



Report Identification Number: RO-18-005

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

Issue Date: Aug 30, 2018

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: 5 year(s)

Jurisdiction: Chemung
Gender: Female

Date of Death: 03/10/2018
Initial Date OCFS Notified: 03/13/2018

Presenting Information

The 3/12/18 SCR report alleged on 3/10/18, the parent substitute (PS) intentionally set fire to the family home. As a result, the 2 children, aged 5 and 6, and the BF died due to smoke inhalation. The 5 yo had burns to her face, the right front side of her body and severe burns on her back. The 6 yo had severe burns throughout his body. There were no other visible injuries to either child. PS, PS's mother (UHM), 9 yo SS and 10 yo other child were able to escape the fire and get out of the home. The 15 yo and 12 yo other children and BM had unknown roles.

Executive Summary

On 3/12/18, Chemung County Department of Social Services (CCDSS) received an SCR report regarding the death of the 5 and 6 yo children. This report concerns the death of the 5 yo child.

The investigation revealed on the night of 3/10/18, the family home caught fire and the 5 and 6 yo children and their BF were unable to escape. The children's bodies were found in an upstairs bedroom and were deceased. BF was found unconscious in the hallway outside the children's bedroom and was transported to the hospital via ambulance, where he died a short time later.

An autopsy was performed by Lourdes Hospital Department of Pathology. The cause of death for both children was determined to be asphyxiation secondary to smoke inhalation in a house fire. There were no inflicted injuries or pre-existing disease found for either child. A joint investigation was conducted with LE with the assistance of a New York State fire investigator. The investigator stated the fire was non-accidental, it was not electrical and there was no accelerant used. At the time this report was written evidence was still being processed and the exact cause of the fire had yet to be determined. There were no criminal charges filed and the LE investigation was ongoing.

BF, the 5 and 6 yo deceased children and the 9 yo SS were residing with parent substitute (PS), her 3 children, ages 15 (OC1), 12 (OC2) and 10 (OC3), and PS's mother (UHM). At the time of the fire, OC1 and OC2 were not in the home. OC3 was on the couch in the living room with PS and UHM was in her bedroom on the main floor of the home. All 3 escaped after learning about the fire. SS was asleep in the upstairs bedroom and was woken up by BF yelling and was also able to escape. After the fire, UHM, PS and her 3 children went to live with relatives. The children were assessed to be safe in the relative's home. PS, OC2 and OC3 engaged in bereavement and MH counseling. The family was provided with financial assistance through the Red Cross and obtained the needed clothing and supplies. The BF of PS's 3 children was incarcerated for an unrelated offense and had limited contact with the children.

The BM of the deceased children and SS resided in Kentucky and had a 1 yo child that resided with her. The 1 yo half sibling had no contact with the deceased children or SS and BM only had occasional phone contact with the children. BF obtained physical custody of their 3 children and moved to PGGM's home in Pennsylvania for 3 years, then to New York in 2017 with PS and her children. After the fire, BM asked for SS to return to the PGGM's home in Pennsylvania. PGGM and PGM applied for joint Article 6 custody of SS and the petition was pending in a Pennsylvania Family Court. Pennsylvania CPS assessed SS to be safe in PGGM's home and SS engaged in bereavement and MH counseling.

CCDSS conducted a thorough investigation into the incident and contacted all necessary collaterals. CCDSS unsubstantiated the allegations due to a lack of credible evidence that PS intentionally set the fire. Although there were inconsistencies in PS's account of the incident and the fire was labeled suspicious, the final lab results were not yet



received and the cause of the fire could not yet be determined. The case was closed as the family received the needed financial support, obtained housing, engaged in the needed bereavement and MH counseling and no other service needs were identified.

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

Explain:

The decision to unfound and close the investigation was appropriate.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

There was detailed supervisory consultation throughout the investigation.

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: 03/10/2018

Time of Death: 11:56 PM



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

11:01 PM

County where fatality incident occurred:

Chemung

Was 911 or local emergency number called?

Yes

Time of Call:

11:01 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 Eating Unknown Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 2

Adults: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	6 Year(s)
Deceased Child's Household	Father	No Role	Male	29 Year(s)
Deceased Child's Household	Father's Partner	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Other Child - OC3	Alleged Victim	Male	10 Year(s)
Deceased Child's Household	Other Child - OC2	No Role	Male	12 Year(s)
Deceased Child's Household	Other Child - OC1	No Role	Male	15 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	9 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	52 Year(s)
Other Household 1	Mother	No Role	Female	27 Year(s)

LDSS Response

Upon receipt of the SCR report on 3/12/18, CCDSS spoke to LE and learned a 911 call was received for a fire at 11:01 PM on 3/10/18. SS was picked up by his PGGM and brought to Pennsylvania and PS and her 3 children went to a relative's home. LE stated the fire was initially thought to be accidental, although after further review it was considered suspicious and required further investigation.

