



Report Identification Number: NY-19-036

Prepared by: New York City Regional Office

Issue Date: Oct 16, 2019

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		



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: New York
Gender: Female

Date of Death: 04/21/2019
Initial Date OCFS Notified: 04/21/2019

Presenting Information

On 4/21/19, the SM fed the one-month-old female infant (SC) and at 6:30 AM, the SM put the SC back in her crib. At approximately 12:00 PM, the SM found the SC in her crib unresponsive. The SM immediately called 911. EMS transported the SC to Mount Sinai West Hospital where she was pronounced dead at 12:46 PM. The report alleged the SC had no preexisting medical condition and was an otherwise healthy child. The allegations of the report were DOA/fatality and IG of the SC by the SM.

Executive Summary

On 4/21/19, at approximately 12:00 PM, the SM found the SC in her crib unresponsive. She was pronounced dead at 12:46 PM at Mount Sinai/St. Luke’s Hospital. LE and ACS Specialist interviewed the SM and she admitted she lied about the children sleeping in their cribs because she was afraid. The SM reported the SC’s feeding and bowel habits were normal until the evening prior to the incident. After the 2:30 AM feeding, the SM burped the SC and placed her on her back, in the middle of the adult bed to sleep. The one-year-old SS slept to the right and she slept to the left of the SC. At 6:00 AM, the SM awoke but did not touch the SC as she was laying on her right side, sleeping calmly. At approximately 12:00 PM, the SM awoke and observed the SC face down and she felt cold to the touch and the SM immediately called 911.

On 4/21/19, ACS conducted an emergency removal of the SS from the SM’s care. The SS was temporarily placed in a non-kinship foster home under the auspices of the Sheltering Arms agency. On 4/22/19, ACS filed an Article 10 Neglect Petition on behalf of the SS in Bronx Family Court. Family Court denied the remand and ACS was ordered to return the SS to the SM’s care on 4/24/19.

On 4/26/19, ACS conducted a Child Safety Conference and the SM accepted bereavement counseling, parenting classes and a mental health evaluation. On 4/29/19, the Specialist followed-up with the family and was informed they relocated to another state. ACS contacted that state and learned that the SM had family support and the SC was receiving adequate care. The SM had recently applied for housing assistance.

The ACS case remained open until 8/1/19; the SM and the SS returned to NYC and entered the DHS shelter system and were given a conditional placement unit. On 8/5/19, ACS visited the family and documented the SM had appropriate sleeping accommodations and food. ACS’ case documentation reflected the SM was referred for services and the SM received a voucher for the SS to attend daycare. ACS received documentation that reflected the SM had no mental health conditions and the SS medical appointments were current.

LE found no criminality and closed their investigation. The ME reported the SC had a medical condition that was often seen in infants of premature birth; however, the SC’s condition was more severe. The ME later listed the cause and manner of death as undetermined. ACS has not yet determined the allegations of the 3/23/19, and 4/21/19, reports at the time this report was issued.

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 investigation? Yes, sufficient information was gathered to determine all allegations.
- 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, the case record has detail of the consultation.

Explain:

ACS had not yet determined the allegations of the 4/21/19 reports to the time this report was issued.

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: 04/21/2019

Time of Death: 12:46 PM

Time of fatal incident, if different than time of death: 12:00 PM

County where fatality incident occurred: Bronx

Was 911 or local emergency number called? Yes

Time of Call: 12:00 PM

Did EMS respond to the scene? Yes

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
 Other

Eating

Unknown

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

How long before incident was the child last seen by caretaker? 6 Hours

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

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	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	21 Month(s)

LDSS Response

The SCR registered a report regarding the death of the SC that occurred on 4/21/19 while she was in the care of the SM. The report alleged that at 12:00 PM the SM found the SC in her crib not breathing. The SM contacted 911. The SC was pronounced dead at 12:46 PM on the same day. The cause of death of the SC was unknown and she was an otherwise healthy child. There was a one-year-old SS present in the home at the time of the incident. ACS obtained information from the pediatrician at Bellevue Hospital where the SC and SS received medical attention and the medical appointments for both children were current without medical concerns. The allegations of the report were DOA/Fatality and IG of the SC by the SM.

