



Report Identification Number: AL-18-029

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

Issue Date: Apr 18, 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: 17 year(s)

Jurisdiction: Albany
Gender: Male

Date of Death: 11/16/2018
Initial Date OCFS Notified: 11/23/2018

Presenting Information

The 17-year-old SC died on 11/16/18, after being shot on the Mohawk trail by an unrelated 3rd party. Albany County Department of Children, Youth and Families had an open child protective case with the family at the time of the fatality.

Executive Summary

On 11/21/2018, Albany County Department for Children, Youth and Families (ACDCYF) notified OCFS of the 17yo child's passing on 11/21/2018, through form 7065. ACDCYF had an open SCR report at the time of the child's death. ACDCYF learned of the death on 11/19/18, through local media coverage.

On 11/19/18, ACDCYF learned the child had been shot to death on the Mohawk trail on 11/16/18, by an unrelated third party. ACDCYF contacted LE who confirmed the child had died but could not provide ACDCYF with any further details as this was an ongoing homicide investigation. ACDCYF offered support and services to the family upon learning of the child's death. ACDCYF met with the family and assessed the safety of the surviving siblings. There were no noted safety concerns for the SS. ACDCYF offered bereavement services for family members and to connect the family with the Crime Victims Advocate. The family accepted these referrals. Given the circumstances surrounding the child's death, ACDCYF was not able to obtain the ME's report. ACDCYF's child fatality review team will be reviewing the death of the child pending the outcome of the criminal investigation.

ACDCYF met NYS regulations and requirements pertaining to casework contacts, safety assessments, risk assessment and the provision of services in the investigation that was open at the time of the child's passing. However, many of the progress notes were entered several months from the event date. There was no casework contact with family or casework activity from 9/13/18 to 11/19/18, the date ACDCYF learned of the child's death. ACDCYF made a determination about that investigation which has been addressed in the history section of this fatality report. At the time of the writing of this report, the case that was open at the time of the child's death was UNF and closed. The family was referred to community based services.

PIP Requirement

For issues identified in the historical cases, ACDCYF will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) ACDCYF has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, ACDCYF 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? Yes

Explain:

The SC died during an open investigation.

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 notes a consultation took place, but no details noted.

Explain:

The SC died during an open investigation. ACDCYF learned from LE the 17yo SC was shot to death on the Mohawk trail by an unrelated third party who was known to the SC. LE would not provide ACDCYF with any other information.

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: 11/16/2018

Time of Death: Unknown

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

County where fatality incident occurred: Albany

Was 911 or local emergency number called? Unknown

Did EMS respond to the scene? Unknown

At time of incident leading to death, had child used alcohol or drugs? Unknown

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 - Not needed given developmental age or circumstances



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	Adult Sibling	No Role	Female	24 Year(s)
Deceased Child's Household	Adult Sibling	No Role	Male	22 Year(s)
Deceased Child's Household	Deceased Child	No Role	Male	17 Year(s)
Deceased Child's Household	Mother	No Role	Female	40 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)

LDSS Response

ACDCYF had an open investigation, based on a report made to the SCR on 5/24/18 that alleged the mother and adult sibling were not providing adequate supervision to the subject child. The report further alleged that they were aware of the child's drug use but had failed to get him into a treatment program. The child denied ongoing drug misuse and had never been arrested. The child had been admitted to the hospital for a mental health evaluation on 5/25/18, where he was treated and released. The psychiatrist reported there were no signs of mental health issues, just behavioral concerns. The child reported not fitting in at his school due to his race and immigrant status. ACDCYF addressed this concern with the school and the school denied that the child was treated differently. ACDCYF was assisting mother in working with the school to address these issues. ACDCYF learned during the investigation that the family had immigrated from the Congo because of the war there. The father was deceased and the mother was a single parent working full time and attending school. The two adult siblings assisted the mother with the care of the children.

Upon learning of the death of the child, ACDCYF immediately reached out to the family to offer services and support. ACDCYF met with the family and spoke with the surviving siblings who were afraid to return to school because of what happened to their brother. ACDCYF coordinated with the Crime Victims Advocate and the Education Liaison to assist the family. The family accepted the assistance and referrals.

