



Report Identification Number: SV-20-043

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

Issue Date: Apr 08, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 9 month(s)

Jurisdiction: Westchester
Gender: Female

Date of Death: 10/28/2020
Initial Date OCFS Notified: 10/28/2020

Presenting Information

An SCR report alleged that on the morning of 10/28/20, the mother put the 9-month-old infant and 2-year-old sibling together in the bathtub and filled it halfway with water. There were 3-4 plastic bathtub toys also in the bathtub. The mother walked out of the bathroom leaving the children unsupervised for about 1-2 minutes. When the mother came back into the bathroom, the infant was on her side in the bathtub, half submerged in the water and not breathing. The mother took the infant out of the bathtub and across the hall to a bedroom, where she performed CPR. The infant had labored breathing and then stopped breathing shortly after. The mother contacted the paternal uncle and he called 911 at 11:32 AM. At about 11:34 AM, the initial responder arrived and administered CPR until EMS arrived and took over. The infant still had no pulse and was blue in color. The infant was taken to the hospital, where she was pronounced dead. The role of the father and paternal grandmother were unknown.

Executive Summary

On 10/28/20, the Westchester County Department of Social Services (WCDSS) received an SCR report regarding the death of the 9-month-old female infant. At the time of the infant's death she resided with her parents, 2-year-old sibling and paternal grandparents.

Through a joint investigation with law enforcement it was learned that on 10/28/20, the mother was bathing the infant and sibling together and she filled the bathtub up to the children's waist with water. The mother left the bathroom to retrieve a towel from the bedroom. When she returned 1-2 minutes later, she observed the infant laying on her side in the water. The infant had labored breathing as the mother pulled her out of the tub. The mother yelled for help from the paternal grandmother and the grandmother attempted to push the water out of the infant's lungs by laying the infant on her back and performing chest compressions. The mother called the paternal uncle on the phone for assistance and he called 911 at 11:32 AM. EMS arrived, took over CPR, and transported the infant to the hospital via ambulance. Attempts to resuscitate the infant were unsuccessful and she was pronounced deceased at 12:28 PM.

An autopsy was performed, and the manner of death was accident and the cause of death was drowning. The medical examiner reported that the autopsy showed there was no water in the infant's stomach, the infant's lungs were expanded and there were patchy checkered areas from the infant attempting to breath while drowning. There were no other injuries, no natural disease, and there was darker mucus in the stomach related to food intake. The medical examiner further reported that hypoxia of the brain can happen quickly, and all tests were negative and normal. Law enforcement stated that the criminal investigation closed with no charges filed as the incident appeared to have been accidental.

WCDSS assessed the safety of the sibling throughout the case. A safety plan was initiated that the father and paternal grandmother would supervise the mother's contact with the sibling due to the concern for supervision. The case was indicated against the mother for Inadequate Guardianship and Lack of Supervision regarding both children and DOA/Fatality regarding the infant. The family declined victim assistance services and the mother enrolled in mental health and bereavement counseling. WCDSS consulted their legal department and they opened the case for Preventive Services to continue monitoring the family's service needs.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

The safety of the sibling was assessed throughout the investigation. WCDSS indicated and opened the case for Preventive Services once all regulatory requirements were met.

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 best casework practice.

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: 10/28/2020

Time of Death: 12:28 PM

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

11:32 AM

County where fatality incident occurred:

Westchester



Was 911 or local emergency number called?

Yes

Time of Call:

11:32 AM

Did EMS respond to the scene?

Yes

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: Bathing

Did child have supervision at time of incident leading to death? No - but needed

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

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	9 Month(s)
Deceased Child's Household	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	61 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	66 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)

LDSS Response

WCDCS conducted a thorough investigation into the infant's death through collateral contacts with the source of the report, law enforcement, EMS, hospital staff, the pediatrician, and the medical examiner. Home visits were conducted, and the parents and paternal grandparents were interviewed.

