



Report Identification Number: SY-20-058

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

Issue Date: Jun 08, 2021

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: 17 year(s)

Jurisdiction: Oneida
Gender: Male

Date of Death: 12/14/2020
Initial Date OCFS Notified: 12/15/2020

Presenting Information

Oneida County Department of Social Services (OCDSS) became aware of the death of the 17-year-old subject child (SC) which occurred on 12/14/2021. The child had been absent without leave (AWOL) from his foster care trial discharge placement for three months. OCDSS informed OCFS of the child’s death on the same date through an OCFS 7065 Agency Reporting Form. The child was shot while walking on a street. The criminal investigation had just begun when OCDSS became aware of the child’s death and further details were not known.

Executive Summary

This report concerns the death of a 17-year-old foster child which occurred while the child was absent without leave from his trial discharge home to the care of his adult sibling. The child was the victim of a homicide which occurred while he was walking down the street. OCDSS became aware of the child’s death and notified OCFS on the same date.

OCDSS was able to obtain few details from law enforcement as they were actively investigating the child’s death and wanted to divulge as few details as possible. Law enforcement disclosed to OCDSS that the medical examiner ruled the manner of death to be a homicide and the cause of death to be multiple gunshot wounds. Two arrests were made by law enforcement and they reported the case was ongoing and other arrests could be made.

OCDSS attempted familial interviews with minimal cooperation from the family. Few details of the child’s death were disclosed to OCDSS by the family and all services offered were declined. OCDSS learned that the child may have been with his mother when a verbal altercation occurred resulting in the child being shot by unknown assailants.

OCDSS met regulatory requirements in their attempts to gather information on the death of the child. The mother and adult siblings were minimally cooperative with OCDSS involvement and limited details of the criminal investigation were disclosed by law enforcement. OCDSS determined that the child’s death was not the result of abuse or neglect by any person legally responsible for the child. The case remained open at the time this report was written and OCDSS continued to gather information on the child’s death.

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:

OCDSS responded to the death of the SC and gathered information on his death in accordance with regulatory requirements.

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 long term case remained open at the time this report was written as OCDSS continued to gather information related to the child's death.

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: 12/14/2020

Time of Death: Unknown

Time of fatal incident, if different than time of death: 12:00 AM

County where fatality incident occurred: Oneida

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS 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:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: Walking | | |

Did child have supervision at time of incident leading to death? No - but needed

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Absent |
| <input type="checkbox"/> Asleep | <input checked="" type="checkbox"/> Other: N/A |

Total number of deaths at incident event:

Children ages 0-18: 1



Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	17 Year(s)
Deceased Child's Household	Mother	No Role	Female	41 Year(s)

LDSS Response

OCDSS was informed of the death of the SC and initiated their investigation into the incident. The SC was a foster child who was placed on a trial discharge with his female adult sibling (FAS) in June 2020. It was reported things were going well until August 2020, when there were new juvenile delinquent charges filed against the SC for breaking into vehicles and a warrant was issued for his arrest. The FAS and BM identified to OCDSS at that time that they had wanted him returned to a higher level of care and reported that he was absent without leave from the FAS's home. OCDSS returned to family court in September 2020 and sought to terminate their involvement with the SC due to his outstanding arrest warrant and juvenile delinquent placement upon his arrest. Court was adjourned to November 2020, at which time the SC and family failed to appear, delaying court proceedings further. OCDSS returned to family court following the SC's death and informed the court of his passing. Family court orders were terminated at that appearance due to the SC's death.

OCDSS attempted to reach multiple family members to ascertain what had occurred and assess the safety of minor children in the family composition. The BM had another minor child in the care of a relative who was assessed as safe in their care and there was a minor child assessed as safe in the care of the female adult sibling (FAS). OCDSS attempted to interview the BM and FAS about the incident and they would provide no details about the death of the SC. OCDSS provided the family members with information for bereavement services available to the family and the services were declined. The BM cited wanting nothing to do with OCDSS.

OCDSS was able to contact a male adult sibling (MAS) and were able to obtain information on the SC's death from him. The MAS identified that the story he had been told had changed multiple times, but from what he could gather, the SC was walking down the street with the BM when a group of people approached. Some sort of verbal altercation occurred which escalated to a physical altercation in which the SC was shot. The MAS believed that the SC engaged in illegal activities and that his death could have been related. Bereavement services were offered to the MAS and declined.

OCDSS spoke with LE in April 2021 and were informed that the ME ruled the cause of death to be multiple gunshot wounds and the manner of death to be homicide. LE would not disclose details of the criminal investigation, and informed OCDSS that arrests of 2 suspects had been made.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: Oneida County has an OCFS approved child fatality review team.



CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input checked="" 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<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:

The family declined services offered by OCDSS on behalf of children identified in the family composition.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The mother and adult siblings declined services that were offered by OCDSS.

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)
04/24/2019	Sibling, Female, 8 Years	Mother, Female, 40 Years	Other	Unsubstantiated	Yes
	Sibling, Male, 8 Years	Mother, Female, 40 Years	Other	Unsubstantiated	



Sibling, Female, 8 Years	Other Adult - BF to twin SSs, Male, 39 Years	Other	Unsubstantiated
Sibling, Male, 8 Years	Other Adult - BF to twin SSs, Male, 39 Years	Other	Unsubstantiated

Report Summary:

The SCR report was a court ordered investigation in which the biological father of the surviving sibling claimed there was domestic violence between he and the mother when exchanging the children for visitation.

Report Determination: Unfounded**Date of Determination:** 11/04/2019**Basis for Determination:**

OCDSS met with family contacts and gathered information from collateral contacts to make a determination of the allegations. Through the investigation it was determined that a physical altercation did occur between the adults and that the children were not present at the time of the altercation. The allegations were unsubstantiated and the investigation was closed. The family had been previously involved in an open services case and there were no immediate safety concerns identified for the children.

OCFS Review Results:

OCDSS conducted their investigation in accordance with regulatory requirements and made a determination of the allegations based on the evidence gathered. The investigation was open for 194 days, 134 days past due. There was no documentation in the case record to identify why the case remained open concurrently with the long term services case.

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

Issue:

Timeliness of Determination

Summary:

The child protective service has the sole responsibility for making a determination within 60 days after receiving the report as to whether there is some credible evidence of child abuse and/or maltreatment so as either to “indicate” or “unfound” a report of child abuse and/or maltreatment. The investigation was closed on 11/4/2019, 134 days past due.

Legal Reference:

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

Action:

OCDSS will make a determination of either “indicated” or “unfounded” within 60 days after receiving the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/26/2018	Sibling, Female, 14 Years	Mother, Female, 38 Years	Educational Neglect	Unsubstantiated	Yes
	Deceased Child, Male, 15 Years	Mother, Female, 38 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Deceased Child, Male, 15 Years	Mother, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 15 Years	Mother, Female, 38 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

The report alleged that the 14-year-old SS had missed 10 of 14 days of school and was in danger of failing classes as a result. A subsequent report was received with concerns that the SC was using drugs, and not being properly supervised by the BM.

Report Determination: Unfounded**Date of Determination:** 11/04/2019

**Basis for Determination:**

OCDSS met with family and collateral contacts to gather information to make a determination of the allegations. The SS had attendance issues throughout the school year, although she passed all classes and advanced to the next grade. The SC was involved with probation and was on an ankle monitor during the investigation. In October 2019, the SC was placed in a residential facility.

OCFS Review Results:

OCDSS conducted their investigation in compliance with regulatory requirements and made a determination of the allegations in accordance with evidence gathered. The investigation was open for 404 days, 344 days past due.

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

Issue:

Timeliness of Determination

Summary:

The child protective service has the sole responsibility for making a determination within 60 days after receiving the report as to whether there is some credible evidence of child abuse and/or maltreatment so as either to “indicate” or “unfounded” a report of child abuse and/or maltreatment. The investigation was open for 404 days, 344 days past due.

Legal Reference:

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

Action:

OCDSS will make a determination of either “indicated” or “unfounded” within 60 days after receiving the report.

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

There was CPS history dating back to 2010 with the BM as a subject. The history includes unfounded reports of domestic violence, educational neglect, sexual abuse and unstable housing. There was substantiated history for domestic violence and a history of prevention services. The SC was placed in a residential facility multiple times in relation to behavioral issues in the home and juvenile delinquent behaviors in the community.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foster Care at the Time of the Fatality



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

Date deceased child(ren) was placed in care:

Date of placement with most recent caregiver?

06/22/2020

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the agency comply with Absent without Consent regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

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

Provider Oversight/Training



Child Fatality Report

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: The SC was AWOL from his trial discharge at the time of his death.				

Foster Care Placement History

The SC was in Article 3 custody of OCDSS and had been placed in a residential facility as a result of his juvenile delinquent activity. The SC was on a trial discharge to the care of his adult sibling at the time of his death.

Legal History Within Three Years Prior to the Fatality

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

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 3 - JD		
Date Filed:	Fact Finding Description:	Disposition Description:
12/20/2019	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	The SC was placed in a congregate care facility until being released on a trial discharge to the care of his adult sibling in June 2020. The SC was AWOL from his sibling's care at the time of his death.	

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No



Are there any recommended prevention activities resulting from the review? Yes No