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Informational Letter

Transmittal:	10-OCFS-INF-08
To:	Local District Commissioners Child Fatality Review Team Coordinators Child Protective Supervisors and Workers
Issuing Division/Office:	Division of Child Welfare and Community Services
Date:	August 26, 2010
Subject:	Introducing New Fatality Report Format
Contact Person(s):	Any questions concerning this release should be directed to the appropriate regional office, Division of Child Welfare and Community Services: Buffalo Regional Office – Mary Miller (716) 847-3145 Mary.Miller@ocfs.state.ny.us Rochester Regional Office – Karen Buck (585) 238-8201 Karen.Buck@ocfs.state.ny.us Syracuse Regional Office – Jack Klump (315) 423-1200 Jack.Klump@ocfs.state.ny.us Albany Regional Office – Kerri Barber (518) 486-7078 Kerri.Barber@ocfs.state.ny.us Spring Valley Regional Office – Pat Sheehy (845) 708-2498 Patricia.Sheehy@ocfs.state.ny.us NYC Regional Office – Patricia Beresford (212) 383-1788 Patricia.Beresford@ocfs.state.ny.us
Attachments:	The following form is attached in “read only” format: <ul style="list-style-type: none"> Individual Child Fatality Report Template
Attachment Available Online:	The Child Death Review Case Reporting System Case Report 2.1 is available at the NCCDR website: http://childdeathreview.org/reports/CDRCasereportForm2-1-11009.pdf

Previous ADMs/INFs	Releases Canceled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
10-OCFS-INF-01			SSL § 20(5) and 422-b		

I. Purpose

The purpose of the Informational Letter is to inform local departments of social services (LDSS) and Child Fatality Review Teams (CFRTs) of a change in format of the New York State Office of Children and Family Services (OCFS) individual child fatality reports.

II. Background

Section 20(5) of the Social Services Law (SSL) requires OCFS to investigate or provide for the investigation into the cause and circumstances surrounding the death of a child:

- in the case of a report of suspected abuse or maltreatment made to the New York Statewide Central Register of Child Abuse and Maltreatment; or,
- whose care and custody or custody and guardianship had been transferred to an authorized agency (i.e., the child is in foster care); or,
- for whom Child Protective Services (CPS) has an open or pending case; or,
- for whom an LDSS has an open or pending preventive services case.

When a child dies who falls within one of the categories described above, OCFS also must review the investigation into the death and is responsible for preparing and issuing an individual child fatality report on such death, except when a report is issued by an approved CFRT, in accordance with section 422-b of the SSL.

Pursuant to section 422-b(2) of the SSL, a local or regional CFRT may exercise the same authority as OCFS with regard to the preparation of a fatality report as set forth in section 20(5) of the SSL. A fatality report prepared by a local or regional CFRT and approved by OCFS satisfies the obligation to prepare a fatality report as set forth in section 20(5) of the SSL. In addition, this section states that a report prepared by a CFRT shall be subject to the same re-disclosure provisions applicable to fatality reports prepared by OCFS.

Each child fatality report created pursuant to section 20(5) of the SSL, whether authored by OCFS or by a CFRT, must contain the following information:

- the cause of death, specifically whether from natural or other causes;
- identification of child protective or other services provided or actions taken regarding such child and family;
- any extraordinary or pertinent information concerning the circumstance of the child's death;

- information concerning whether the child's family had received assistance, care or services from a social services district prior to the child's death;
- any action or further investigation taken by OCFS or the social services district since the death of the child; and,
- as appropriate, recommendations for local or state administrative or policy changes.

Historically, the individual child fatality report format used by OCFS consisted primarily of narrative. The narrative format does not support the ability to aggregate data and to identify common variables and risk factors with which to target prevention efforts. In order to address these deficiencies, OCFS recently made substantial revisions to the format of its child fatality report.

