



Report Identification Number: NY-17-036

Prepared by: New York City Regional Office

Issue Date: Oct 10, 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	PS-Parent Sub
CH/CHN-Child/Children		
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-Cardiopulmonary 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-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



Case Information

Report Type: Child Deceased
Age: 19 year(s)

Jurisdiction: New York
Gender: Male

Date of Death: 04/11/2017
Initial Date OCFS Notified: 04/12/2017

Presenting Information

On April 11, The New York State Office of Children and Family Services received notification of the death of the nineteen-year-old SC via the OCFS 7065 from Catholic Guardian Services. The Voluntary Agency supervisor on duty received a call from the foster mother stating that the SC was shot in the park at 180th street in the Bronx was later confirmed dead at the hospital. The foster parent learned of the youth's demise via the television news broadcast which was later confirmed by the SC's surviving sibling who also resides in the foster home.

Executive Summary

This fatality report concerns a nineteen-year-old male who died on 04/11/17 from a gunshot wound in a neighborhood park by an unknown assailant. The manner of death is homicide.

On 04/12/17, OCFS received the OCFS-7065 regarding the incident. The case record revealed that on 04/11/17 at approximately 10:30PM, the foster mother made a call to the voluntary agency supervisor on call to report she learned via a news broadcast that a foster youth in her home was shot in a neighbourhood park. He was pronounced dead at the hospital.

Case documentation revealed that on 05/05/15, the youth was placed under the auspices of Catholic Guardian Services where he remained until his death. His younger sibling was placed with him in the same home in 12/16. Prior to placement at Catholic Guardian, the family was known to the child welfare system as of 6/26/13 when the guardian requested Preventive Program Services from Children's Aid Society. The case record indicated that on 12/6/13 the preventive services case was closed because of the youths' remand into foster care.

A report was registered to the SCR on 12/17/13 with allegations of Inadequate Guardianship and Lacerations, Bruises, Welts of the then 16-year-old youth and his then 14-year-old brother who had history of behavioral problems and were in placement. The report was substantiated against the legal guardian for Inadequate Guardianship based on the evidence of lacerations on both youth. The SC's sibling needed 34 stitches to close the wound on the right side of his face.

The SC was placed at the Graham Windham Residential Treatment Center on 01/04/14 from where he frequently AWOLed. On 05/05/15, he was transferred to a foster boarding home (FBH) with Catholic Guardian Services where he remained until he died on 04/11/17.

The agency contacted the family, foster parent and sibling within 24 hours of hearing of the youth's death. The case planner contacted the surviving sibling who was in the same placement as the youth to determine his safety and well-being. The case planner also contacted the family of the youth, however, they were reportedly very unfriendly towards agency personnel and did not want to openly communicate with the planner. The SS reported that he was not with his brother at the time of the shooting and had no further information to report regarding the circumstances of his brother's death. The agency offered financial support to the birth family to assist with the burial of the SC and they refused to accept the offer. Bereavement counseling was also offered to the birth family, foster parent and surviving sibling, however, they all refused the services. There is no documentation to reflect that the LDSS nor the agency conducted an overall investigation to determine the circumstances surrounding the youth's death. There was also no collateral contact with the police or the LDSS' investigative consultant team to obtain any details regarding the SC's death.



Catholic Guardian Services continues to monitor the care of the surviving sibling who is 17-years-old and whose permanency planning goal is Another Planned Permanent Living Arrangement (APPLA). The case record indicates that since his brother's death, there is an increase in his negative behavior. He has been stealing from school and his foster parent, getting into fights and not attending his Alternative to Incarceration Program which is part of his plan. The agency continues to work in conjunction with his Alternative Program to address the increased negative behaviors that have been documented since the death of his brother. Prior to the death of the SC, he was minimally engaged in services and casework contacts were not always made as required due to the youth not making himself available for visits. The SC was offered minimal supervision in the home due to his age. The SC and his surviving sibling also received minimal supervision in the home.

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

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? No

Explain:

N/A

Required Actions Related to the Fatality

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

Issue:	Overall Completeness and Adequacy of Investigation
Summary:	There is no documentation to reflect that the LDSS nor the agency conducted an overall investigation to determine the circumstances surrounding the youth's death. There was also no collateral contact with the police or the LDSS' investigative consultant team to obtain any details regarding the youth's death.
Legal Reference:	SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)
Action:	ACS must submit a PIP within 45 days that identifies the action the agency will take or has taken 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.

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 04/11/2017

Time of Death: 05:23 PM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to respond to the scene?

Yes

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

Yes

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: Unknown

Adults: Unknown

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	19 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	85 Year(s)
Deceased Child's Household	Other - Foster parent't husband	No Role	Male	82 Year(s)
Deceased Child's Household	Other Child - Foster Child	No Role	Male	21 Year(s)
Deceased Child's Household	Sibling	No Role	Male	17 Year(s)

LDSS Response

The agency became aware of the youth's death from the Foster Parent who knew of the death via information from a news broadcast. The agency reported that upon hearing the news, the FP called the program supervisor on duty in a hysterical state to report the news. The FP informed the agency that the SC left her home approximately 2PM on 04/11/17 and did not disclose where he was going. The FP also reported that she informed him that she was going to prepare one of his favorite meals for dinner at which time he informed her that he would be home around 9 or 10 PM. The FP also reported that the surviving sibling who also resides in the same home showed up around 11:00 PM. He was aware of the incident but could not provide additional information regarding his brother's death. The information regarding the SC's death was shared with ACS. There is no documentation to reflect that the LDSS investigated the circumstances surrounding the child's death. There was also no collateral contact with the police or their investigative consultant to obtain any details regarding the youth's death. The case documentation did not indicate whether there in an ongoing investigation into the SC's death. Following the death of the SC, the agency reached out to the family to provide financial supports through



Catholic Charities; however, the family was not receptive and refused to not only accept the support but did not coordinate or communicate any information regarding the funeral arrangements for the youth.

