



**Report Identification Number: NY-24-010**

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

**Issue Date: Jun 24, 2024**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services had an open investigation or a CPS monitored services case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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:** 2 month(s)

**Jurisdiction:** Kings  
**Gender:** Female

**Date of Death:** 02/08/2024  
**Initial Date OCFS Notified:** 02/08/2024

## Presenting Information

An SCR report was received on 2/8/24, which alleged the mother fell asleep in the bed while feeding the 2-month-old subject child. The mother fell asleep with the subject child in her arms and when she woke, the subject child was unresponsive. The parents contacted 911, emergency medical services arrived, and they attempted cardiopulmonary resuscitation (CPR). The subject child was transported to the hospital where they also attempted CPR and were unable to resuscitate her. On 2/8/24, the subject child was pronounced deceased. It was believed the unsafe sleep situation contributed to the child's death.

## Executive Summary

This report concerns the death of a 2-month-old female child that occurred on 2/8/24. The New York City Administration for Children's Services (ACS) received an SCR report on that same date, regarding the fatality. The SCR report contained the allegation of Inadequate Guardianship against the mother and father. In addition, the allegation of DOA/Fatality was listed against the mother. At the time of her death, the subject child resided with her mother, father, and two surviving siblings ages 1 and 3 years old. ACS immediately initiated their investigation and assessed the surviving siblings to be safe in the care of their parents.

Through a joint investigation with law enforcement, it was learned the subject child was in the care of the parents on the evening of 2/7/24. The mother, father, surviving siblings and subject child all co-slept in bed together. On the morning of 2/8/24, the mother woke and found the subject child unresponsive. The mother attempted CPR while the father contacted 911. Emergency medical services arrived and took over life-saving efforts. The subject child was transported to the hospital where life-saving efforts continued but were unsuccessful. Shortly after arrival to the hospital, the subject child was pronounced deceased.

ACS communicated with the attending physician at the hospital and learned the subject child's diagnosis was sudden infant death syndrome (SIDS). ACS communicated with the medical examiner's office and learned a preliminary autopsy was completed. There were no signs of gross disease or trauma to the child that would have caused the child's death. The final autopsy report was received and showed the subject child tested positive for coronavirus. The cause of death was undetermined (intrinsic and extrinsic factors), and the manner of death was undetermined. ACS communicated with law enforcement and learned there were no concerns for abuse or malnourishment. In addition, there were no criminal charges pending against the parents and it appeared the criminal investigation was on-going awaiting autopsy results.

ACS substantiated the allegation of Inadequate Guardianship against the mother and father and unsubstantiated the allegation of DOA/Fatality against the mother. ACS accurately determined their investigation based on information that was obtained. The mother and father were educated about safe sleep after the birth of the subject child and admitted to regularly engaging in unsafe sleep practices. Regarding unsubstantiating the allegation of DOA/Fatality, the attending physician's medical diagnosis for the subject child was SIDS and there was no information at the time of case closure that the sleeping environment caused or contributed to the subject child's death.

ACS gathered information from collateral contacts such as hospital staff, law enforcement, relatives, and the medical examiner's office. The 24 hour and 30-day fatality reports were completed timely and accurately. All safety assessments were completed timely and accurately. The Risk Assessment Profile was completed and was consistent with case circumstances, and progress notes were entered contemporaneously. The 1-year-old sibling was referred to early



intervention and all required notifications were provided. In addition, ACS utilized interpreter services to assist with language barriers.

ACS provided the subject mother and father with information regarding bereavement services. In addition, ACS discussed burial assistance with the family which was accepted. Preventive services were offered and at the time this report was written, the family was actively participating in preventive services.

## 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:

ACS made an appropriate decision to substantiate the allegation of Inadequate Guardianship and unsubstantiate the allegation of DOA/Fatality based on evidence obtained throughout their investigation.

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 has detail of the consultation.

### Explain:

Casework activity was commensurate with case circumstances.

