



**Report Identification Number: NY-15-108**

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

**Issue Date: 1/25/2017**

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:** 13 year(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 07/07/2015  
**Initial Date OCFS Notified:** 07/07/2015

## Presenting Information

On 7/7/15, the SCR received information that the 13-year-old SC expired at 9:18 AM in Columbia Presbyterian Hospital (CPH). The additional information also stated the SC had been admitted on 6/30/15 and the parent was in no way negligent in the SC's death.

## Executive Summary

On 7/7/15, the SCR received information regarding the death of this 13-year-old female SC. The SC died on 9:18 AM at Columbia-Presbyterian Hospital (CPH). According to information obtained by ACS, the SC died of cardiac failure due to a chronic cardiac condition.

ACS' Bronx Field Office was conducting an investigation at the time of the SC's death. The allegations of the SCR report dated 6/25/15 was LMC of the SC by the BM. ACS' investigation revealed the SC had an untreatable chronic heart condition which was confirmed by the SC's medical providers. The providers explained the parents were not negligent in any way and medical prognosis of the SC was death within a year's time.

Between 7/7/15 and 8/26/15, ACS assessed the quality of care provided the surviving sibling by the parents. ACS determined the surviving sibling was well cared for with no medical or educational concerns. ACS offered the family bereavement counseling in addition to other services; however, the parents declined all services.

On 8/28/15, ACS unsubstantiated the allegation of LMC by the BM and closed the case.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Safety assessment due at the time of determination?**

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?**
- **Was the determination made by the district to unfound or indicate appropriate?**

Yes, sufficient information was gathered to determine all allegations.

Yes

**Was the decision to close the case appropriate?**

Yes

**Was casework activity commensurate with appropriate and relevant statutory**

Yes



or regulatory requirements?

Was there sufficient documentation of supervisory consultation?

Yes, the case record has detail of the consultation.

**Explain:**

The 6/25/15 report that alleged LMC of the SC by the BM was appropriately unsubstantiated and closed. The family refused all services.

**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: 07/07/2015

Time of Death: 09:18 AM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

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: Hospitalized

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Not

impaired.

Total number of deaths at incident event:

Children ages 0-18: 01

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	13 Year(s)
Deceased Child's Household	Mother	No Role	Female	40 Year(s)



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Deceased Child's Household	Sibling	No Role	Male	15 Year(s)
Other Household 1	Father	No Role	Male	35 Year(s)

## LDSS Response

On 7/7/16, the SCR received additional information that the SC expired at 9:18 AM due to cardiac failure because of her medical condition. The report stated the SC suffered from a heart condition and the parent was in no way negligent.

On the same date, the ACS Specialist contacted by telephone the attending physician and was told the SC was admitted to CPH on 6/23/15 and discharged on 6/26/15. The SC was readmitted on 6/30/15 and expired on 7/7/15.

On 7/8/2015, the Specialist contacted the CPH attending physician and learned the SC had been a patient of the hospital since 2010 and was recently assigned to the heart failure team. The SC had been diagnosed with a severe and chronic heart condition for which there was no treatment or surgery and this condition caused the congestive heart failure. The attending physician also stated that during the period the SC had been a patient at CPH there were no concerns regarding missed appointments or inconsistent medical care by the parents.

On 7/9/16, the Specialist contacted the SC's nursing coordinator and questioned the quality of care provided by the parents. According to ACS documentation, the coordinator stated there were no concerns with how either parent cared for the SC.

Between 7/10/15 and 8/26/15, ACS obtained medical information from their medical consultants and assessed the surviving sibling to be well cared for by the parents. On 8/28/15, ACS unsubstantiated the allegation of LMC of the SC by the BM and unfounded and closed the case.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

## Multidisciplinary Investigation/Review

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

**Comments:** There is no OCFS approved CFRT in the New York City region.

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
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All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

The case documentation was timely.

**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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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"/>



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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
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"/>

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



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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"/>

**Additional information, if necessary:**

ACS offered the family various services and the parents declined all of the requests.

**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?** No

**Explain:**

The family declined ACS' offer to arrange for bereavement or any other type of family service.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** No

**Explain:**

Services were declined.