In March 2010, OCFS joined the National Center for Child Death Review (NCCDR) and began using the NCCDR web-based Case Reporting System to record comprehensive fatality information. NCCDR Case Report Form 2.1 is a comprehensive data collection instrument that includes fields related to the circumstances involved in the death, investigative actions, services provided or needed, key risk factors, and actions recommended and/or taken to prevent other deaths. Data collected can be aggregated at the state and local levels and used to help identify local, regional and national trends and prevention strategies. The NCCDR Case Report Form 2.1 can be found at:

<http://childdeathreview.org/reports/CDRCaseReportForm2-1-11009.pdf>

The NCCDR fields that address New York State requirements for inclusion in an individual child fatality report will be electronically imported by OCFS into OCFS's revised individual child fatality report, thereby reducing data entry errors and duplicate data entry. However, NCCDR does not capture all of the information that is required by New York State to complete the individual child fatality report. Additional information required for the child fatality report will be gathered during the regional office or CFRT review of the death investigation. Much of the additional information will be entered in a uniform format, but the report will also retain some narrative portions to address case particulars. The additional information will be combined with the NCCDR data to create a complete report that will meet statutory requirements and also support state and regional data collection to support program improvement.

The revised format will continue to be subject to existing standards relating to the confidentiality of individual fatality reports. OCFS will continue to distribute finalized individual fatality reports to the same officials as presently required under section 20(5) of the SSL.

III. Program Implications

LDSS CPS caseworkers are encouraged to become familiar with the questions contained in the NCCDR Case Report Form 2.1. It contains many data fields that are not required in OCFS child fatality reports; while it is not necessary to complete all data fields on the NCCDR Case Report Form, OCFS encourages LDSS staff to enter into the case file as much information as is available to complete the NCCDR forms. This will allow OCFS fatality report writers to complete as many of the NCCDR data fields as possible. OCFS has the ability to aggregate the information entered into NCCDR to provide custom reports on request that can support development of local and statewide prevention strategies; the more information that is entered into NCCDR, the more useful these reports can be.

Sections of the revised OCFS individual child fatality report are prefilled with standardized fatality information input by the reviewing regional office into NCCDR; when no information is included in the LDSS case files or available from other sources, the fatality report will reflect that the information for that data field was not included in the case record. However, as noted above, there are many fields that are not required by New York statute and/or are not relevant to all reports.

Please note that the NCCDR Case Report Form 2.1 is not intended as a substitute for the statutory and regulatory standards regarding the completion of a CPS investigation or the recording of such investigation.

/s/ Laura M. Velez

Issued By:

Name: Laura M. Velez

Title: Deputy Commissioner

Division/Office: Child Welfare and Community Services

Individual Fatality Report Template Example:

*For use in the case of a fatality report of suspected
abuse or maltreatment made to the New York
Statewide Central Register of Child Abuse and
Maltreatment*

Individual Child Fatality Report

Case Number:

Jurisdiction:

Official Manner and Primary Cause of Death

- 1. Official manner of death:.....
- 2. Primary cause of death:.....
- 3. Description:.....
- 4. Person declaring official manner and cause of death:.....

Incident Information

- 1. Date /Time of fatal incident event if different than date of death: / / Unknown

 Unknown

- 2. County where fatal incident occurred:.....
- 3. Was 911 or local emergency number called?.....
- 4. EMS to scene?.....
- 5. At time of incident leading to death, had child used alcohol or drugs?...

6. Child's activity at time of incident:

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

7. Total number of deaths at incident event: Unknown

Children ages 0-18:
Adults:

Child Information

- 1. Date of death: 2. Age: 3. Gender:

- 4. Was there an open CPS case with this child at the time of death?.....
- 5. Child had a history of child abuse / maltreatment?.....
- 6. Were there any siblings ever placed outside the home prior to this child's death?....
- 7. Was child ever placed outside of the home prior to the death?.....
- 8. Was child acutely ill during the two weeks before death?.....

Infants under 1 year old

- 9. This infant was part of a multiple birth:
If so, number:

10. During pregnancy, mother:

- Had medical complications / infections Had heavy alcohol use
- Misused over-the-counter or prescription drugs Smoked tobacco
- Experienced domestic violence Used illicit drugs

11. Infant was born:

- Drug exposed With fetal alcohol effects or syndrome

Supervisor Information

1. Did child have supervision at time of incident leading to death?

2. How long before incident did supervisor last see child?

3. Is this person a primary caregiver as listed in previous section?

4. Primary person responsible for supervision at time of incident:

5. At time of incident supervisor was:

- | | |
|---|--|
| <input type="checkbox"/> Drug Impaired | <input type="checkbox"/> Absent |
| <input type="checkbox"/> Alcohol Impaired | <input type="checkbox"/> Impaired by illness: |
| <input type="checkbox"/> Asleep | <input type="checkbox"/> Impaired by disability: |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Other: |

