



Report Identification Number: NY-22-098

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

Issue Date: Apr 24, 2023

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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: Bronx
Gender: Male

Date of Death: 11/24/2022
Initial Date OCFS Notified: 11/28/2022

Presenting Information

On 11/24/2022, The New York City Administration for Children's Services learned of the death of the 1-month-old subject child who was listed on an open CPS investigation. The mother had been riding the subway while carrying the subject child in a chest strap when she noticed the subject child had a bloody nose and was unresponsive. A bystander on the train contacted 911 and EMS and law enforcement responded to the scene. The subject child was given CPR and transported to the hospital. The subject child was intubated at the hospital, was unable to breathe on his own, and was pronounced deceased later that day. The mother and father were unable to provide an explanation as to what caused the subject child's condition. There was a 3-year-old surviving sibling with no role.

Executive Summary

This report is regarding the death of the 1-month-old subject child that occurred on 11/24/2022. At the time of his death, the subject child resided in a shelter with the mother, father, and 3-year-old surviving sibling.

On the morning of 11/24/2022, the mother, father, subject child, and surviving sibling attended a street parade. The mother was carrying the subject child in a chest strap during the parade and throughout the day. After the parade ended, the mother changed and breastfed the subject child. The subject child appeared well at that time. Around 1:00 PM, the family took the subway and rode in a car that had only standing room but was not overcrowded. While on the subway, the mother looked down and observed the subject child was not breathing. The mother knocked on the door for the train conductor to contact emergency services and a nurse who was riding the subway performed CPR on the subject child. Law enforcement and emergency medical services responded and took over life-saving efforts. The subject child was observed not breathing and there was blood streaming from his nose. The subject child was transported to a hospital and quickly transferred to another hospital equipped with a pediatric intensive care unit. The subject child was in cardiac arrest and unable to breathe on his own. The subject child was intubated and life-saving efforts continued until he was pronounced deceased at 9:13 PM.

An autopsy was completed, and ACS spoke with the medical examiner who reported the cause and manner of death were pending. The medical examiner noted there were no signs of trauma discovered during the autopsy and stated testing would be completed on the brain and heart to determine if there was a congenital abnormality that could have contributed to the death. The status of the testing and the autopsy results were pending at the time the CPS investigation was closed. ACS coordinated their investigation with law enforcement and learned that the law enforcement investigation was closed with no charges or arrests.

As the death was not reported to the SCR, there were no allegations to be determined related to the fatality. The CPS investigation open at the time of the subject child's death contained allegations of Inadequate Guardianship and Internal Injuries against the mother in relation to the child being brought to the hospital unresponsive. The allegations were unsubstantiated against the mother regarding the subject child as ACS determined there was not a preponderance of evidence found to support that the mother abused or neglected the subject child.

Service needs were identified for the mother, father, and surviving sibling. ACS offered voluntary preventive services which were accepted by the mother and father. The services case opened on 11/28/2022 and remained open at the time this report was written. At the time the CPS investigation was closed, the family was engaged with bereavement services and homemaking services, and ACS had offered burial assistance.



PIP Requirement

ACS will submit a PIP to the New York City Regional Office within 45 days of the receipt of this report. The PIP will identify action(s) the ACS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The fatality was not reported to the SCR; therefore, there were no allegations to be determined.

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:

The required 7065 reporting form regarding the death of a child listed on an open CPS investigation was not provided to the New York City Regional Office until 12/7/2022, 10 days after the end of the 72-hour time-frame.

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: 11/24/2022

Time of Death: 09:13 PM

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

Unknown

County where fatality incident occurred:

New York



Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

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	No Role	Male	1 Month(s)
Deceased Child's Household	Father	No Role	Male	31 Year(s)
Deceased Child's Household	Mother	No Role	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)

LDSS Response

Upon learning of the death of the subject child, ACS coordinated with law enforcement, interviewed the mother and father, assessed the safety of the surviving sibling, and gathered information from hospital staff, shelter staff, the medical examiner, and relatives of the family.