The parents reported that the infant was healthy, other than a runny nose, on the morning of the incident. The mother said she always supervised the children in the bathtub since they were too little to be left alone. The mother said on 10/28/20, she bathed the children in the bathtub together around 11:00 AM. After she washed them, she allowed the children to play for approximately 10 minutes, which was their normal routine. She quickly went to her bedroom across the hallway from the bathroom to get a towel. She reported only being away for about one minute and when she returned, the infant was laying on her side in the water facing outward. The sibling was playing with her toys and she did not seem to be aware that the infant was in distress. The mother immediately picked up the infant, who was breathing very slowly, and her body was limp. She yelled for the grandmother, who came upstairs, and they performed CPR on the mother's bed and called the uncle for assistance. The grandmother continued CPR until EMS arrived and took over.



The father stated that he and the paternal grandfather were at work at the time of the incident. By the time he arrived home, the ambulance had already left with the infant. The parents denied any drug or alcohol use. The mother completed a substance abuse evaluation which yielded no treatment recommendations and she tested negative for all substances.

The paternal grandmother said the mother was upstairs bathing the children and getting them ready to go to the mall. She was in the kitchen cooking lunch and she yelled upstairs to the mother when it was done cooking. She went outside to get her car ready to go and she heard the mother yelling for the grandmother. She ran upstairs and saw the infant in distress in the mother's arms. They put the infant on the bed and the grandmother pushed on the infant's chest to attempt to push the water out of her lungs. The paternal grandfather was present for the interview, although he was not interviewed due to a language barrier. The family agreed to a safety plan and the father and grandmother were found to be supervising the mother with the sibling at follow up home visits.

The home was assessed to be safe. The parents' bedroom was observed to be directly across the hall from the bathroom in which the mother was bathing the children. A safe and appropriate sleeping environment was observed for both children.

The paternal uncle was present while the family was interviewed and although he agreed to be interviewed on a later date, WCDSS were unsuccessful in their attempts to reach him. WCDSS listened to the 911 call in which the uncle reported not being in the home and receiving a call from the mother stating that the infant was not breathing.

EMS records showed the infant was found to be pulseless upon arrival. There was no trauma noted and there was water in the infant's airway. CPR was continued in route to the hospital. Hospital records stated that the infant arrived unresponsive, limp and gray in color. The infant was observed to be well-nourished with no signs of trauma. EMS attempted to revive the infant for 30 minutes prior to arrival and resuscitative measures continued in the emergency department until the parents arrived, at which time the infant was pronounced deceased.

Collateral resources had no concerns for the parents' care of the children. The pediatrician reported that the children were healthy. The infant was seen for a well-child visit the week prior and there were no concerns. Following the incident, the sibling was examined and found to have no injuries.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external 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 reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056681 - Deceased Child, Female, 9 Mons	056682 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated



Child Fatality Report

056681 - Deceased Child, Female, 9 Mons	056682 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
056681 - Deceased Child, Female, 9 Mons	056682 - Mother, Female, 23 Year(s)	Lack of Supervision	Substantiated
056684 - Sibling, Female, 2 Year(s)	056682 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
056684 - Sibling, Female, 2 Year(s)	056682 - Mother, Female, 23 Year(s)	Lack of Supervision	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 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 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"/>



Child Fatality Report

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"/>
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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 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 was provided with services related to the fatality and a Preventive Services case was opened.

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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Other, specify: Preventive Services

Additional information, if necessary:
 Following the infant's death, the father and grandmother agreed to supervise the mother's contact with the sibling. The mother completed a substance abuse evaluation and toxicology screen and she engaged in mental health and bereavement counseling. A Preventive Services case was opened to continue monitoring the family's service needs.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
 Following the fatality, the father and paternal grandmother supervised the mother's contact with the sibling.

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

Explain:
 The mother engaged in mental health counseling and the case was opened for Preventive Services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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 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 New York State.

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

Additional Local District Comments

Agree. Casework activity was commensurate with best casework practice.

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