



Report Identification Number: RO-19-033

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

Issue Date: Jan 17, 2020

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		



Case Information

Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Monroe
Gender: Female

Date of Death: 08/29/2019
Initial Date OCFS Notified: 08/29/2019

Presenting Information

On 8/29/19, Monroe County Department of Human Services (MCDHS) received a report which alleged on 8/23/19, the father was cooking dinner when the 18-month-old child wandered out of the home without his knowledge. The father noticed the kitchen door was open and realized he had not heard from the child in a while. The father found the child face down in the family's swimming pool, unresponsive. He called 911 and began cardiopulmonary resuscitation. She was intubated by paramedics and brought to the hospital, where she remained on life support. On 8/29/19, the child was taken off life support and pronounced brain dead at 12:09PM. The roles of the mother and siblings (age 10yo and 5yo) were unknown.

Executive Summary

This report concerns the death of the 18-month-old child. Monroe County Department of Human Services (MCDHS) received an initial report from the SCR on 8/23/19, the day the child drowned. On 8/29/19, the child was taken off life support and pronounced dead. MCDHS received a subsequent report from the SCR on the same day regarding the child's death.

The subject child resided at home with the mother, father and surviving siblings, ages 5 and 10. The siblings were assessed immediately upon receipt of the initial report on 8/23/19. An immediate safety plan was put in place for the siblings to have appropriate supervision. There were concerns that the parents were allowing the 10yo sibling to supervise the subject child for short periods of time. A safety plan was implemented that an adult would always provide supervision for the 5yo.

On 8/23/19, while the father made dinner in the kitchen, the 10yo and the subject child watched television in the living room; the mother was on her way home from work. The subject child became fussy and the 10yo informed his father the child was coming into the kitchen area. The subject child wandered out of the home through the kitchen door. The 10yo continued to watch television in the living room until his mother came home from work. When the mother arrived, she asked where the subject child was, and everyone began looking. The father noticed the kitchen door open and found the child in the pool. He began CPR immediately and the 10yo sibling called 911. First responders arrived and transported the child to the hospital where she remained on life support until succumbing to her injuries on 8/29/19.

MCDHS completed a joint investigation with the Monroe County Sheriff's Department and no criminal charges were filed. An autopsy was not completed due to the parent's request and conditions surrounding the death. The death was referred to the medical examiner who found the immediate cause of death to be complications from drowning and the manner of death was accidental.

MCDHS contacted all necessary collaterals and determined there was credible evidence to substantiate the allegations of inadequate guardianship, lack of supervision, and DOA/fatality against the father regarding the subject child. Additionally, MCDHS determined there was enough evidence to add and substantiate allegations of inadequate guardianship and lack of supervision against the mother and father for the 10yo surviving sibling. MCDHS determined the mother and father were not appropriate in supplying the subject child with needed supervision considering her age and developmental state. The parents left the 18-month-old child in the care of the 10-year-old sibling on a regular basis. The parents had unreasonable expectations for the sibling to care for a child with high needs due to her age and developmental status. The family was agreeable to services and began the process of participating with Family Trauma Intervention



Program (FTIP) through the Society for the Protection and Care of Children (SPCC). The family began working with a clinician immediately. Once all casework activities were completed adequately, the case was closed.

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:

MCDHS gathered sufficient information to substantiate the allegations and, after the family began working with providers from the Society for the Protection of Children, the case was appropriately closed.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

MCDHS accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances. MCDHS offered the family a multitude of services and the family began working with a clinician from the Family Trauma Intervention Program immediately.

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: 08/29/2019

Time of Death: 12:09 PM

Date of fatal incident, if different than date of death:

08/23/2019

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

Unknown

County where fatality incident occurred:

Monroe

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 alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: swimming

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	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	10 Year(s)

LDSS Response

MCDHS received the initial report regarding the drowning of the 18-month-old child that occurred on 8/23/19. A fatality report was registered with the SCR on 8/29/19 once the child was taken off life support. MCDHS initiated the investigation immediately and assessed the safety of the surviving siblings within 24 hours of receipt of the report. MCDHS reviewed SCR history, spoke to the source, LE and DA's office, and met with the family.

Through interviews conducted with family members and first responders, it was learned the day leading up to the death was a typical day. The mother went to work while the father stayed home with the children. During the day, the father and



5yo sibling went shopping for school supplies, leaving the 10yo sibling home to supervise the subject child. The father and sibling were gone for approximately 1 hour. Upon their return, the father began preparing dinner while the 10yo and subject child watched television in a separate room. At some point during dinner preparations, the subject child went out into the kitchen where the father and 5yo sibling were. It was learned the 5yo sibling kept going in and out the sliding glass door as she wanted to swim in the pool, but the father would not allow her to. During this time, the mother arrived home from work and began fixing a plate of food for the subject child. It was then that the family realized the subject child was not accounted for. The father saw the sliding door open and found the child in the pool. He began CPR while the 10yo called 911. First responders arrived and took over resuscitation efforts and transported the child to the hospital.

Hospital records regarding the subject child were received. Records reflect the child presented to the ER in cardiac arrest. It was estimated that the child was outside for about 10 minutes prior to the father realizing she was gone. The PICU team provided more than 5 hours of continuous resuscitation upon her arrival at the ED. Palliative care continued until 8/29/19 when the child succumbed to her injuries.

During the investigation, MCDHS gathered information that the swimming pool at the home was not up to code. The town of Penfield failed the pool's inspection during the Spring of 2019 as there was no functioning alarm and no barrier around the pool. The pool was located immediately off the sliding glass door of the kitchen and surrounded by trees. The pool was an in-ground pool with both a deep end and shallow end. The parents planned to close the pool prior to the death but did not have an opportunity. MCDHS was present when the pool company closed the pool. The parents do not anticipate using the pool again.

MCDHS accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances. The parents were offered services through SPCC-FTIP and began utilizing services immediately.

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
051242 - Deceased Child, Female, 1 Yrs	052671 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
051242 - Deceased Child, Female, 1 Yrs	052672 - Father, Male, 36 Year(s)	Lack of Supervision	Substantiated
051242 - Deceased Child, Female, 1 Yrs	052672 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
051242 - Deceased Child, Female, 1 Yrs	052671 - Mother, Female, 34 Year(s)	Lack of Supervision	Substantiated



051242 - Deceased Child, Female, 1 Yrs	052672 - Father, Male, 36 Year(s)	DOA / Fatality	Substantiated
052674 - Sibling, Male, 10 Year(s)	052671 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
052674 - Sibling, Male, 10 Year(s)	052671 - Mother, Female, 34 Year(s)	Lack of Supervision	Substantiated
052674 - Sibling, Male, 10 Year(s)	052672 - Father, Male, 36 Year(s)	Lack of Supervision	Substantiated
052674 - Sibling, Male, 10 Year(s)	052672 - Father, Male, 36 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 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 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:
MCDHS offered the family a multitude of services, including the family trauma intervention program through the Society for the Protection and Care of Children (SPCC). The family agreed to services and began working with clinicians immediately to address the documented service needs.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
There was no removal of any of the surviving siblings.

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"/>				
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 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 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:
MCDHS provided the family with a multitude of community-based resources as well as recommending SPCC for continued support.

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:
MCDHS provided SPCC to the family because the siblings were struggling with the loss of their sister. The family began working with a clinician from the Family Trauma Intervention Program immediately.

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

Explain:
MCDHS provided the parents with a multitude of community-based resources as well as recommending SPCC for continued support. The family was open to services through SPCC and began working with providers immediately.

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

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 history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known 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