

Report Identification Number: SV-13-045

Prepared by: Spring Valley Regional Office

Issue Date: 7/16/2015

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.

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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
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-Cardio-pulmonary 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	MN-Medical Neglect	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-Others	
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		

Case Information

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Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 11/12/2013
Initial Date OCFS Notified: 11/14/2013

Presenting Information

The family had an open investigation related to alleged medical neglect as there have been issues with medical insurance coverage, which had been resolved. While admitted to a hospital, the subject child died on 11/12/13 after having surgery on 11/8/13.

Executive Summary

On 10/10/13, the Westchester County Department of Social Services (WCSSS) received a SCR report with the allegations of Lack of Medical Care against both parents on behalf of the subject child. The narrative stated the parents had not secured medical insurance for the subject child, who was in need of a medical procedure. Without the procedure, the child was at risk of medical harm.

The WCDSS caseworker spoke with the subject child's medical provider, who stated the subject child's procedure was cancelled because the child's insurance was inactive. The caseworker met with the parents, who reported receiving insufficient communication from the insurance company and WCDSS, despite trying to resolve the issue numerous times. The caseworker was able to resolve the medical coverage issue with WCDSS and the child's health care company on 10/15/13. As such, the child's procedure was rescheduled by the parents.

On 11/13/13, the caseworker learned the subject child died from post-operative surgery complications on 11/12/13. The child's medical provider stated the medical insurance coverage problem had no impact on the child's health condition or death. The medical provider stated death was common in children with the subject child's health condition.

The caseworker provided referrals for funeral assistance and bereavement support services to the family, which the family utilized. All allegations were unfounded. The surviving sibling was assessed to be safe each time the caseworker met with the family.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the** Yes, sufficient information was gathered to determine all

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investigation?

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

allegations.

Yes

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.

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: 11/12/2013

Time of Death: Unknown

County where fatality incident occurred:

WESTCHESTER

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

At time of incident leading to death, had child used alcohol or drugs? No

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? Yes

Is the caretaker listed in the Household

Composition? No

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

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Month(s)

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Deceased Child's Household	Father	Alleged Perpetrator	Male	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)

LDSS Response

On 10/10/13, the Westchester County Department of Social Services (WCSSS) received a SCR report with the allegations of Lack of Medical Care against both parents on behalf of the subject child. The subject child's older sibling had no role. The narrative stated the parents had not secured medical insurance for the subject child, who was in need of a medical procedure. Without the procedure, the child was at risk of medical harm.

The WCDSS caseworker spoke with the subject child's medical provider on 10/10/13. The provider stated the parents brought the child in for an appointment, in anticipation of the child having a life-sustaining procedure. The appointment was cancelled because the child lacked medical insurance. The provider denied any other concerns about the parents or child. The caseworker was able to resolve the insurance issue with WCDSS and the child's insurance company on 10/15/13. As such, the child's procedure was rescheduled by the parents.

Prior to the subject child's death, the WCDSS caseworker visited the case address on 10/10/13. Both parents reported they took the subject child to a medical provider for a pre-operative appointment, but the medical provider refused to see the child because the child's insurance was inactive. The mother described receiving insufficient communication from the insurance company and WCDSS, despite trying to resolve the issue numerous times. The parents denied any other concerns. The caseworker did not note any safety concerns. The caseworker made three subsequent visits to the case address throughout the case, and did not note any additional concerns. The subject child's sibling was assessed to be safe by the caseworker at each visit.

On 11/13/13, the caseworker received a call from the mother informing her that the subject child died from post-operative surgery complications on 11/12/13. After learning of the death, the caseworker requested and reviewed the child's medical records and spoke to the child's medical provider, who stated the insurance problem had no impact on the child's health condition or death. The medical provider stated death was common in children with the subject child's health condition.

After learning of the child's death, the caseworker met with the parents and offered them referrals for bereavement counseling. The parents accepted the referral and began attending counseling with the surviving sibling. The caseworker also provided the parents with a referral for funeral assistance. The parents accepted the referral and accessed funeral assistance services.

On 12/9/13, the allegation of lack of medical care was unfounded. The family denied a need for any on-going social services. The caseworker did not find any evidence that the parents withheld medical care or refused to obtain medical insurance for the subject child. The safety assessment was timely and appropriate. The case record notes were entered contemporaneously. There was evidence of the caseworker's supervisor's input into the case.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

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Multidisciplinary Investigation/Review

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

Comments: The Westchester County Child Fatality Review Team reviewed this case.

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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parent/caretaker actions adequate?				
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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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" 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"/>				
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 Family entered into bereavement counseling with a community provider as a result of the caseworker's referral.

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:
 Family bereavement services were offered to the family after the caseworker learned of the subject child's death. The family accessed community-based bereavement services and presented as self-supporting of the 5 year-old surviving sibling.

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

Explain:
 Family bereavement services were offered to the family after the caseworker learned of the subject child's death. The family was also provided a referral for funeral assistance.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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? No
- Were there any siblings ever placed outside of the home prior to this child's death? No

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Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections
<input type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input type="checkbox"/> Used illicit drugs |
|---|--|

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> Drug exposed
<input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> With fetal alcohol effects or syndrome |
|---|---|

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/10/2013	783-Deceased Child, Male, 4 Months	781-Mother, Female, 28 Years	Lack of Medical Care	Unfounded	No
	783-Deceased Child, Male, 4 Months	801-Father, Male, 41 Years	Lack of Medical Care	Unfounded	

Report Summary:

On 10/10/13 a report was made to the NYS Central Registry with the allegations of medical neglect against the subject child's mother and father. The report states the child needs a medical procedure and the parents failed to obtain medical insurance for the child. Without medical insurance, the child cannot have the procedure, and without the procedure the child is at medical risk of harm.

Determination: Unfounded **Date of Determination:** 12/02/2013

Basis for Determination:

The parents had attempted to obtain and maintain medical insurance for the subject child. The lapse in medical care was due to a buerocratic error which the caseworker assisted the parents in resolving with the county department of social services and the insurance carrier.

OCFS Review Results:

OCFS reviewed the case record and the investigation met all state regulations.

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

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

The family had a CPS case opened on 10/10/13. The subject died on 11/12/13, during the course of this investigation. The child died in a hospital where he was receiving medical care for a previously diagnosed medical condition. The family had no other CPS history.

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Known CPS History Outside of NYS

The family had no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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

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