

Report Identification Number: RO-14-015

Prepared by: Rochester Regional Office

Issue Date: 2/23/2015

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.

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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
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-plumonyary 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	MN-Medical Neglect	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 Suprevision
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		

Case Information

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Report Type: Child Deceased
Age: 13 year(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 07/19/2014
Initial Date OCFS Notified: 07/19/2014

Presenting Information

On 7/19/14, MCDHS recieved a subsequent report from the SCR alleging that the SC was found at the bottom of the family pool while in the sole care of the BF. The SC was admitted to the hospital on 7/7/14 in critical condition and placed on a ventilator. The SC was taken of the ventilator on 7/18/14 and died at 7:07 am on 7/19/14. The mother and 3 surviving siblings were listed with unknown roles.

Executive Summary

This fatality report concerns the death of a 13-year-old male that occurred on 7/19/14. At the time of the death, the family had an open child protective case with Monroe County Department of Human Services (MCDHS) due to an initial report dated 7/7/14 regarding allegations of IG and LOS. The BF was listed as the alleged subject. The mother and three surviving siblings were listed with unknown roles.

According to the report, on 7/7/14 the SC was found at the bottom of the family pool drowning. The SC was autistic and required a life vest in the pool. The BF was inside the home with two other children at the time of the incident. The SC was in the pool for an unknown amount of time. When EMS arrived, the SC was unconscious and not breathing. The SC was revived but and determined to be in critical condition.

On 7/19/14, MCDHS received a subsequent report regarding the family with allegations of IG, LOS, and DOA/FAT. According to the report, the SC died from his injuries at approximately 7:07 am on this same date. According to the preliminary autopsy report, the manner of death was listed as an accident and the cause of death was listed as Hypoxic encephalopathy due to a recent near drowning. The parents opted not to have a full autopsy completed.

MCDHS worked jointly with law enforcement and completed an adequate investigation. It was determined that the BF provided the SC with a minimum degree of care and adequate supervision based on the child's developmental level. Prior to the incident, the BF allowed the SC to play in the backyard of the home as he had done before on numerous occasions. The BF and surviving siblings all believed that the gate to the pool was locked. MCDHS determined that the family did have a permit and certificate of compliance for the pool that was issued by the local building department. Both reports were unsubstantiated on 1/6/15 due to no credible evidence found to support the allegations. The report was closed with no services required.

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** Yes

appropriate?

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

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:

The report was unfounded by MCDHS.

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: 07/19/2014

Time of Death: 07:07 AM

Date of fatal incident, if different than date of death: 07/07/2014

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: 07:09 PM

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:

- | | | |
|---------------------------------------------|----------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input checked="" type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

How long before incident was the child last seen by caretaker? 3 Minutes

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was: Not

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impaired.

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	Deceased Child	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	43 Year(s)
Deceased Child's Household	Mother	No Role	Female	44 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)

LDSS Response

MCDHS completed the initial 24 hour safety assessment on 7/20/14 and approved the same on 7/24/14. The decision selected was #1 as no safety factors were present that placed the children in immediate or impending danger. Therefore a safety plan was not required. The surviving siblings were assessed as safe.

MCDHS conducted joint interviews with LE. It was determined that on the day of the SC's death, he was in the sole care of the BF. The BM was in the process of traveling to another country. The SC and the three surviving siblings were left in the care of the BF. The BF and children consistently reported that the children had been in the swimming pool while the BF was cooking food on the grill on the deck attached to the swimming pool and then all went inside. After dinner, the SC wanted to go outside and play on the swing set, which they confirmed was an activity that he had safely done on numerous occasions while the adults supervised from the house, watching him from multiple glass windows. While the SC played outside, the BF and the two younger siblings remained in the living room playing a video game and supervising the SC from the doors and windows that directly faced the swing set. The oldest sibling was away from the home at a sports game. A few moments later they noticed they did not see SC; they ran outside to look for him and BF found him in the above ground pool and 911 was called. The BF and the siblings all believed that the gate to the pool was locked after they exited the pool.

MCDHS received the provisional autopsy completed by the Medical Examiner on 7/29/14. The manner of death was listed as an accident and the cause of death was listed as hypoxic encephalopathy due to a recent near drowning.

MCDHS made appropriate collateral; contacts with the emergency first responders and attending medical personnel. It was determined that the 911 call was received at 7:09 pm on 7/7/14. The crew was dispatched at 9:10 and arrives at the case address at 7:13 pm. The SC was transported to the local hospital at 7:32 pm and care was transferred to the hospital at 8:45 pm. The SC was treated at the case address for cardiac arrest. Once at the hospital the SC was intubated and placed on a ventilator. According to medical personnel, the SC was assessed to be in critical condition due to an anoxic brain injury due to submersion in water. No other trauma to the SC was noted.

On 7/17/14, the parents made the decision to remove the SC from the ventilator. The SC was died from his injuries on 7/19/14 at 7:07 a.m. The parents opted not to have a full autopsy completed. MCDHS obtained a copy of the SC's death

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certificate. According to the certificate the immediate cause of death was hypoxic encephalopathy due to a consequence of a recent near drowning. The injury occurred due to the SC falling into a pool.

On 09/18/14, MCDHS determined that the family had received a permit and certificate of compliance from the local building department.

MCDHS unfounded and closed the report on 1/6/15.

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
Deceased Child Male 14 Year(s)	Father Male 43 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 14 Year(s)	Father Male 43 Year(s)	Lack of Supervision	Unsubstantiated
Deceased Child Male 14 Year(s)	Father Male 43 Year(s)	Inadequate Guardianship	Unsubstantiated

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"/>
The SCR Report source contacted?	<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,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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observation and comments in case notes)?				
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 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 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"/>
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"/>

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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 and 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 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"/>

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Additional information, if necessary:

All services offered/provided as listed above.

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

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)
07/07/2014	1092-Deceased Child, Male, 14 Years	1097-Father, Male, 43 Years	Inadequate Guardianship	Unfounded	No
	1092-Deceased Child, Male, 14 Years	1097-Father, Male, 43 Years	Lack of Supervision	Unfounded	

Report Summary:

On 7/7/14, MCDHS received an initial report regarding the family. The report alleged that the SC was found at the bottom of the family pool drowning. According to the report, the SC was autistic and required a life vest in the pool as he was unable to swim. The BF was inside the home with two other children at the time of the incident. The SC was outside playing and gained access to the family swimming pool. The SC was in the pool for an unknown amount of time. When EMS arrived, the SC was unconscious and not breathing. The SC was revived but later listed in critical condition.

Determination: Unfounded

Date of Determination: 11/13/2014

Basis for Determination:

MCDHS did not find credible evidence to support the allegations of LOS and IG. It was determined that the BF had provided a minimal degree of care of the SC at the time of the incident. MCDHS also determined that one of the children may have accidentally failed to lock the gate on the pool. Unknowingly, the father allowed the SC to play in the background while he remained in the home with two of the children. During this time he was able to maintain eyesight supervision of the SC, the BF admitted to losing sight of the child for about 2-3 minutes. At this point, he exited the home to locate the SC. The BF discovered the child at the bottom of the pool.

OCFS Review Results:

MCDHS conducted adequate assessments of immediate danger to all children listed in the report within 24 hours, completed adequate safety and risk assessments throughout the life of the case, implemented appropriate safety plans when needed, gathered sufficient information to make determinations for all allegations of abuse and maltreatment, made adequate collateral contacts and appropriately determined the report.

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

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

No CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

No known CPS history outside of NYS.

Services Open at the Time of the Fatality

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.

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

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