcome	Compliance Issue(s)
10/07/2020	Sibling, Female, 4 Years	Father, Male, 48 Years	Sexual Abuse	Substantiated	No

**Report Summary:**  
The SCR report alleged the father sexually abused his 4-yo child by putting his fingers in her vagina repeatedly. The father's 2-yo child and that child's mother were asleep during the incident and had unknown roles. The 4-yo's grandmother and her mother, also had unknown roles.

**Report Determination:** Indicated **Date of Determination:** 12/24/2020

**Basis for Determination:**  
ACS substantiated the allegation of SxAb against the father on the basis that a forensic interview was conducted and the child made a disclosure of the abuse.

**OCFS Review Results:**  
ACS initiated the investigation in a timely manner and provided the appropriate notices. The child was remanded and placed into kinship care with an aunt. An Article 10 was filed against the father and his other daughter was released to her bio-mother. The case remained open in the FSU.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/17/2019	Sibling, Female, 2 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 2 Years	Mother, Female, 35 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Substantiated	



Deceased Child, Male, 14 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated
Deceased Child, Male, 14 Years	Mother, Female, 35 Years	Lack of Supervision	Substantiated
Deceased Child, Male, 14 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Substantiated

**Report Summary:**

The SCR report alleged the mother abused drugs and alcohol and failed to make an adequate plan for the care of the 14-yo and 2-yo children. The report alleged the 14-yo required a higher level of supervision as he had a criminal history and had recently returned home from placement. Despite this, the mother left the 14-yo unsupervised and hungry. The mother made a plan for the 2-yo but failed to return for the child. The mother's whereabouts were unknown. The report further alleged in the past the mother left drugs accessible to the 2-yo and at least one occasion the 2-yo had particles of crushed pills around her nose.

**Report Determination:** Indicated **Date of Determination:** 08/16/2019

**Basis for Determination:**

ACS substantiated the allegations of the report on the basis of some credible evidence. ACS staff observed the mother intoxicated at an unannounced home assessment. Also, ACS learned the mother had left the 2-yo child in the home unsupervised, the electricity was turned off, and she failed to provide adequate supervision of the 14-yo child who committed a crime and was arrested.

**OCFS Review Results:**

The Specialist gathered sufficient information to make a determination for all allegations including those on the intake report in the course of the investigation. The determination made by CPS to indicate the report was appropriate. The safety decision recorded on the safety assessment at the time of the determination was appropriate and commensurate with case circumstances.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/25/2019	Sibling, Female, 2 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated	No
	Deceased Child, Male, 13 Years	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

The SCR report alleged on 3/23/2019, the 13-yo had to care for the mother due to her intoxication from the previous night. The report also alleged that during unknown dates, the mother had been intoxicated from her alcohol use while caring for the 2-yo child. Further details for these instances were unknown and the mother's drinking was an ongoing concern.

**Report Determination:** Indicated **Date of Determination:** 04/14/2019

**Basis for Determination:**

ACS substantiated the allegations on the basis of some credible evidence as the investigation revealed the mother left the 2-yo sleeping in the apartment to go shopping for food, and the mother was observed to be intoxicated.

**OCFS Review Results:**

ACS initiated the investigation in a timely manner and made the appropriate collateral contacts which included contact with neighbors and family members. The information was incorporated into ACS' assessment of the family and services.



# Child Fatality Report

There was evidence of supervisory involvement throughout the the investigation. ACS filed the case in court and the family was referred for court ordered services.

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

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

There were several CPS investigations that occurred more than three years before the fatality that involved the SC and/or the SS, and BM. Reports dated 2006, 2007, 2016 and 2017 were indicated for allegations of PD/AM, LS, and IG of the subject child by the mother.

### Known CPS History Outside of NYS

There was 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

Date the preventive services case was opened: 06/23/2009

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: 06/23/2009

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

### Services Provided



	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Additional information, if necessary:</b> Services were provided through a contracted provider agency.				

### Preventive Services History

The SC was provided with preventive services from from 8/20/20 through 12/1/20. Preventive services were provided because the SC and SS lived with the BM at the time. The BM struggled with MH and PD/AM; the SC was not enrolled in school and also had concerns related to drug use. The preventive services case was closed when the SC was re-arrested and had an 18-month docket. The SS was also transferred to the MA due to the BM's lack of compliance with engaging in COS.

### 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:



Date of placement with most recent caregiver?

12/20/2019

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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Casework Contacts**

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Provider Oversight/Training**

	Yes	No	N/A	Unable to Determine



<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 checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Did the provider comply with discipline standards?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was the certification/approval for the placement current?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was a Criminal History check conducted?</b> Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was a check completed through the State Central Register?</b> Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was a check completed through the Staff Exclusion List?</b> Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> The foster care (after care) case was closed upon the death of the child.				

### Foster Care Placement History

The SC was initially removed from the BM's home in 2009 due to allegations of LBW. The family had an extensive CPS history, which started in 2006. The SC also had physical altercations with the BM in 2014 and 2017. The SC was placed on probation due to credit card theft in 2018. The SC was originally placed in non-kinship foster care on 9/25/18 on a 12 month docket due to an assault charge. The SC was returned to his BM on 6/11/19 to start aftercare services. The SC and SS were then transferred to the MGM on 9/25/19, but due to the SC's behaviors in the community, an extension of placement was granted and the SC was placed in non-secure foster care placement on 10/29/19. The SC's juvenile delinquent docket expired on 3/1/20; however, the SC and SS remained in FC with his MGM due to an open Article 10 Neglect Petition against the BM. On 11/6/20, the SC was placed in care again for 18 months due to two weapons charges against him. Due to time served in detention, his adjusted expiration date was 5/5/22. The SC excelled in the program and was on the honor roll in school before being released to his MGM on an extended home pass on 6/25/21.

### 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