



**Report Identification Number: NY-18-060**

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

**Issue Date: Nov 13, 2018**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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		



## Case Information

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

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 05/13/2018  
**Initial Date OCFS Notified:** 05/14/2018

## Presenting Information

Sometime in the morning of 5/13/18, this 19-year-old female foster child was found unresponsive at a friend's home in the Bronx, after returning from celebrating her birthday with friends. The friends, who were in the home, called 911 when they realized the 19-year-old was unresponsive. EMS responded and the 19-year-old was pronounced dead at the scene.

## Executive Summary

This 19-year-old female child who was in kinship care under the auspices of New York Foundling foster care agency died on 5/13/18. The final autopsy report has not been received and the ME has not provided a preliminary cause or manner of death. The now deceased child had two young adult siblings and one half sibling (age unknown) from non-respondent father.

On 5/14/18, OCFS NYCRO received information of the child's death from the agency. The information regarding the child's death was reported to OCFS under Chapter 485 of the Laws of 2006. This was not an SCR reported fatality. OCFS was notified within 24 hours due to the child being in an open foster care case.

According to the information provided, the 19-year-old was enrolled in the College of Staten Island and was residing in a college dorm since August 2017. On 5/12/18 she went out with her friends to celebrate her birthday. She ingested a "Molly" prior to entering a club. It was not immediately known if she had ingested anything else, besides alcohol while out celebrating. After leaving the club, the group took a cab to a friend's house where they would spend the night. While in the cab, the 19-year-old began to vomit; she vomited several times, but refused to seek medical attention even when her friends suggested a visit to the hospital. She fell asleep at the friend's house and the next morning when the friends attempted to wake her she was unresponsive. The friends called 911 for emergency medical assistance. FDNY and NYPD responded to the scene. They attempted resuscitative efforts, but were unsuccessful. The 19-year-old was pronounced dead at the scene.

The agency conducted an investigation into the cause and circumstances of the death of the 19-year-old. The agency made contact with the mother foster parent, law enforcement, college, and the ME; however, not all of the details from the interviews were documented. The ME's office informed the agency that the autopsy had been completed; however, the results would not be available for at least three months.

OCFS's review reflected the investigation did not appear to extend beyond 5/14/18 as between 5/14/18 and 11/13/18 ( the completion of the OCFS' report) no new detail has been provided or documented by the agency.

### PIP Requirement

A PIP is required to address regulatory requirements regarding case work contacts.

## 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? Yes, signature or initials recorded (other than on FASP).

**Explain:**

This was not an SCR report. No allegations of abuse. Autopsy report is pending. The case is not closed.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Overall Completeness and Adequacy of Investigation
<b>Summary:</b>	The agency did not conduct a thorough investigation of the death of the 19-year-old foster child. Relevant collaterals such as first responders and medical personnel were not contacted.
<b>Legal Reference:</b>	SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)
<b>Action:</b>	ACS must request and submit a Performance Improvement Plan from the agency to address the above citation. This must be submitted to OCFS within 45 days of the receipt of the report.

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 05/13/2018

Time of Death: Unknown

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

County where fatality incident occurred: Bronx

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? Yes

Child's activity at time of incident:



- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**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:** 0

**Adults:** 1

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	19 Year(s)
Deceased Child's Household	Foster Parent	No Role	Female	78 Year(s)

**LDSS Response**

On 5/14/18, NYCRO received information of the child’s death from NY Foundling agency as the 19-year-old was receiving foster care services since 2012. The information regarding the child’s death was reported to OCFS under Chapter 485 of the Laws of 2006. The SCR was not informed of the death of the child.

According to the information received, in the morning of 5/13/18 the 19-year-old child was found unresponsive and was subsequently pronounced dead at the scene. Details regarding where the 19 year old was found were not documented in the record.

The agency learned from the police that on 5/12/18 while out at a club for her birthday celebration, the 19-year-old was drinking heavily and took a “Molly” (ecstasy in powder or crystallized (capsule) form). After leaving the club and travelling in a cab with friends to a friend’s house for the night, she began to vomit heavily. She refused assistance when the friends asked if she wanted to go to the hospital for medical attention. NYPD officers reported they had responded to the 911 call (no time frames provided). The officers provided information related to the club where the 19-year-old had been celebrating her birthday, and where she had stayed in the Bronx. Additionally, the officers reported the 19-year-old had been carrying an identification card with another name. The officers confirmed the 19-year-old's friends had called 911 and that EMS and NYPD responded to the home. At the time of the contact, the NYPD officers could not confirm if the child had died from an overdose. The documentation did not provide time frames for these events and there was no documentation of any contact with EMS or the hospital where the child's body was taken.