## 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:** 02/08/2024

**Time of Death:** 05:32 AM

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

01:30 AM

**County where fatality incident occurred:**

Kings

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Yes

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

Unknown

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**Children ages 0-18:** 1

**Adults:** 0

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)

## LDSS Response

On 2/8/24, ACS received a report regarding the death of the subject child. ACS initiated their investigation within 24 hours, notified the DA and ME, and coordinated their efforts with LE. ACS contacted the source of the report, completed a CPS history check, and assessed the surviving siblings to be safe in the care of their parents.

ACS completed an interview with the subject mother on 2/8/24. During her interview, she explained that on 2/7/24, she co-slept in a full-size bed with the father, subject child, and surviving siblings. Around 1:00AM on 2/8/24, the mother breastfed the subject child and then proceeded to walk around the room burping the child. The subject mother reported the subject child burped and she then laid back down in the bed holding the subject child face-up and cradled in her arms. The subject mother reported she woke at 5:00AM to feed the subject child and noticed she was not moving. The mother then woke the father who contacted 911. The mother reported the 911 operator instructed her to give mouth to mouth to the subject child. The ambulance arrived and the mother left with the subject child while the father stayed at the residence with the siblings and with law enforcement. The subject mother explained the subject child would normally wake around 4:00AM for her feeding. The subject child had been vomiting, which started on 2/7/24, and she had not had a bowel



movement in two days due to constipation. The subject mother reported giving the subject child a small amount of plum tea in her bottle to assist with her constipation. The subject mother noted that was not the first time she had given the subject child plum tea.

ACS completed an interview with the subject father on 2/8/24. During his interview, he explained the subject mother fed the subject child at 1:00AM. After the feeding, the father and mother went back to sleep around 1:30AM. The subject father reported the mother was holding the subject child in her arms when she went to sleep. The subject father noted during the feeding the two siblings were sleeping in the bed. The subject father explained the mother tried to wake the subject child around 5:00AM but was unable to, so he contacted 911 and then went to wake the paternal grandmother. The subject father reported the mother left with the subject child to go to the hospital while he stayed at the residence. The father then left the siblings in the care of their paternal grandmother to join the mother at the hospital.

ACS spoke with the paternal grandmother who confirmed the mother and father’s explanation of events. The paternal grandmother reported she watched the surviving siblings so the father could go to the hospital. The paternal grandmother reported no concerns for the mother and father's parenting abilities.

ACS communicated with the subject child and surviving siblings’ pediatricians. There were no concerns noted for the siblings' physical health and they were up to date with medical treatment. The subject child was not noted to have any medical conditions and there was no history the parents ever consulted the doctor about constipation or vomiting. There were no additional concerns reported for the subject child.

ACS completed an Initial Child Safety Conference (ICSC) on 2/12/24. The family agreed to preventive services for assistance with bereavement counseling, parenting classes, housing assistance, early intervention, and legal services. The Family Services Stage (FSS) remained open at the time this report was written.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical 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 referred to an OCFS approved Child Fatality Review Team?** No

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
067452 - Deceased Child, Female, 2 Month(s)	067454 - Father, Male, 20 Year(s)	Inadequate Guardianship	Substantiated
067452 - Deceased Child, Female, 2 Month(s)	067453 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
067452 - Deceased Child, Female, 2 Month(s)	067453 - Mother, Female, 21 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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

	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

The family agreed to preventive services for assistance with bereavement counseling, parenting classes, housing assistance, early intervention, and legal services.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Legal Activity Related to the Fatality**

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

**Services at the Time of and/or in Response to the Fatality**

Services	Received	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Early Intervention</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Child Care</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Were services offered to and/or received by siblings or other children in the household at the time of and/or in response to the fatality? Yes**

**Explain:**  
The parents agreed to preventive services for assistance with bereavement counseling, parenting classes, housing assistance, early intervention, and legal services. In addition, ACS provided the family with Pack 'N Plays and requested toddler beds.

**Were services offered to and/or received by parent(s) and other care givers at the time of and/or in response to the fatality? Yes**

**Explain:**  
The parents agreed to preventive services for assistance with bereavement counseling, parenting classes, housing assistance, early intervention, and legal services. In addition, ACS provided burial assistance to the family.

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** No  
**Was the child acutely ill during the two weeks before death?** Yes

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none of the issues listed noted in case record

## 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**

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

**Known CPS History Outside of NYS**

There was no known CPS 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