The mother and father were interviewed separately and reported similar events leading to the death of the subject child. Both parents stated the subject child was well and had no issues breathing prior to being discovered unresponsive on 11/24/2022. The mother, father, subject child, and surviving sibling left the home in the morning of 11/24/2022 to attend a street parade. The mother was carrying the subject child in a chest strap throughout the day. The family attended the parade, stopped to change and feed the subject child, and took the subway to visit the home of the paternal grandmother. While on the subway the mother noticed the subject child was not breathing and alerted the father. The parents got the attention of the train conductor who contacted emergency services. A nurse was traveling on the subway and aided the parents in performing CPR on the subject child until first responders arrived. The parents traveled with law enforcement to the hospital and were transported to a second hospital so the subject child could be treated in a pediatric intensive care unit. The parents denied the subject child was ill or seemed unwell prior to his death and reported they did not know what caused the death.

ACS attempted to interview the surviving sibling on multiple occasions and the surviving sibling did not answer any questions for ACS. The sibling was observed to be free of observable injuries and appeared comfortable in the care of the parents.

Records gathered from the subject child's pediatrician showed he was up to date with well visits and immunizations and the practice reported no concerns for the subject child's care with the parents. Records noted the subject child was born



with a physical deformity for which he was appropriately treated. There were no further medical concerns noted.

ACS interviewed a neighbor who was with the family at the parade. The neighbor stated the subject child appeared well throughout the day and did not seem to have any trouble breathing. The neighbor denied any concerns for the subject child or surviving sibling in the care of the parents. ACS interviewed the paternal grandmother who also reported no concerns for the subject child or surviving sibling in the care of the parents.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

Was the fatality referred to an OCFS approved Child Fatality Review Team?No

Comments: The New York City area does not have an OCFS-approved Child Fatality Review Team.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input 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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

siblings/ other children in the household within 24 hours?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
The safety assessments were not required as the fatality was not reported to the SCR. ACS appropriately assessed the safety of the sibling on the open investigation.

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"/>

Explain:
The risk assessment resulted in documented service needs. ACS offered preventive services which were accepted by the family.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Preventive Services							

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:

There were no fatality related service needs identified for the surviving sibling.

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

Explain:

Services were provided to the parents including bereavement counseling, homemaking services, and burial assistance.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

Yes

Was the child ever placed outside of the home prior to the death?

No



Child Fatality Report

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

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> With a positive toxicology | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> With none of the issues listed noted in case record |

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)
11/24/2022	Deceased Child, Male, 1 Months	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 1 Months	Mother, Female, 26 Years	Internal Injuries	Unsubstantiated	

Report Summary:

The SCR report alleged the mother was carrying the subject child in a chest strap carrier when the subject child became unconscious and sustained a bloody nose. The subject child was in critical condition and unable to breathe on his own. The mother was unable to provide an explanation for the subject child's injury. The roles of the father and the surviving sibling were unknown.

Report Determination: Unfounded**Date of Determination:** 01/23/2023**Basis for Determination:**

The investigation conclusion narrative noted the allegations of Inadequate Guardianship and Internal Injuries were unsubstantiated against the mother regarding the subject child. Hospital staff and the medical examiner found no evidence of outward trauma or internal injury to the subject child and reported the child appeared to be well cared for. Records from the subject child's pediatrician showed he was up to date with well visits and immunizations. All collaterals denied concerns for the mother's care of the subject child and there was no evidence gathered to support that the mother neglected or abused the subject child.

OCFS Review Results:

ACS initiated an investigation within 24 hours of receiving the SCR report. ACS coordinated with law enforcement, interviewed the parents, and gathered information from pertinent collaterals. ACS assessed the safety of the surviving sibling within 24 hours and continuously throughout the investigation. Service needs were identified and the family was provided with bereavement counseling, funeral assistance, and homemaking services. ACS offered preventive services which were accepted by the family. The OCFS 7065 reporting form was required to be completed and provided to the New York City Regional Office within 72 hours of the death on 11/24/2022; however, was not completed until 12/7/2022.

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



Issue:

Failure to report death of child in open CPS or Preventive/CPS services case in timely manner

Summary:

The subject child died on 11/24/2022; however, the mandated 7065 reporting form was not completed and provided to the New York City Regional Office until 12/7/2022. The form is required to be provided to the regional office within 72 hours of the death of a child listed on an open CPS investigation.

Legal Reference:

06-OCFS-LCM-13

Action:

ACS will complete the OCFS 7065 form and send it to the appropriate Regional Office of the New York State Office of Children and Family Services within 72 hours of the injury, accident, or death.

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

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

Known CPS History Outside of NYS

There was no known 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