Primary Caregiver #1 Information

1. Relationship to the deceased child:

2. Gender:

3. Speak English?

4. Received DSS Benefits in the past 12 months:

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> WIC | <input type="checkbox"/> Food stamps |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Medicaid | |
-

5. Has a history of substance abuse? Yes

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Over-the-counter drugs |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Opiates | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Prescription drugs | <input type="checkbox"/> Unknown type |
-

6. Has a history of child abuse / maltreatment as a child?

7. Has a history of child abuse / maltreatment as a perpetrator?

- | | | |
|-----------------------|---|--|
| # of CPS reports: | <input type="checkbox"/> Received CPS Services | <input type="checkbox"/> Children ever removed |
| # of CPS Indications: | <input type="checkbox"/> Received Preventive Services | |
-

8. Was receiving mental health services?

9. Has prior child deaths?

10. Has a history of domestic violence?

- | | |
|---|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, as perpetrator |
| <input type="checkbox"/> Yes, as victim | <input type="checkbox"/> Unknown |
-

11. Has a history of delinquent / criminal activity?

Primary Caregiver #2 Information

1. Relationship to the deceased child:

2. Gender:

3. Speak English?

4. Received DSS benefits in the past 12 months?

- WIC Food stamps
 TANF Other:
 Medicaid
-

5. Has a history of substance abuse? Yes

- Alcohol Methamphetamine Over-the-counter drugs
 Cocaine Opiates Other:
 Marijuana Prescription drugs Unknown type
-

6. Has a history of child abuse / maltreatment as a child?

7. Has a history of child abuse / maltreatment as a perpetrator?

- # of CPS reports: Received CPS Services Children ever removed
of CPS Indications: Received Preventive Services
-

8. Was receiving mental health services?

9. Has prior child deaths?

10. Has a history of domestic violence?

- No Yes, as perpetrator
 Yes, as victim Unknown
-

11. Has a history of delinquent / criminal activity?

Casework / Investigative Activities Comments

2. Describe how DSS responded to information about the child fatality. Who did they speak with and what were they told? Providing a timeline is important.

For SCR fatality reports, the description of investigation activities should also include the following:

- description of where the child was found (e.g. the child was found lying face down on the parents bed with a blanket over his head)
- when the child was found and by whom
- when the last time the child was seen alive
- whether or not the child is taking any medications (prescribed or otherwise)
- where the parents/caretakers were at the time of the subject child's death
- what the parents/caretakers actions were in response to discovering the subject child
- if there were any surviving children and if so, where they were at the time of the subject child's injury/death
- if the parents were questioned about their knowledge of safe sleep (if applicable)
- if the parents were questioned about drug and alcohol use

History

1. Prior to this child's death, has any member of this household ever received TANF, MA, Preventive, Foster Care, CPS or other services?

- Yes
 No
 Unknown

Explain:

2. Prior to this child's death, has any member of this household been previously involved in a reported case of child abuse/maltreatment?

- Yes **If yes**
 No # CPS referrals:
 Unknown # Substantiations:

All Previous Allegations:

- | | | |
|---|--|---|
| <input type="checkbox"/> DOA / Fatality | <input type="checkbox"/> Choking / Twisting / Shaking | <input type="checkbox"/> Inadequate Food / Clothing / Shelter |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Lack of Medical Care | <input type="checkbox"/> Lack of Supervision |
| <input type="checkbox"/> Internal Injuries | <input type="checkbox"/> Malnutrition / Failure to Thrive | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Lacerations / Bruises / Welts | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Parents Drug / Alcohol Misuse |
| <input type="checkbox"/> Burns / Scalding | <input type="checkbox"/> Inadequate Guardianship | <input type="checkbox"/> Other |
| <input type="checkbox"/> Excessive Corporal Punishment | <input type="checkbox"/> Swelling / Dislocations / Sprains | <input type="checkbox"/> Inappropriate Isolation / Restraint |
| <input type="checkbox"/> Child's Drug / Alcohol Use | <input type="checkbox"/> Educational Neglect | <input type="checkbox"/> Inappropriate Custodial Conduct |
| <input type="checkbox"/> Poisoning / Noxious Substances | <input type="checkbox"/> Emotional Neglect | |

For all cases involving anyone in the family named or added to the fatality reported to the SCR, address how many prior reports there were, what role each person had (subject, child, other person named), the allegations, date received and date determined and whether the reports were indicated or unfounded.

