



**Report Identification Number: NY-18-054**

**Prepared by: New York City Regional Office**

**Issue Date: Nov 13, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** Queens  
**Gender:** Female

**Date of Death:** 08/08/2016  
**Initial Date OCFS Notified:** 06/01/2018

## Presenting Information

The 6/1/18 SCR report alleged approximately one year prior to June 2018, the SF brought the SC to a bar so the SF could play cards. The SF did not supervise the SC and as a result, the SC fell from a table and hit her head. Three weeks later, the SC died due to trauma sustained from the fall. The report also alleged the parents had another child who died for unknown reasons.

## Executive Summary

The 1-month-old female child (SC) died on 8/8/16. The SC died in the state of Maryland. ACS informed NYCRO that the ME's office in the state of Maryland where the incident occurred did not have records for the SC. However, on 7/26/18, a supervisor with the Baltimore Child Protection Family and Children Service (BCPFCS) informed ACS that the SC died due to natural causes.

The SCR registered a report of the SC's death on 6/1/18. The 6/1/18 report included the allegations of DOA/Fatality and IG of the SC by the SM and SF. The report also included the allegations of DOA/Fatality, IG and LS of the SM and SF's 2-year-old CH by the SF. NYCRO issued a separate Individual Child Fatality Report in regard to the death of the 2-year-old CH.

ACS interviewed the SM who said medical staff diagnosed the SC with a pre-existing condition. The SM said the SC died in the state of Maryland. ACS verified there were two surviving CHN (6-yo male and 10-month-old female siblings) in the household composition at the time of the 6/1/18 SCR report. The 10-month-old CH was medically fragile and received treatment for a pre-existing medical condition.

On 7/31/18, ACS referred the case to Family Court Legal Services (FCLS) for a legal consultation. FCLS said there did not appear to be a legal basis to file an Article Ten Neglect petition on behalf of the surviving CHN. The hospital staff had no concerns regarding the 10-month-old and the 6-yo CHN who seemed to have received adequate care.

The documentation reflected that the family would be referred to a PPRS agency that specialized in providing support services to families of medically fragile CHN and the SM and SF agreed to accept preventive services. On 8/6/18, ACS opened a preventive services case to address the family's medical needs. The Family Service Progress Notes reflected the family relocated to Maryland. The documentation did not include the date the family relocated to Maryland. ACS received information from Maryland CPS on 9/21/18. ACS learned that the agency went to the residence of the family on 9/12/18, but was unable to gain entry to the home. On 9/21/18, Maryland CPS met with the SM in her home. On 9/24/18, ACS closed the preventive services case.

ACS completed the required safety assessments and indicated the CHN were not in any immediate or impending danger of serious harm.

On 8/8/18, ACS Unsub the allegations of DOA/Fatality and IG of the SC regarding the parents. ACS based the determination on the fact that there was no evidence showing that the SC died due to abuse or maltreatment. The SM said she was not provided a death certificate for the SC. According to information provided by CWs in Maryland and NY, the SC passed away due to natural causes.



## 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? 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:

N/A

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Face-to-Face Interview (Subject/Family)
<b>Summary:</b>	The documentation of the SF's interview on 7/3/18 did not reflect that the circumstances of the 1-month old CH's death was explored with him.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(a)
<b>Action:</b>	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information



**Date of Death:** 08/08/2016

**Time of Death:** Unknown

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

Unknown

**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?**

N/A

**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**

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

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)

### LDSS Response

On 6/1/18, ACS obtained information from LE and found they received an incident report regarding a male CH who allegedly drank alcohol alongside his father at the bar. The father listed in the LE incident report did not have the same name as the SF.

ACS interviewed the owner of the café who denied the incident involving the SF occurred at the café. ACS visited the café and observed the SF on 6/4/18. ACS initiated an interview with the SF. According to the SF's account, he resided in Maryland and he had two CHN who resided in a foreign country. The SF asked ACS to discontinue the interview.

On 6/28/18, ACS utilized an external resource to locate and obtain information about the family. ACS learned that the SC died due to pre-existing medical conditions. ACS contacted hospital staff who said an autopsy was performed, but the results were not disclosed to the SM. The documentation of the interview with the hospital staff did not reflect ACS asked about the reason for nondisclosure to the SM.

On 7/3/18, ACS visited the home and interviewed the parents. The SM denied they brought their CHN to a bar. The SM said the SC was born with a hole in her heart and died on 8/6/16. The SF said he had two children who died in Maryland.



The documentation of the SF's interview on 7/3/18 did not reflect that the SC's death was explored with him. Later, ACS asked the SM about the SC's death certificate; she said she did not receive the autopsy results. ACS observed the 6-year-old CH in his room.

On 7/31/18, ACS interviewed the BCPFCS staff who said the SC died in Montgomery County, Maryland, but could not recall the name of the hospital. The SC's cause of death was undetermined. ACS also interviewed a CW from Maryland CPS who investigated a report about the parents in November or December 2017. ACS learned that in December 2017, the CPS agency indicated the case for medical neglect against both parents; as the parents failed to follow through with medical recommendation for the 10-month old CH.

### 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 investigation conducted by a Multidisciplinary Team (MDT)?**No

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

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

**Comments:** There is no OCFS Child Fatality Review Team in NYC.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
048101 - Deceased Child, Female, 1 Mons	048182 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
048101 - Deceased Child, Female, 1 Mons	048121 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated
048101 - Deceased Child, Female, 1 Mons	048182 - Father, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
048101 - Deceased Child, Female, 1 Mons	048121 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

N/A

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 ACS was unable to identify and locate the family within 24 hours of notification of the fatality.

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<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"/>
<b>Explain:</b> ACS documentation reflected the family would be referred to a PPRS agency and would receive services to address medical needs.				

### 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? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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"/>



<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Other, specify: PPRS

**Additional information, if necessary:**

The family was referred for 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?** Unable to Determine

**Explain:**

The case record did include information to determine whether the family received services related to the SC's death.

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

**Explain:**

The case record did include information to determine whether the family received services related to the SC's death.

## 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

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome



## 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

The parents were not known to the SCR or ACS more than three years prior to the fatality.

## Known CPS History Outside of NYS

There was no known history outside of NYS at the time of the SC's death.

## 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