Following the receipt of the report, an ACS Specialist visited Mt. Sinai/St. Luke's Hospital and obtained information regarding the incident. ACS learned that the SM placed the SC and SS to sleep with her in the adult bed at approximately 11:30 PM. The SM stated that during the night, the SC was cranky, whining, and refused to drink a bottle until approximately 2:30 AM. At 6:00 AM, the SM observed the SC on her side, she was breathing and sleeping peacefully. At 12:00 PM, the SM awoke to find the SC face down, cold, and her face appeared purple in color. The SM attempted CPR and summoned emergency medical assistance. EMS responded and transported the SC to the hospital. The hospital staff reported the SC was pronounced DOA.

ACS interviewed the hospital staff, ME, LE and the SM. The Dr. and ME reported the SC was found with no signs of maltreatment or abuse. LE reported that at the time of the incident, the SS and SM were "dirty and smelly. LE found no criminality and closed their case.

ACS learned from the SM that the SC's BF is incarcerated due to unrelated charges. The father of the SS are not involved in their lives. The SM explained that she was afraid to disclose she had other children. The SM reported she was concerned



the SC had gasped for breath sometimes. She reported this to the SC's Dr. on 4/12/19 and the Dr told her the SC's breathing was normal. The SS was up to date with his immunizations.

ACS interviewed the MGGM who reported that approximately five years ago, she recommended the SM be evaluated by a psychiatrist; after two days, the SM was discharged with no diagnosis. On 8/30/19, ACS received documentation from a medical center regarding the SM's mental health and based on an evaluation completed on 7/14/14, there were no concerns. The SM report she had no family support in NYS.

ACS obtained a safety check for the six-year-old SS from the state she resided in and he was deemed safe. ACS also interviewed the staff at the shelter in New York City and they had no concerns regarding the family.

The ME listed the cause and manner of the SC's death undetermined and ACS has not yet determined this report.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

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

Comments: There is no OCFS approved CFRT in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051477 - Deceased Child, Female, 1 Mons	051479 - Mother, Female, 30 Year(s)	DOA / Fatality	Pending
051477 - Deceased Child, Female, 1 Mons	051479 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Pending

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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<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"/>

Additional information:

There were no documentary issues.

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 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 parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input 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"/>
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Explain:
 The SM accepted services; however, she did not initiate them because she relocated to another state to receive family support due to the incident. The family returned to New York and has accepted services.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
 On 4/22/19, ACS filed an Article 10 Neglect petition on behalf of the SS who was in the SM's care and living in unsanitary conditions at the time the incident occurred. The court ordered the SS to temporary placement in a non-kinship foster home, under the auspices of Sheltering Arms. On 4/23/19, the court ordered the SS returned to the SM and on 4/24/19, the SC was discharged from foster care.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?
 Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
04/24/2012	Not Adjudicated	Return to Parent
Respondent:	051479 Mother Female 30 Year(s)	
Comments:	The Bronx Family Court denied ACS' Neglect petition and ordered the SS returned to the SM due to a lack of proof to support the removal.	

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



Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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? Yes

Explain:
The SS was removed from the SM's care and placed into foster care; he returned to the SM's care two days after the removal.

The SS was referred to a daycare program.

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

Explain:
The SM was referred to bereavement counseling and parenting classes but did not follow through because she relocated to another state.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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? Yes
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- 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)	Allegation Outcome	Compliance Issue(s)
03/23/2019	Deceased Child, Female, 2 Days	Mother, Female, 30 Years	Inadequate Guardianship	Pending	No

Report Summary:

The report narrative alleged that the SM gave birth to a newborn infant (SC) and there was concern about the SC's safety in the care of the SM. The SM lost custody of an older child due to the SM's possible suicide history and unstable living arrangements for four years. The SM currently resides in a shelter and had only one prenatal care appointment. The report alleged the SM lied about the number of children she birthed. She initially stated the newborn was her second child; however, when faced with medical proof, she admitted the SC was her third. Due to the inconsistencies, there were concerns of safety for the SC in the SM's care.

Report Determination: Undetermined**OCFS Review Results:**

ACS had not yet determined the allegations.

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 no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

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