



## Report Identification Number: NY-18-112

Prepared by: New York City Regional Office

Issue Date: Apr 30, 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:** 11 year(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 11/03/2018  
**Initial Date OCFS Notified:** 11/03/2018

## Presenting Information

The narrative of the report alleged the 11-year-old SC had multiple physical handicaps including chronic seizures and a brain disorder. He had a G-tube (for feeding) and a Tracheotomy tube. On 11/3/18, the SC began having a seizure and the BM administered medication rectally as previously advised. The BM then called 911 and while on the phone with 911, she carried the SC downstairs to see if she could get a taxi prior to EMS arrival to expedite emergency care. The BM was attempting to provide oxygen through a special medical mask; however, the SC had already been deceased. The SC was brought to the hospital by EMS where he was later pronounced dead. The additional information stated there was no reasonable cause to suspect that the BM's actions or inactions contributed to the SC's death. The SC did not have any other injuries. The SC also had an ear tube procedure done on 11/2/18 without complications.

## Executive Summary

On 11/3/18, the 11-year-old male SC passed away while in the care of his BM. According to the case records, the SC was a medically fragile child with multiple neurological conditions and delays. On 11/2/18, the SC had a same-day surgical procedure on his ears. There were no complications to the surgery and the SC was discharged to recover at home. Sometime during the morning of 11/3/18, the SC developed a temperature of 100° which caused him to have a seizure. The BM administered medication to the SC as instructed and shortly thereafter the SC became limp. The BM did not contact 911 because she believed emergency medical service would take long to arrive and opted to take a cab to the hospital. She carried the SC outside of her apartment building where a neighbor flagged down an ambulance that was driving by. EMS started CPR on the SC and then transported him to the hospital where medical staff pronounced him deceased at 7:40PM. According to the ME, the SC's cause and manner of death were pending the results of further studies.

There were no surviving siblings or other minor children in the home. The BF did not reside in the home and was not involved with the SC since birth. The BM did not know the BF's whereabouts.

On 11/3/18, ACS received the report and initiated the CPS investigation in a timely manner. During the investigation, ACS contacted LE, school, primary care provider (PCP) and hospital staff. The information obtained from the hospital staff and LE did not reveal the BM caused the SC's death. LE was not making any arrests pending the ME's report. The PCP and the school staff reported the BM was very knowledgeable of the SC's medical condition and diligently cared for his needs.

The BM reported that prior to the incident, the SC was happy and relatively healthy given his medical conditions. She declined ACS' referrals for bereavement counseling services and funeral assistance. She stated she would seek services on her own.

At the time of writing this report, ACS had not determined the CPS fatality investigation. The BM was in receipt of clinical health counseling services at Jewish Board Family 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- 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? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

### Explain:

ACS did not complete a 30-Day Fatality Report.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	ACS did not complete a 30-Day Fatality Report.
<b>Legal Reference:</b>	CPS Program Manual, Chapter 6, K-2
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 11/03/2018

Time of Death: 09:40 PM

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

07:40 PM

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

No

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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

**At time of incident supervisor was:** Not impaired.

**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	Male	11 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	44 Year(s)

### LDSS Response

On 11/3/18, ACS obtained information from LE and hospital staff. The findings showed there were no signs of abuse regarding the SC. LE stated no arrest would be made pending the ME's report. The ER staff stated the SC arrived at the hospital in cardiac arrest. The ER staff made efforts to revive the SC and later pronounced him dead at 7:40 PM.

ACS and LE jointly interviewed the BM. The BM stated the SC had multiple congenital conditions and required extensive medical care; however, he was happy and relatively healthy given his medical conditions. The SC had just started at a new school for children with his medical condition and it seemed he was living a semi normal life before the incident occurred. The BM stated following the SC's medical procedure on 11/2/18, the SC was irritable and cranky. She stated she was well versed in caring for the SC during emergency situations but was concerned that the SC was irritable and could not be soothed. She then decided took the SC to the hospital via a cab and did not call 911. She stated her routine was to take the SC in a cab to the hospital because she believed the it was faster, as she would not have to re-detail the SC's medical history as she would do with EMS. She declined ACS' referrals for bereavement counseling services. She stated she would seek services on her own. The BM's neighbors described the BM as a good caregiver to the SC. She was very attentive to the SC and his medical needs.

On 11/5/18, ACS contacted the BM for a follow-up interview. The BM declined an interview by ACS. She advised ACS to contact her attorney. She refused to provide ACS her locating information.

Also on 11/5/18, the SC's school reported the BM was actively involved with the SC. The BM was in the school every day ensuring that her son was treated well. The school did not have any concerns about the care the SC received because he was loved and cared for by the BM.

On 11/7/18, the BM's attorney reported the BM had sought legal representation and would not be speaking with ACS for a while as she was mourning. The attorney requested ACS give the BM a minimum of two months to grieve. ACS forwarded HIPPA forms to the attorney to be completed by the BM to obtain the SC's medical records.



On 11/7/18, the BM stated she would explore bereavement counseling services on her own. She requested ACS to send her referrals via e-mail. She declined ACS' offer of burial funds. She stated that the SC's service providers were assisting with the SC's burial and that the SC's school had allowed her to utilize the SC's assigned para-professional as a support system.