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: Hospital physician

Multidisciplinary Investigation/Review

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

N/A

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
Removal of the youth in the home was not necessary.

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



Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input 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:
 Services offered to family, sibling and caregiver and they all refused.

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? Yes

Explain:
 Bereavement and counseling services were offered to the SC's sibling and the other foster youth in the home, however, they both refused the services and that they had support from friends and family members.

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

Explain:
 Services were offered, however, the legal guardian and grandmother were very resistant to the agency and it's staff and did not accept any form of support.

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? | 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

There is no CPS investigative history in NYS within three years prior to the fatality.

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

A report was registered by the SCR on 12/17/13 with allegations of Inadequate Guardianship and Lacerations, Bruises, Welts of the then 16-year-old youth and his then 14-year-old brother. The report was investigated and was substantiated against the legal guardian for Inadequate Guardianship based on the evidence of lacerations on both youth. One youth needed 34 stitches to close the wound on the right side of his face.

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"/>

Required Action(s)

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

Yes No

Preventive Services History

The case record indicates that the family came to the attention of child welfare when a request was made for advocate only preventive services through Children’s Aid Society from 06/26/13 to 12/6/13. At the case opening, an adult sibling had custody of the SC and two surviving siblings; ages nineteen and fourteen-years-old at the time. Services were requested due to issues of truancy, poor academic performance, displaying verbal and physical aggression, smoking marijuana and disregarding house rules. The record indicated that the family was minimally engaged and was not very compliant with services. The legal guardian filed a Person In Need of Supervision (PINS) petition and the SC and his brother were remanded on 11/19/13 and paroled the following day when they appeared in the Bronx Family Court. These services ended on 12/05/13 when the SC and his brother were remanded into foster care placement.

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: 12/23/2013

Date of placement with most recent caregiver? 05/05/2015

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



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

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 01/06/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 01/12/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 01/06/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: N/A				

Required Action(s)

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

Yes No

Issue:	Adequacy of Progress Notes
Summary:	The documentation in the FASP and progress notes were not contemporaneous. The quality of the notes did not reflect the level of compliance with services and the challenges the family experienced that created barriers to goal attainment. The notes did not reflect discussions with the SC regarding concerted efforts to achieve permanency as well as well-being given the youth's disclosure to gang affiliation. There was also no documentation of supervisory/managerial oversight.
Legal Reference:	18 NYCRR 428.5
Action:	ACS must require a Program Improvement Plan (PIP) from Catholic Guardian Services that addressed the lack of quality documentation in the case notes. ACS must submit a PIP within 45 days that identifies the action the agency will take or has taken 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:	Appropriateness and adequacy of child's foster care placement
Summary:	The case notes did not clearly reflect that the youth had appropriate supervision and oversight in his foster care placement.
Legal Reference:	18 NYCRR 430.11(c) or (d)
Action:	ACS must require a Program Improvement Plan (PIP) from Catholic Guardian Services that address the appropriateness of placement of youth in their care. ACS must submit a PIP within 45 days that identifies the action the agency will take or has taken 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:	Adequacy of face-to-face contacts with the child and/or child's parents or guardians



Summary:	The case notes did not document the required frequency of monthly face-to-face contacts with the SC.
Legal Reference:	432.1 (o)
Action:	ACS must require a Program Improvement Plan (PIP) from Catholic Guardian Services that addresses the lack of required monthly face-to-face contacts for youth in their care. ACS must submit a PIP within 45 days that identifies the action the agency will take or has taken 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:	Case record contains information that relevant, useful, factual and objective
Summary:	The case record did not contain current information that indicated the natural progression of the case circumstances.
Legal Reference:	18 NYCRR 428.1(a) and 18 NYCRR 428.1(b)(1)
Action:	ACS must require a Program Improvement Plan (PIP) from Catholic Guardian Services that addresses the relevant, useful, factual and current information in the case record. ACS must submit a PIP within 45 days that identifies the action the agency will take or has taken 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.

Foster Care Placement History

On 12/20/13, the SC and his sibling were removed on an emergency basis when an Article 10 petition was filed and a remand was granted. A warrant was issued due to the youths' absconding from the Bronx Field Office. Once they were found on 12/23/13, the SC was placed at the Children's Center until appropriate placement was determined. He was later placed at the Graham Windham Residential Treatment Center (RTC) on 01/04/14 from where he frequently AWOLed. On 05/05/15, he was placed in a Foster Boarding Home (FBH) with Catholic Guardian Services where he remained until he died on 04/11/17. His Permanency Planning Goal (PPG) was Another Planner Permanent Living Arrangement (APPLA). The SC's surviving sibling was placed with him in the same home in December 2016. Prior to this, the surviving sibling was placed at another agency because he needed to complete a diagnostic assessment to determine appropriate placement. The SC and surviving sibling maintained contact through regular visitations while they lived apart. While in placement, the SC sparsely participated in Preparing Youth for Adulthood Workshops (PYA), counseling services, sporadic school attendance, mediation and mental health services. The case notes also documented that the SC was gang affiliated. Catholic Guardian Services met the regulatory standards as required for casework contacts with the birth and foster family.

The quality of the notes did not reflect the level of compliance with services and the challenges the family experienced that created some barriers to goal attainment. The notes did not reflect comprehensive discussions regarding efforts to achieve safety, permanency and well-being for the 19-year-old SC.

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



N/A

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