



Report Identification Number: BU-16-015

Prepared by: Buffalo Regional Office

Issue Date: 11/10/2016

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	

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	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-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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 2 year(s)

Jurisdiction: Genesee
Gender: Male

Date of Death: 05/20/2016
Initial Date OCFS Notified: 05/22/2016

Presenting Information

On Friday May 20, 2016, BM left the SC and his twin sibling (2 years old) home alone. It was unknown how long mother was out of the residence. While BM was gone from the residence there was a house fire. Both SC and his twin perished in the fire on May 20, 2016 and were burned beyond recognition. The cause of death for the SC and his twin was unknown at the time of the report pending the results of the autopsy. The 4 year old sibling was not home during the fire, therefore he was given an unknown role.

Executive Summary

On 5/20/16, a fire broke out in the BM's apartment killing the SC and his twin, age 2. On 5/22/16 an SCR report was received alleging that the BM left the SC and his twin home alone for an undetermined period of time. The fire started after the BM left the home. The preliminary cause of the death was Carbon Monoxide poisoning due to smoke inhalation. Both children also sustained burns. Upon receipt of the report, Genesee County Department of Social Services (GCDSS) made contact with the BM, MGM, MU and LE. The BM originally stated that she left the home at 9:30pm on 5/20/16 after the twins had fallen asleep. She told the MGF and MU that she was going to go out and get diapers. The BM took the SS, age 5, over to the MGP's house and left him with the MU. Around 10 pm, the BM received a call from the MGM that there was a fire and she needed to come home. When the BM returned to the home the apartment was in flames and the SC and his twin were unable to be rescued. The BM was so distraught over the death of her children that she was taken to the hospital for an evaluation. The BM was released and went to stay with her parents. The CW made a safety plan with the BM and the MGPs that the BM would not be left alone with the SS due to her fragile mental state.

The CW contacted all appropriate collaterals during the course of the investigation. On 5/26/16, the BM retracted her story about the night of the fire. The BM admitted to leaving the home at 8:30 pm after putting the SC and his twin to bed and locked their bedroom door from the outside. She took the SS over to the MGPs home and left him with the MU. The BM didn't tell anyone that she was leaving the twins home alone. The BM went to a convenience store and bought some alcohol and gum. After that she went to a friend's home. The BM was at the friend's home when she got a call from the MGM that the apartment was on fire. LE charged the mother with 2 counts of Endangering The Welfare of a Child. The LDSS filed a neglect petition based on lack of supervision on 8/4/16. The Genesee County Family Court Judge issued an order on 8/9/16 that the BM not be left alone with the SS.

On 7/15/16, the CW substantiated the allegation of DOA/Fatality, LSUP and IG against the BM and opened a preventive case. The indication was based on the fact that the BM left her children alone locked in their bedroom with no supervision when she left to go to buy alcohol and be with her friend. The progress notes were clear and contemporaneous. The family was offered grief counseling. Both the BM and the SS are involved with mental health counseling. The CW is making biweekly visits with the family to assess the safety of the SS and provide casework counseling to the BM. The Regional Office agrees with the finding and has no recommendations or required actions.



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? Yes

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 notes a consultation took place, but no details noted.

Explain: The BM left her children alone locked in their bedroom with no supervision when she left to go to buy alcohol and be with her friend. The allegations for IG and LOS were substantiated. Due to the death of the SC and his twin the allegation of DOA/Fatality was substantiated. The case was indicated and opened for preventive services.

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: 05/20/2016

Time of Death: Unknown

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

County where fatality incident occurred: GENESEE

Was 911 or local emergency number called? Yes

Time of Call: 09:59 PM

Did EMS to respond to the scene? Yes



NYS Office of Children and Family Services - Child Fatality Report

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? No - but needed

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

Total number of deaths at incident event:

Children ages 0-18: 2

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)
Other Household 2	Aunt/Uncle	No Role	Male	26 Year(s)
Other Household 2	Grandparent	No Role	Male	49 Year(s)
Other Household 2	Grandparent	No Role	Female	46 Year(s)
Other Household 3	Aunt/Uncle	No Role	Female	23 Year(s)

LDSS Response

The SCR report was received on 5/22/16 at 12:38 am alleging that on 5/20/16, the BM left the SC and his twin alone in the apartment while she went to get diapers. While the BM was gone, the apartment caught on fire and the SC and his twin died. On the day of the report, the CW and the CPS supervisor went to the scene. No one was at the home. They went next door to the MGP's home. The CW spoke to the MGM. She told the CW that the children were not left home alone and she and the MGF were next door the whole time. The MGM stated that the BM was taken to the hospital for an evaluation because she was distraught over the loss of the SC and his twin. The MGM told the CW that the SS (surviving sibling) was at their house the night of the fire. The CW made arrangements to see the BM later that day.