PS reported BF was working in Florida since November 2017 and returned home a few days prior to the fire. After the fire she learned BF was planning on moving to Florida. On the night of the fire, BF put his 3 children to bed around 7:30 PM in an upstairs bedroom. OC3 was lying on the couch in the living room when PS took a bath around 10:00 PM. PS then



went upstairs to her bedroom to retrieve a few items and then returned downstairs to sleep on the couch with OC3. About 5-10 minutes later BF went upstairs to check on the children and yelled downstairs there was a fire in the stairway. PS said she and OC3 ran out of the home and she asked a person driving by for assistance. BF yelled to his children and SS awoke and ran downstairs and out of the home. BF ran downstairs to retrieve a fire extinguisher, then went back upstairs and tried to put the fire out.

SS was assessed to be safe in PGGM's care. The other 3 children were assessed to be safe in PS's care. SS reported BF was at the top of the stairs and woke him up when he yelled fire. He ran out of the room, jumped over the fire and ran outside. He said BF tried to get his siblings out but he couldn't. OC3 reported he wanted to sleep on the couch since his brothers were spending the night at a friend's house and they usually occupied the couches. He just fell asleep when he heard PS yelling about the fire. He saw BF trying to put the fire out with water and he ran outside with PS and UHM. He saw SS run out of the home and said the other 2 children didn't wake up. He reported incidents of DV in the past between BF and PS and said he learned prior to the fire that BF was planning on moving to Florida. OC1 and OC2 reported they were not home during the incident and reported no concerns in the home. None of the children had knowledge of how the fire started. BM was spoken to and reported limited contact with the children and no direct knowledge of the incident.

LE reported BF was found passed out in the hallway, the 5 yo's body was found in the bedroom closet and the 6 yo's body was found a few steps from the bedroom window. BF was revived at the scene, although later died at the hospital due to smoke inhalation. LE and fire investigators reported some inconsistencies in PS's account of the incident. The fire started in the middle of the floor where there were no electrical circuits to cause faulty wiring. PS reported not noticing the fire when she went downstairs and 10 minutes later the fire spread all the way up the steps and into the hallway. Preliminary testing on the floor boards and carpeting revealed no accelerant was used to start the fire. The cause of the fire was unable to be determined until lab results were received, and that was estimated to take several more months.

CCDSS appropriately unfounded and closed their investigation. The family engaged in bereavement and MH counseling and obtained the needed financial support and housing.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Coroner

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? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
047308 - Deceased Child, Female, 5 Yrs	047312 - Father's Partner, Female, 32 Year(s)	Burns / Scalding	Unsubstantiated
047308 - Deceased Child, Female, 5 Yrs	047312 - Father's Partner, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
047308 - Deceased Child, Female, 5 Yrs	047312 - Father's Partner, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated



047309 - Deceased Child, Male, 6 Year(s)	047312 - Father's Partner, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
047309 - Deceased Child, Male, 6 Year(s)	047312 - Father's Partner, Female, 32 Year(s)	Burns / Scalding	Unsubstantiated
047309 - Deceased Child, Male, 6 Year(s)	047312 - Father's Partner, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
047310 - Sibling, Male, 9 Year(s)	047312 - Father's Partner, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
047315 - Other Child - OC3, Male, 10 Year(s)	047312 - Father's Partner, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated

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

Additional information:

BM resided out of state and attempts to meet with her face to face while she was in New York were unsuccessful. BF of the OC was incarcerated and was provided with a Notice of Existence letter. Neither parent had regular contact with the children.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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:
 MH counseling was determined to be a need for the family. SS, PS and OC2 and 3 engaged in bereavement and MH counseling.

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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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?

Family Court Criminal Court Order of Protection

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship



Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	PGGM and PGM filed an Article 6 Custody Petition in a Pennsylvania Family Court to obtain joint custody of SS. The petition was pending at the time the case was closed.	

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

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 Red Cross provided financial assistance to the family. SS, OC2 and OC3 engaged in bereavement and MH counseling.

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

**Explain:**

The Red Cross provided financial assistance to the family. PS engaged in bereavement and MH counseling.

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

SCR report 1/11/13 was substantiated for the allegation of XCP against PS regarding OC3. PS spanked OC3 with a belt, which left marks on his body. PS was charged with Endangering the Welfare of a Child and took parenting classes.

SCR report 3/28/10 was unsubstantiated for the allegations of IG and LMC against PS regarding OC1. OC1's hand was accidentally burnt and the babysitter didn't seek medical treatment.

There were 10 SCR reports between 2010 and 2014 against the BF of OC1, OC2 and OC3 regarding the CHN. There was 1 FAR case and 6 UNF reports for allegations of IG, PD/AM and SA. There were 4 IND reports for allegations of IG, LS, PD/AM.

Known CPS History Outside of NYS

There was 1 prior CPS report in Pennsylvania in February 2017 that was unfounded against BF and PS regarding SS. It was determined SS's broken leg was caused by an illness and not due to abuse or maltreatment.

BM reported she and BF had 2 prior CPS reports in Kentucky regarding their children. BM reported the first report was unfounded for allegations pertaining to the condition of the home. The second report had allegations of DV against BF and the finding was unknown. The records were requested by CCDSS and not received, therefore further information was not available.

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