## History Prior to the Fatality

### Child Information

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

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/25/2015	12633 - Deceased Child, Female, 13 Years	12631 - Mother, Female, 40 Years	Lack of Medical Care	Unfounded	No

**Report Summary:**

On 6/25/15, the SCR registered a report that alleged LMC of the SC by the BM. ACS initiated the investigation in a timely manner and made the appropriate collateral contacts. During this investigation it was revealed the SC had a





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chronic heart condition that was untreatable. The SC expired during this investigation and ACS offered the family bereavement service; however, the offer of services was declined.

**Determination:** Unfounded

**Date of Determination:** 08/28/2015

**Basis for Determination:**

On 8/28/15, ACS determined the allegation of LMC of the SC by the BM. ACS determination narrative stated the BM and BF addressed the SC's medical condition and the attending physician and medical providers informed ACS the death of the SC was not due to negligence by the parents and there was no neglect and the SS is well cared for. ACS unfounded the allegation and closed the report.

**OCFS Review Results:**

ACS conducted a thorough investigation and the determination was appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/29/2014	12672 - Sibling, Male, 17 Years	12671 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	Yes
	12672 - Sibling, Male, 17 Years	12675 - Mother's Partner, Male, 35 Years	Inadequate Guardianship	Unfounded	
	12673 - Sibling, Male, 13 Years	12675 - Mother's Partner, Male, 35 Years	Inadequate Guardianship	Unfounded	
	12673 - Sibling, Male, 13 Years	12671 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	
	12674 - Deceased Child, Female, 12 Years	12671 - Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	
	12674 - Deceased Child, Female, 12 Years	12675 - Mother's Partner, Male, 35 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

On 3/28/14, the SCR registered a report that alleged IG of the SC and her two older male siblings. The report alleged the BM is an alcoholic who drinks and fights with her partner in front of the three children. ACS initiated the investigation timely but could not interview the 17-year-old male child because the BM had him leave the home due to his behavior. The investigation revealed the BM is not an alcoholic and rarely drinks and stated she had no male partner whom she fought with.

The SC and male sibling were assessed as well cared for and ACS established the 17-year-old had been arrested and was incarcerated during the investigation. on 3/28/14, ACS unfounded and closed the report.

**Determination:** Unfounded

**Date of Determination:** 03/28/2014

**Basis for Determination:**

ACS' determination narrative stated the allegation was unsubstantiated because there was no credible evidence the BM had a partner or drank alcohol and fought in front of the children. According to the information obtained the 17-year-old sibling had an altercation in the home with a female friend in front of the family.

**OCFS Review Results:**

The determination is appropriate, however, the safety decision on the safety assessment dated 3/28/14 is inconsistent with case documentation. Case documentation stated the SC and her 13-year-old male sibling were safe and well cared for in the home but the safety assessment reflects the children are in immediate or impending danger of serious harm.



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

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The safety assessment decision dated 3/28/14 is inconsistent with the case circumstances.

**Legal Reference:**

18 NYCRR 432.2 (b)(3)(iii)(b)

**Action:**

The Administration for Children’s Services (ACS) must submit a corrective action plan within 45 days that identifies what action it has, or will take, to address the citation(s) 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.

**CPS - Investigative History More Than Three Years Prior to the Fatality**

Between 8/25/05 and 2/24/13 there were nine SCR reports registered with the SCR naming the BM the subject of the reports. The reports are dated 8/25/05, 12/9/05, 7/19/07, 11/9/07, 5/19/08, 11/25/08, 01/13/09, 05/4/12 and 02/24/13. The report dated 01/13/09 was consolidated into the 11/25/08 report. The allegations of these reports were LS, PD/AM, EdN, EN, and IG. ACS substantiated the allegations of six of the nine reports for the allegations LS, EdN and IG. The allegations, EN, and PD/AM were unsubstantiated. ACS determined the allegations of three reports were unsubstantiated and the cases were unfounded and closed.

Several of the nine SCR reports stemmed from the BM's now adult male child not attending school and LS of the children by the BM. The BM exhibited a pattern of not properly supervising the children and ACS obtained legal advice and was told there was no justification to file an article 10 Neglect petition against the BM in Family Court to mandate services. ACS documented during these investigations that the BM would agree to accept services then not follow through and engage in services.

**Known CPS History Outside of NYS**

There is no 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.

## Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes  No

## Foster Care Placement History

There is no record of foster care placement 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

## Additional Local District Comments

## 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