On 11/8/18, the ER Dr. stated the BM was knowledgeable about the SC's medical conditions and there was no concern that any of her actions led to the SC's death.

On 11/9/18, the SC's primary care physician (PCP) stated the BM was loving and diligent with the SC's medical needs. The PCP did not report any concerns for the BM.

On 11/16/18, ACS received the SC's school record which reflected the SC received school based therapy. The school reported the BM was in the school daily ensuring that staff was properly trained on how to care for the SC. The school described the BM as a caring and protective mother.

On 1/2/19, the BM stated she had not returned to the case address because she was not mentally and emotionally ready to go to her home. She refused to provide information about her whereabouts or discuss the CPS investigation. She stated she had started therapy twice a week with Jewish Board Family Services.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical cause

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

### Multidisciplinary Investigation/Review

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

**Comments:** The investigation adhered to approved protocols for joint investigation.

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

**Comments:** New York City does not have an OCFS approved Child Fatality Review Team in the New York City region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049494 - Deceased Child, Male, 11 Yrs	049495 - Mother, Female, 44 Year(s)	Lack of Medical Care	Pending
049494 - Deceased Child, Male, 11 Yrs	049495 - Mother, Female, 44 Year(s)	Inadequate Guardianship	Pending
049494 - Deceased Child, Male, 11 Yrs	049495 - Mother, Female, 44 Year(s)	DOA / Fatality	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
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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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>
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"/>

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>





# Child Fatality Report

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"/>

## History Prior to the Fatality

### Child Information

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/10/2017	Deceased Child on Report, Male, 9 Years	Mother, Female, 43 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Deceased Child on Report, Male, 9 Years	Mother, Female, 43 Years	Inadequate Guardianship	Unsubstantiated	

### Report Summary:

The family's home was a health and safety hazard to the 9-year-old SC. The SC was disabled and wheelchair bound. The floors were covered with clothes, boxes and debris. There were clothes and boxes falling out of the closets. The SC could not maneuver his wheelchair throughout the home. The SC required his medication with syringes. The BM had the used syringes throughout the home. There was also no hot water in the home.

**Report Determination:** Indicated

**Date of Determination:** 05/14/2017

### Basis for Determination:

ACS substantiated the allegation I/F/C/S because the home was observed to be extremely cluttered, creating a fire hazard condition and roach infested. The SC was a medically fragile child and completely dependent on the BM for his daily routine care and activities. The BM was offered mental health services, heavy duty cleaning and other services.





ACS unsubstantiated the allegation IG against the BM. The SC appeared to be well-cared for and the BM was very knowledgeable about the SC's medical care. The SC was receiving an adequate standard of medical care. The school staff, family, friends and medical providers reported the BM adequately cared for the SC.

**OCFS Review Results:**

Based on the information obtained by ACS during the investigation, the decision to substantiate the allegation I/F/C/S against the BM was appropriate. ACS also contacted collaterals who did not report any concerns for the SC. The BM was trained regarding the SC's medical care and she provided her son adequate standard care. Based on this, ACS appropriately unsubstantiated the allegation IG of the SC by the BM.

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)
09/12/2016	Deceased Child on Report, Male, 8 Years	Mother, Female, 42 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Deceased Child on Report, Male, 8 Years	Mother, Female, 42 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The report alleged the BM and her 8-year-old special needs son resided in unsanitary and unsafe condition. The home was extremely filthy and cluttered with only small passageways. The home was also mice and roach infested. The SC was wheelchair bound and had a feeding tube and an oxygen tank; however, the BM continued to smoke in the home.

**Report Determination:** Unfounded

**Date of Determination:** 11/07/2016

**Basis for Determination:**

ACS spoke to neighbors, school staff, and medical staff and they did not report any concerns for the SC being left unattended to or being in immediate or impending danger due to any action or inaction by the BM. Also, ACS conducted home visits and observed adequate clothing for the SC. The SC was fed through a gastro-tube directly in to his stomach. The tube was clean. There was adequate amount of food in the home to be given to the SC via the gastro-tube. During the investigation, the BM took steps to clear the home of excess clothing in the home. There was a clear path of outlet for the family to leave the home in case of emergency.

**OCFS Review Results:**

ACS conducted the investigation appropriately.

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)
06/25/2015	Deceased Child on Report, Male, 7 Years	Mother, Female, 41 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Deceased Child on Report, Male, 7 Years	Mother, Female, 41 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

There was a concern that the BM's 7-year-old SC who was severely disabled and had multiple medical condition was frequently left in his bed. On a regular basis, the SC was dirty, his were dirty, and he smelled. The SC's clothes were frequently covered with feces and urine. His bedding was dirty and smelled.

**Report Determination:** Unfounded

**Date of Determination:** 08/21/2015

**Basis for Determination:**

ACS made home visits and interviewed the family and collaterals. ACS did not observe the SC being covered in feces, urine, or having a foul odor. There was adequate food, clothing, and sleeping arrangements for the SC in the home and he did not appear malnourished. Also, school staff and the pediatrician did not report any concerns about the care the BM gave to the SC.

**OCFS Review Results:**

Based on the documentation, ACS' decision to unsubstantiate the allegations of the report was appropriate.

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

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

The BM did not have CPS history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

The BM did not have any known CPS history outside of New York State.

**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