ACDCYF contacted LE who confirmed the 17yo child was shot to death by an unrelated 3rd party. LE was continuing to investigate the homicide and could not provide ACDCYF with details surrounding their investigation. ACDCYF assessed the safety of the surviving siblings in the home and interviewed all family members and offered referrals bereavement counseling. There were no noted safety concerns for the surviving siblings. ACDCYF had not gathered sufficient information from the family about the events leading up to the death of the child. However, based on information from LE there was no reasonable cause to suspect that there was abuse or neglect of the child. There was no documentation in the case record that ACDCYF obtained the ME's report or any medical documentation pertaining to the death of the child.

The child died on 11/16/18. ACDCYF did not learn about the child's death until 11/19/18. ACDCYF notified OCFS of the child's death through form 7065 on 11/21/2018 as required. ACDCYF's child fatality review team will be reviewing the death of the child pending the outcome of the criminal investigation.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: Unknown



Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

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

Comments: ACDCYF Child Fatality Review Team's review of this case was pending the outcome of the criminal case at the time of this writing.

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACDCYF contacted LE who confirmed the 17yo SC was shot and killed on the Mohawk trail by an unrelated third party. It was under investigation for homicide and LE could not provide any more information to ACDCYF.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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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:
This was not an SCR reported fatality the SC was shot and killed outside the home by an unrelated third party.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
ACDCYF made referrals for bereavement services to all family members and assisted in coordinating and connecting the family with the Crime Victims Advocate.

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"/>

Explain as necessary:
The surviving siblings remained in their mother's care.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.



Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Crime Victims Advocate							

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? Yes
- 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)
05/24/2018	Deceased Child, Male, 17 Years	Mother, Female, 40 Years	Childs Drug / Alcohol Use	Unsubstantiated	Yes
	Deceased Child, Male, 17 Years	Mother, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 17 Years	Mother, Female, 40 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Male, 17 Years	Adult Sibling, Male, 22 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Deceased Child, Male, 17 Years	Adult Sibling, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 17 Years	Adult Sibling, Male, 22 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

The report alleged the mother and the unknown named sibling were aware the 16yo SC had a history of using marijuana to the point of impairment on a frequent and consistent basis. The adults had failed to get the child into any form of drug treatment. The adults were failing to properly supervise the child and at times did not know where he was late at night. On 05/24/2018 at 11:00PM the adults were unaware of the child's location. The roles of the other children were unknown.

Report Determination: Unfounded

Date of Determination: 12/04/2018

Basis for Determination:

ACDCYF interviewed all family members, medical professionals, LE and school. There was no evidence to support the allegations of IG, CD/AM, and LS against the mother and the adult sibling. The 16yo SC was taken to the hospital for a mental health evaluation and the mother fully cooperated with the child treatment. ACDCYF spoke with LE and the child had no arrests and the mother had called them for assistance previously. The mother fully cooperated with ACDCYF. The SC was killed by a third party who was known to the victim. This occurred during the open investigation. ACDCYF appropriately offered and arranged for community services. The allegations were Unsub. The case was UNF and closed.

OCFS Review Results:

Family members were interviewed. Necessary collaterals were contacted and had no concerns for the safety of the children. The 7-day safety assessment was completed and reviewed on time. ACDCYF appropriately enquired about the father and learned he was deceased. There was no contact with the family or casework activity from 9/13/18 to 11/19/18 the date of the reported fatality regarding the death of the child. Numerous notes were entered two months after the event date.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Numerous progress notes were entered were entered 2 months after their event date.

Legal Reference:

18 NYCRR 428.5

Action:

All progress notes will be entered as contemporaneously as possible to their event dates.



SCR report received on 10/11/12 with allegations of IG and LS against mother for the SS and SC. The allegations were Unsub. The case was UNF and closed on 11/15/12, with no services needed.

SCR report received on 7/15/15 with allegations of IG and LS against the mother for the 14yo SC. The allegations were Unsub. The case was UNF and closed on 11/15/15, with no services needed.

SCR report received on 9/23/18 with allegations of IG against the mother for the 4yo SS. The allegations were Unsub. The case was UNF and closed on 11/24/15, with no services needed.

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