Additionally, for recent cases where CPS was involved in the household (approximately the past five years), describe the services and assistance provided to the family, information on any Family Court activity, timeliness and quality of safety and risk assessments, the determination made and our assessment of whether DSS properly investigated, determined and served the family.

3. Summary of CPS history:

Safety Assessment

1. Was there an adequate assessment of immediate danger to any surviving children named in the report within 24 hours?

- Yes
- No, explain:
- Unable to Determine, explain:

2. Is there an approved 24 Hour Safety Assessment for all surviving children?

- Yes
- No
- Unable to Determine

If yes, give date:

Completed::

Approved:

3. Was sufficient information gathered to make the decision recorded on the approved 24 Hour Safety Assessment?

- Yes No Unable to Determine, explain:

If No, check all that apply:

- Source of report not contacted
- No or insufficient collateral contacts mad
- Child not seen or interviewed
- Subject not seen or interviewed
- Previous reports not reviewed
- Strengths and mitigating circumstances in the family to offset the safety threats were not identified.
- Key information not obtained, specify
- Other, specify:

4. Was the safety decision recorded on the approved 24 Hour Safety Assessment appropriate?

- Yes No

If no, check all that apply:

- There were no safety factors that required an intervention noted for any child based on case documentation, however the caseworker recorded the presence of one or more safety factors that required a safety intervention (responses 3, 4 or 5)
- Child had one or more safety factors that placed the child in immediate danger of harm, a safety intervention was put into place to control for the safety concerns, and the caseworker recorded child as needing no safety interventions (response 1 or 2)
- Child had one or more safety factors that placed the child in immediate danger of harm and required a safety intervention(s), however no safety intervention(s) was put into place.
- Safety factors were assessed for some children, but not for all required childre
- Safety factors were recorded in the progress notes but they were not identified in the safety assessme
- Safety factor combinations were present that increased the safety threat but they were not considered in the safety decisio
- One or more safety factors were present which placed the child in immediate danger of harm requiring removal to foster care or an alternative placement as the only controlling safety intervention possible, however, the child was not removed to foster care.

Safety Assessment (con't)

5. When safety factors were present that placed the child in immediate danger of serious harm, were the safety interventions adequate?

- Yes N/A
 No Unable to Determine

If no, check all that apply:

- Intervention controlled only some of the safety factors
- Intervention aimed at reducing risk of future abuse/maltreatment rather than controlling for immediate safety.
- Interventions chosen did not have sufficient comments associated with them to describe how the controlling interventions will protect the child.
- "Other" chosen as a safety factor without a description of the factor/controlling intervention
- Safety intervention noted but inadequate documentation to see if they were applied.
- Other, specify:

If unable to determine, check all that apply:

- Documentation is unclear or insufficient
- Documentation mixes safety interventions and risk reduction intervention
- Other, specify

For any response to Question 5, check all that apply:

- Child was assessed as having safety factors present and reader does not agree, explain
- Child was assessed as having no safety factors present or safety factors present that did not place the child in immediate danger of serious harm, however, an intervention was put in place, and the intervention is appropriate.
- Child was assessed as having no safety factors present that placed the child in immediate danger requiring a safety intervention and no safety intervention was put in place, reader does not agree, explain:
-

6. Were there surviving children in the household that were removed as a result of this fatality report / investigation?

- No other children in this household
- No removal regarding the surviving children
- Yes, Informal removal
- Yes, Court Ordered removal
-

7. Are there any safety issues that need to be referred back to the local district?

- Yes No

If yes, explain:

Risk Assessment Profile (RAP)

1. During the course of the investigation, was sufficient information gathered to assess risk to all surviving children in the household?

- Yes
- No - Adequate for some but not adequate for others. Explain below:
- No - Not adequate for any of the children. Explain below:
- Unable to determine. Explain below:

Explain:

2. Was the risk assessment adequate in this case?

- Yes
- No
- Unable to determine

If No or Unable to determine - Explain:

3. If the RAP rating was High or Very High, were the reasons selected as to why the family is not receiving services consistent with the case circumstances?

