



Report Identification Number: RO-16-011

Prepared by: Rochester Regional Office

Issue Date: Feb 15, 2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 07/16/2016
Initial Date OCFS Notified: 07/16/2016

Presenting Information

On 7/16/16, Monroe County Department of Human Services (MCDHS) received an initial and a subsequent report in regards to the death of the subject child (SC) with allegations of Dead on Arrival/Fatality (DOA/FAT) and Inadequate Guardianship (IG).

According to the reports on 7/16/16, the BM left for work and the BF fed the SC half of a bottle and laid him on the bed until he fell asleep. Afterwards, the BF placed the SC in a bassinet face down on a blanket and went back to sleep. The BF woke up at 11am and immediately checked on the SC. The BF noticed that the SC was unresponsive and called for the PGM (paternal grandmother). The PGM responded and also noticed that the SC was unresponsive. The BF called 911 and was instructed to perform CPR. Emergency Medical Services (EMS) responded to the home and the SC was transported to a local hospital. The SC was pronounced dead at 11:36am. The cause of death is unknown at this time.

Executive Summary

This fatality report concerns the death of a 3-month-old male that occurred on 7/16/16. MCDHS received an initial and a subsequent report from the SCR regarding the SC with allegations of Dead on Arrival/Fatality (DOA) and Inadequate Guardianship (IG). The BF was listed as the subject of the report. The BM, PGM and surviving sibling (SS) were all listed with unknown roles.

Upon initiating the investigation MCDHS determined that a paternal uncle resided in the home and a 15-year-old paternal cousin was visiting the home the night prior to the incident. MCDHS added the paternal uncle to the report listing him as a subject. The PGM and BF roles were changed to subjects. The BM, paternal cousin and SS roles were changed to no role. It should be noted that MCDHS also determined that the SS was in the care of the maternal grandmother at the time of the incident.

MCDHS initiated the investigation timely and conducted a joint investigation with Law Enforcement (LE) and conducted adequate assessments of immediate danger to the SS named in the report within 24 hours. MCDHS also completed adequate safety/risk assessments and implemented appropriate safety plans when needed. MCDHS has conducted a comprehensive investigation and assessment of service needs. In addition, MCDHS referred the family to appropriate services to address issues related to grief and loss.

During preliminary consultations with the medical examiner it was reported that the cause and manner of death was unknown and required further investigation. The Emergency Room personnel reported that there were not any signs of trauma observed. The cause and manner of death are still pending at this time.

MCDHS has not determined the report at this time. The investigation has been open for over six months. As a result, there is one required action. However, no further action is needed as the RRO is aware of actions being taken by MCDHS to address this concern.



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? N/A
- 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? N/A

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:

As noted above.

Required Actions Related to the Fatality

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

Issue:	Timeliness of Determination
Summary:	MCDHS received this fatality report from the SCR on 7/16/16. As of 1/24/17, a determination has not been made. The report has remained open for over 6 months.
Legal Reference:	SSL 424(7);18 NYCRR 432.2(b)(3)(iv)
Action:	No further action is required at this time as the RRO is aware of on-going strategies that MCDHS has developed in an attempt to improve timeliness of CPS report determinations.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/16/2016

Time of Death: 11:36 AM

Time of fatal incident, if different than time of death: 11:00 AM



County where fatality incident occurred: MONROE

Was 911 or local emergency number called? Yes

Time of Call: 11:11 AM

Did EMS to 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

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At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	18 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	66 Year(s)
Deceased Child's Household	Mother	No Role	Female	19 Year(s)
Deceased Child's Household	Sibling	No Role	Female	15 Month(s)

LDSS Response

On 7/16/16, MCDHS responded to the information about the fatality by conducting a collateral contact with Law Enforcement (LE). According to the LE investigator, the SC was in the care of the BF when the incident occurred. The investigator further reported that the SC was pronounced dead at the hospital at 11:36 am. In addition, there were no obvious signs of trauma and the death did not appear to be suspicious according to the attending physician.

On the same day, MCDHS conducted a home visit and determined that the surviving sibling was safe in the care of the parents. As per the BM, the SS was in the care of the MGM when the incident occurred. MCDHS verified this information with the MGM.



