



## Report Identification Number: SV-21-010

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

Issue Date: Aug 24, 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:** Nassau  
**Gender:** Male

**Date of Death:** 02/13/2021,estimated  
**Initial Date OCFS Notified:** 03/02/2021

## Presenting Information

The 17-year-old child (SC) had been AWOL from placement since 6/1/2019. The child was a destitute child in the care and custody of Nassau County Department of Social Services. A body was found in Suffolk County in January 2021 and confirmed to be the child through DNA testing on 2/13/2021. Nassau County Department of Social Services (NCDSS) was informed of the positive identification of the child and notified OCFS through an Agency Reporting Form on 3/2/2021.

## Executive Summary

This report concerns the death of the 17-year-old subject child which occurred while AWOL from residential placement. The child was a destitute child in the care and custody of NCDSS.

The child went AWOL from placement on 6/1/2019 and had not had any contact with NCDSS or law enforcement since that date. In January 2021, skeletal remains were found in Suffolk County, NY and confirmed through DNA testing to be the subject child's. NCDSS was informed by law enforcement that the remains were confirmed to be the child on 2/13/2021.

NCDSS obtained no further information on the death of the child from law enforcement or the medical examiner. NCDSS made phone contact with the paternal aunt to connect her to the appropriate authorities to arrange the child's funeral services.

## 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

### Explain:

NCDSS was informed by LE that the remains found were that of the SC. NCDSS then closed their case. No further details of the SC's death were obtained by NCDSS.

**Was the decision to close the case appropriate?** Yes



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:**  
There were no surviving siblings or adult family members to offer services to. No details on the circumstances of the SC's death were obtained by NCDSS prior to closing the foster care stage. The case record has documentation of supervisory consultation in the long term case; however, not since 10/21/2020.

### 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: 02/13/2021 Date Estimated Time of Death: Unknown

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

County where fatality incident occurred: Suffolk

Was 911 or local emergency number called? Unknown

Did EMS respond to the scene? Unknown

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

Child's activity at time of incident:

- Sleeping  Working  Driving / Vehicle occupant
- Playing  Eating  Unknown
- Other

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

At time of incident was supervisor impaired? Unknown if they were impaired.

At time of incident supervisor was:

- Distracted  Absent
- Asleep  Other: Unknown

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)
Other Household 1	Institutional Staff	No Role	Female	40 Year(s)



### LDSS Response

On 2/13/2021, NCDSS was informed by law enforcement that skeletal remains found in January 2021 were confirmed to be the SC. The SC was a destitute child in the care and custody of NCDSS and had been placed in a residential facility. The SC went AWOL from the placement on 6/1/2019 and had been missing since.

The SC had a history of going AWOL from placement, being aggressive towards staff and peers, and had possible gang affiliations. The SC had been found in California during a previous AWOL from placement and informed the paternal aunt (PA) that someone had wanted to kill him. Arrangements were made for the SC to return to NY and his residential placement. The SC then went AWOL again a few days later, not to be seen again.

During the SC's AWOL from placement, NCDSS maintained contact with the PA asking for updates on any communication with the SC. The PA denied any contact with the SC. NCDSS attended court appearances to ensure the SC's arrest warrant remained current in case he was located by the police. The SC's body was able to be confirmed through DNA testing of his son, born to his former girlfriend. Following the confirmation of the identity of the remains, NCDSS closed their foster care case. No information on how the SC died, cause of death, or additional information from LE was obtained by NCDSS prior to closing their case.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Unknown

### Multidisciplinary Investigation/Review

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

**Comments:** Nassau 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input 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"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

There were no surviving family members to which NCDSS was required to offer services.



## 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?** N/A  
**Was the child acutely ill during the two weeks before death?** No

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/03/2018	Deceased Child, Male, 15 Years	Aunt/Uncle, Female, 35 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Deceased Child, Male, 15 Years	Aunt/Uncle, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 15 Years	Aunt/Uncle, Female, 35 Years	Lacerations / Bruises / Welts	Unsubstantiated	

### Report Summary:

The SCR report alleged a physical incident had occurred between the PA and SC in which the SC was scratched by the PA. The incident occurred in April 2018 and had been previously reported to the SCR.

**Report Determination:** Unfounded

**Date of Determination:** 11/01/2018

### Basis for Determination:

NCDSS spoke with the SC and attempted to interview the PA by phone. The PA had moved out of state and did not return the attempts made by NCDSS to contact her. The allegations had previously been investigated and were substantiated at the time the incident occurred. The SC was placed in foster care during that investigation due to the PA moving out of state without a plan for the SC's care.