- Yes
 - No, explain:

 - N/A - Rating is NOT High or Very High
 - N/A - Rating is High or Very High, and the case was opened
-

4. Did the protective factors in this case require the LDSS to file a petition in Family Court at anytime during or after the investigation? (Consider either a new Article 10 petition, or follow-up court activity on existing Article 10 petitions)

- Yes, was required and filed.
- Yes, was required and considered, but not filed. Explain below:
- Yes, was required, but neither considered nor filed. Explain below
- N/A - Not needed for this case.
- Unable to determine. Explain below

Explain:

5. Did the safety factors in the case require the surviving child(ren) to be removed and placed in foster care at anytime during the investigation?

- Yes - All children needed to be placed in Foster Care and were placed.
- Yes - Some children needed to be placed in Foster Care and were placed.
- Yes - Children needed to be placed in Foster Care but were NOT.
- No children needed to be placed in Foster Care.
- N/A - Caretaker has refused access to the child or fled, or child's whereabouts are unknown
- Unable to determine

Explain:

Review Findings

1. Was sufficient information gathered to make a determination for all allegations including those on the intake report as well as any identified in the course of the investigation?

- Yes, sufficient information was gathered to determine all allegations.
- No; sufficient information was gathered to determine some allegations only.

List those allegations not addressed:

- No, sufficient information was not gathered to determine any of the allegations.
- Unable to determine - insufficient documentation

Explain:

2. Was the determination made by the district to unfound or indicate appropriate?

- Yes No Unable to determine, specify:

If no, check all that apply:

- The determination did not address some or all of the allegations of child abuse or maltreatment identified during the course of the investigation.
- The determination did not incorporate key information gathered during the investigation.
- Some credible evidence was found to support the allegations contained in the report but the report was unfounded.
- No credible evidence was found to support the allegations contained in the report but the report was indicated.
- Does not meet the statutory criteria for child abuse and maltreatment
- Other, specify:

3. Was sufficient information gathered to make the decision recorded on the Safety Assessment due at the time of the determination?

- Yes N/A - No Safety Assessment required as the report was determined within 7 days of completing the 7-Day Safety Assessment
- No Unable to Determine, explain

If No, check all that apply:

- Source of report not contacted
- No or insufficient collateral contacts made
- Child not seen or interviewed
- Subject not seen or interviewed
- Previous reports not reviewed
- Strengths and mitigating circumstances in the family to offset the safety threats were not identified
- Key information not obtained, specify
- Other, specify:

Review Findings (con't)

4. Was the safety decision recorded on the safety assessment at the time of the Investigation Determination appropriate?

- Yes No

If no, check all that apply:

- There were no safety factors that required an intervention noted for any child based on case documentation, however the caseworker recorded the presence of one or more safety factors that required a safety intervention (responses 3, 4 or 5)
- Child had one or more safety factors that placed the child in immediate danger of harm, a safety intervention was put into place to control for the safety concerns, and the caseworker recorded child as needing no safety interventions (response 1 or 2)
- Child had one or more safety factors that placed the child in immediate danger of harm and required a safety intervention(s), however no safety intervention(s) was put into place.
- Safety factors were assessed for some children, but not for all required children.
- Safety factors were recorded in the progress notes but they were not identified in the safety assessment.
- Safety factor combinations were present that increased the safety threat but they were not considered in the safety decision.
- One or more safety factors were present which placed the child in immediate danger of harm requiring removal to foster care or an alternative placement as the only controlling safety intervention possible, however, the child was not removed to foster care.
- Other, specify:
-

5. Was the level of casework activity, which includes contact with the family and others from the receipt of the report through case conclusion, commensurate with the case circumstances?

- Yes
 No, explain

If no, explain:

6. Other than electronic approvals/rejections, is there any documentation of supervisory/consultation during the investigation?

- Yes, case record has detail of the consultation.
- Yes, record notes a consultation took place, but no details noted.
- Yes, signature or initials recorded (other than on FASP)
- No
-

7. Was the decision to close the case appropriate?

- Yes
 No
 Unable to determine. Explain
- N/A - case opened or already open for services

If no, check all that apply:

- All children in the home are not assessed as safe.
- The risk of future abuse or maltreatment has not been sufficiently assessed/decreased.
- The family has refused services, however the district should have considered or pursued Family Court action to compel involvement as it would be in the best interest of the child(ren).

Required Actions

Law / Statute:

Pertains to:

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Explain:

Recommendations

Recommendation:

Wednesday, March 17, 2010