Between 7/16/16 and 8/4/16 all household members were interviewed regarding the events leading up to the death of the SC.

It was determined that on the day of the incident, the BM left the SC in the care of the BF. At about 6am, the BM fed the SC, changed his diaper and placed him on his stomach inside a bassinet located in the parents' bedroom on the first floor of the home. Afterwards, she left the home between 7:30 and 7:45 for work. The BF reported that after the BM left, he heard the SC whining. The BF attended to the SC by feeding him the remainder of milk in the bottle. The SC fell asleep and the BF placed him back in the bassinet on his stomach. At about 11am the BF woke up and found that the SC in the bassinet on his stomach. The BF notice that he was unresponsive and limp. The BF ran upstairs with the SC and informed the PGM that something was wrong with the SC. The PGM reported that she observed that the SC was unresponsive and instructed the BF to call 911. The 911 operated instructed the BF on how to perform CPR. EMS arrived at the home at 11:18am. The SC was found to be without a pulse and apneic. The SC was transported to the emergency department for further care. The SC was pronounced dead at 11:36pm. The paternal grandmother, uncle and cousin all reported that the SC was in the care of the BF. In addition, they did not observe or hear anything out of the ordinary besides the BF alerting the PGM that something was wrong with the SC.

On 7/22/16, MCDHS received the preliminary autopsy report from the Medical Examiner. As per the report the cause and manner of death were pending further investigation.

On 7/26/16, MCDHS conducted a collateral contact with the attending social worker from the hospital. As per the social worker the SC was observed to have no bruises or abrasions upon arrival to the hospital. No other concerns were noted.

On 7/27/16, MCDHS conducted a collateral contact with the responding EMT. The EMT provided the patient care report. As per the report, the BF performed CPR on the SC until they arrived. Upon arriving, EMS continued CPR and administered two rounds of epinephrine. However, the SC remained pulseless and apneic. Medical staff assumed care of the SC at 11:27am.

On 8/24/16, MCDHS conducted a collateral contact with the responding law enforcement officer. As per the officer, when he arrived at the home the SC was on the floor and the BF was performing CPR on him. When EMS arrived, they assumed care of the SC. The officer transported the BF to the hospital. As per the officer the BF was appropriately upset. The officer did not report any other concerns.

Between 8/24/16 and 10/31/16, MCDHS continued to conduct appropriate investigative activities.

On 11/28/16, MCDHS re-assigned the investigation to another worker. Since that date, MCDHS has continued to conduct monthly contacts with the family. MCDHS has determined that the SS is safe in the care and custody of the parents. The parents are engaged with grief and loss services.

The investigation remains open at this time and a determination has not been made. The cause and manner of death remain unknown as the final autopsy report has not been completed.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner



Multidisciplinary Investigation/Review

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

Comments: The fatality investigation was conducted by an MDT.

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
035121 - Deceased Child, Male, 4 Mons	035124 - Grandparent, Female, 66 Year(s)	DOA / Fatality	Pending
035121 - Deceased Child, Male, 4 Mons	035123 - Father, Male, 18 Year(s)	DOA / Fatality	Pending
035121 - Deceased Child, Male, 4 Mons	035125 - Aunt/Uncle, Male, 30 Year(s)	DOA / Fatality	Pending
035121 - Deceased Child, Male, 4 Mons	035124 - Grandparent, Female, 66 Year(s)	Inadequate Guardianship	Pending
035121 - Deceased Child, Male, 4 Mons	035123 - Father, Male, 18 Year(s)	Inadequate Guardianship	Pending
035121 - Deceased Child, Male, 4 Mons	035125 - Aunt/Uncle, Male, 30 Year(s)	Inadequate Guardianship	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fatality Safety Assessment Activities

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: As noted above.				

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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" 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"/>
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 parent(s) and other care givers to address any immediate needs related to the



fatality? Yes

Explain:

The family was referred to a community agency for trauma services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

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

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

Known CPS History Outside of NYS

No known CPS history outside of NYS.

Required Action(s)



Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No