### OCFS Review Results:

NCDSS made multiple unsuccessful attempts to reach the PA to discuss the allegations. The health and safety of the SC was confirmed through his placement in foster care. NCDSS closed the investigation and the SC remained in foster care.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/04/2018	Deceased Child, Male, 14 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 14 Years	Aunt/Uncle, Female, 35 Years	Childs Drug / Alcohol Use	Substantiated	
	Deceased Child, Male, 14 Years	Aunt/Uncle, Female, 35 Years	Inadequate Guardianship	Substantiated	



# Child Fatality Report

Deceased Child, Male, 14 Years	Aunt/Uncle, Female, 35 Years	Lack of Supervision	Substantiated
Deceased Child, Male, 14 Years	Other Adult - Friend to PA, Female, 36 Years	Childs Drug / Alcohol Use	Unsubstantiated
Deceased Child, Male, 14 Years	Other Adult - Friend to PA, Female, 36 Years	Inadequate Guardianship	Unsubstantiated

**Report Summary:**

NCDSS received an SCR report subsequent to an open investigation which alleged that a physical incident occurred between the PA and the SC in which the SC was scratched inadvertently by the PA. The report also alleged that the PA had kicked the SC out of her home and he was using marijuana.

**Report Determination:** Indicated**Date of Determination:** 05/01/2018**Basis for Determination:**

NCDSS interviewed familial and collateral contacts. It was learned that the PA and SC engaged in a mutually physical altercation and the SC was scratched in the incident. The PA had moved out of state and the SC refused to move with her. The PA made an informal plan to have the SC stay with a friend. The SC did not follow the rules of the house, and he used drugs. The SC was removed from the care of the PA and placed in foster care.

**OCFS Review Results:**

NCDSS met regulatory requirements in conducting their investigation into the allegations. The SC was placed in foster care due to the PA failing to plan for his care. The SC was declared a destitute child and was placed in the care and custody of NCDSS on 4/23/18.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/02/2018	Deceased Child, Male, 14 Years	Aunt/Uncle, Female, 35 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 14 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

NCDSS received an SCR report which alleged the PA had kicked the SC out of her home.

**Report Determination:** Indicated**Date of Determination:** 05/01/2018**Basis for Determination:**

NCDSS interviewed familial and collateral contacts. It was learned that the PA and SC engaged in a mutually physical altercation and the SC was scratched in the incident. The PA had moved out of state and the SC refused to move with her. The PA made an informal plan to have the SC stay with a friend where the SC would not follow the rules of the house and was using drugs. The SC was removed from the care of the PA and placed in foster care.

**OCFS Review Results:**

NCDSS met regulatory requirements in conducting their investigation in to the allegations. The SC was placed in foster care due to the PA failing to plan for his care. The SC was declared a destitute child and was placed in the care and custody of NCDSS on 4/23/18.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**CPS - Investigative History More Than Three Years Prior to the Fatality**

There was one substantiated investigation more than three years prior to the fatality. The historical case was in relation to the PA not being able to control the SC and a physical incident occurring between them in which the SC was scratched.





### Known CPS History Outside of NYS

There was 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"/>

### Preventive Services History

The SC and PA received diversion services due to the SC's ungovernable behaviors in the home and community. The SC was placed in foster care during the time period he was receiving services.

### 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?

05/16/2019

How did the child(ren) enter placement?

Court Order

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

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input 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
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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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Was a Criminal History check conducted? Date: Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 had a history of going AWOL from residential placements, once going as far as California. Placement providers had been meeting regulatory requirements prior to the SC's AWOL.



## Foster Care Placement History

The SC was declared a destitute child and placed in foster care on 4/23/2018. In care, the child went AWOL frequently, used drugs, was aggressive towards staff and peers, and was suspected to have gang affiliations. The SC went AWOL from placement on 6/1/2019 and had no further contact with NCDSS.

## 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: Article 10-C, Destitute Child

Date Filed:	Fact Finding Description:	Disposition Description:
04/23/2018	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	None	
<b>Comments:</b>	The SC was a destitute child placed in the care and custody of NCDSS. The SC was placed residentially and AWOL at the time of his death.	

## Additional Local District Comments

Youth was a destitute child. His PA relocated to Utah and he refused to relocate. She did not commit to plan for him. CW was in touch with her on a monthly basis, weekly contact during crises and AWOL. PA was only resource youth had.

## 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