The foster care agency contacted the foster mother regarding the death of the 19-year-old. The information provided by the foster mother was consistent with the information provided by law enforcement. The foster mother said she was informed of the 19-year-old's passing by the police when they came to her home.

The agency learned the NY Foundling’s Dorm Project staff were notified the evening of 5/13/18 when the birth father arrived at the dorm at the College of Staten Island where she was enrolled as a student. The father spoke to the College Success Coach as well as to the other youth residing in the dorm about the 19-year-old's death, but did not provide any new information. Dorm staff contacted the agency to notify them of the 19-year-old's death.



On 5/14/18, the agency contacted the ME and learned the autopsy was completed; however, the report would not be available for at least eight weeks to three months.

The case documentation reflected on 5/14/18 the agency staff spoke with the mother. Nothing substantive was documented regarding the conversation with the mother, and there was no documentation of a contact with the father.

As of the writing of this report, the autopsy report has not been received.

The Family Services Stage remains open.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

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

### Multidisciplinary Investigation/Review

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

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

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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"/>

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 other children under the age of 18 in the home.

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

Explain:

Bereavement counseling was offered to the family.

## History Prior to the Fatality



### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? Yes
- Were there any siblings ever placed outside of the home prior to this child's death? No
- 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

The family was known to the SCR and ACS in an intake registered on 1/10/11, and closed 3/9/11. The allegations of the report were unsubstantiated and the report Unfounded. The family participated in services from 2/4/11 until 12/15/11. The family was also known in a second report registered on 1/29/12. The report was indicated on 5/7/12 against the mother. This resulted in the deceased child's placement. An FSS was opened on 1/30/12 and remains open despite the death of the child who was the only child receiving services.

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The FASP was almost 60 days late.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: 01/31/2012
- Date of placement with most recent caregiver? 01/31/2012
- 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a Criminal History check conducted? Date: 03/05/2012	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date: 03/05/2012	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date: 03/07/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> There was no need for preventive care services.				

**Required Action(s)**

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

Yes  No

<b>Issue:</b>	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
<b>Summary:</b>	Casework contacts with the now deceased child were not sufficient to adequately address the relationship between her and her parents. Case documentation for the period of time she was in care shows there was one casework contact about the parents.
<b>Legal Reference:</b>	18 NYCRR 432.1 (b)(3)(ii)(a)
<b>Action:</b>	Casework contacts with the youth should include discussions pertaining to family engagement and family that might be of support in their service plan or permanency goal.
<b>Issue:</b>	Adequacy of case recording in FASP
<b>Summary:</b>	Documentation in the FASP pertaining to the youth and mother contact is inconsistent with documentation about this in the FAD covering the same period.
<b>Legal Reference:</b>	18 NYCRR 428.6(a)
<b>Action:</b>	FASP documentation should be consistent with case circumstances.
<b>Issue:</b>	Efforts must be made to involve birth parents, including birth fathers, in the development and review of the foster child's service plan
<b>Summary:</b>	The deceased child provided information on where the father resides, according to the FASP. The FAD indicated that the deceased child had a relationship and contact with the mother. There was no casework contacts with the mother or father.
<b>Legal Reference:</b>	18 NYCRR 430.12(c)(2)
<b>Action:</b>	Diligent efforts must be made to locate and involve the birth parents.



<b>Issue:</b>	Adequacy of Progress Notes
<b>Summary:</b>	Some progress notes content was not consistent with the header for that note. For example, "family participant" for a casework contact content, was not part of the casework contact.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	Progress notes should be entered contemporaneously. Progress notes headers should accurately reflect the type of content and participants involved in the casework contact.
<b>Issue:</b>	Timeliness of completion of FASP
<b>Summary:</b>	FASP 4-20-18 was completed after the due date 2-28-18.
<b>Legal Reference:</b>	18 NYCRR428.3(f)
<b>Action:</b>	FASPs should be completed timely.

### Foster Care Placement History

The child was remanded 1/31/12, when her younger sibling died due to methadone poisoning. She was placed with New York Foundling's foster care agency. She was placed in the kinship foster home of her maternal grandmother. She remained at that placement until 2017 when she went to college and moved to the college dorm. Foster care services were provided to address her needs. The now deceased child was out celebrating her birthday with friends on 5/12/18 when the incident resulting in her death occurred. There are no siblings in care.

### 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  Yes  No

### 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