When the CW arrived the BM was on the ground weeping in front of the house where the children died. The BF was also at the scene of the fire. The BM told the CW that she laid the SC and his twin down to bed and they were asleep at 9:30 pm. At that time, the BM went out to get diapers and go to a friend's house to pay her money that she owed. The BM stated that the MGF was outside and that she told the MA who lives in the same apartment house she was leaving. When she got to her friend's house she received a call from the MGM that there was a fire and the BM had to return immediately. When the BM got back to the house the apartment was in flames and she could not get in "to save her



NYS Office of Children and Family Services - Child Fatality Report

babies." The BM admitted to having a couple of sips of alcohol. The BM stated that she had clinical needs and was receiving appropriate assistance. The CW spoke to the MGF, MU, and the BM friend that she visited. Each person interviewed confirmed her account of what occurred.

On 5/22/16, the CW observed the burned apartment. The kitchen was charred and blackened. The SC and his twin's room were just behind the wall of the kitchen. The CW spoke to an insurance adjuster and the landlord. The CW were not allowed past the mud room of the apartment due to safety issues. It was believed that the fire started behind the stove.

On 5/23/16, the CW notified the DA and spoke to the source. The CW also contacted the Sheriff's Deputy that was on the scene. He stated that the BM arrived on the scene after the Sheriff's Dept. They had to restrain the BM from running into the house and she was screaming. They detained her and sent her to the hospital for evaluation. The deputy stated that he did observe the SS who was safe with the MGPs.

On 5/24/16, the CW visited the PGM's home and the home of the BF's GF. Both homes were deemed safe for the SS. The CW also spoke to the MA, who stated that she was asked by the MGM to check on the twins during her break from work because the BM had to run to the store. The MA did not speak with the BM until they met while passing each other on the road in their cars. The MA boyfriend (bf) stated that when they arrived back in the driveway of the home the night of the fire they could hear the cat's meowing and saw black smoke coming out of the roof. He called 911 immediately. The MA's bf tried to enter the home but could not get in. The CW interviewed the MGF who stated he was outside when the fire started and could not get in to rescue the twins. The SS was interviewed at the CAC but his story was inconsistent about the events.

On 5/26/16, the BM retracted her story and admitted to leaving the apartment at 8:30pm after putting the twins to bed and locking their bedroom door. The BM took the SS next door to her parents home before she left. She was arrested on 2 counts of Endangering the Welfare of a Child. The CW spoke to the Coroner who stated that the preliminary cause of death was Carbon Monoxide poisoning.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
029361 - Deceased Child, Male, 2 Yrs	029366 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated



NYS Office of Children and Family Services - Child Fatality Report

029361 - Deceased Child, Male, 2 Yrs	029366 - Mother, Female, 24 Year(s)	Burns / Scalding	Substantiated
029361 - Deceased Child, Male, 2 Yrs	029366 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
029361 - Deceased Child, Male, 2 Yrs	029366 - Mother, Female, 24 Year(s)	Lack of Supervision	Substantiated
029362 - Sibling, Male, 2 Year(s)	029366 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated
029362 - Sibling, Male, 2 Year(s)	029366 - Mother, Female, 24 Year(s)	Burns / Scalding	Substantiated
029362 - Sibling, Male, 2 Year(s)	029366 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
029362 - Sibling, Male, 2 Year(s)	029366 - Mother, Female, 24 Year(s)	Lack of Supervision	Substantiated
031521 - Sibling, Male, 5 Year(s)	029366 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
031521 - Sibling, Male, 5 Year(s)	029366 - Mother, Female, 24 Year(s)	Lack of Supervision	Substantiated

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"/>
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



NYS Office of Children and Family Services - Child Fatality Report

	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 parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

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"/>

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"/>



NYS Office of Children and Family Services - Child Fatality Report

Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<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: The surviving sibling was placed in a safety plan with his MGM.				

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:
08/04/2016	There was not a fact finding	There was not a disposition
Respondent:	029366 Mother Female 24 Year(s)	
Comments:	A neglect petition was filed against the BM for locking the twins in their bedroom and leaving the home for over an hour. While she was gone there was a fire in the home which caused the death of the SC and his twin sibling. On 8/9/16, the Genesee County Family Court Judge ordered that the BM not be left alone with the SS.	

Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	BM	Pending	pending
Comments:	The BM was charge with two counts of Endangering the Welfare of a Child due to leaving the SC and his twin locked in their bedroom. The BM left the residence and a fire broke out. Both the SC and his twin died of smoke inhalation.		

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"/>					
Economic support	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 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 checked="" 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 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:

Due to the BM's mental state and the fact that she had locked the SC and his twin in their room the night of the fire a safety plan was put into place. The MGP's agreed not to leave the BM alone with the surviving sibling. On 6/23/16, the BM was seen with the SS in her car alone. At that time, the safety plan was changed. The SS and the BM were to be supervised by the PGM. The SS is currently residing with the BM and MGP's. The BM has been court ordered not to be alone with the SS.

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

Explain:

A preventive services cases was opened to provide ongoing services to the family. Grief counseling was offered to the family and refused. The CW continues to make biweekly visits to the MGP's home to check on the SS's safety and offer services.

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? 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

There is no CPS investigative history in NYS within three years prior to the fatality.

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

none

Known CPS History Outside of NYS

none known

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.

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