

**Report Identification Number: SV-14-029**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 7/15/2015**

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.

# NYS Office of Children and Family Services - Child Fatality Report

## Abbreviations

<b>Relationships</b>		
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
<b>Contacts</b>		
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		
<b>Allegations</b>		
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 Supervision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
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

# NYS Office of Children and Family Services - Child Fatality Report

**Report Type:** Child Deceased  
**Age:** 0 day(s)

**Jurisdiction:** Westchester  
**Gender:** Female

**Date of Death:** 10/06/2014  
**Initial Date OCFS Notified:** 10/07/2014

## Presenting Information

On 10/6/14, the mother was in her home, with one male one-year-old sibling. At approximately 10:30 A.M., the mother felt strong labor pains for she was pregnant with the subject child. The mother delivered the female subject child in her home, after 34-36 weeks of gestation, and requested the maternal grandmother to come to the home for assistance. The maternal grandmother called 911 at approximately 11:40 AM and EMS transported the subject child and the mother to the hospital. The mother tested to be positive for cocaine and marijuana and she admitted to drug use throughout the length of the pregnancy. It was found that the mother had not received any prenatal care. At 2:59 P.M., the subject child was pronounced deceased.

## Executive Summary

The mother gave birth to the female subject child at home. She died shortly after birth in the hospital. The manner of death was undetermined although the mother tested positive for drugs. The cause of death was determined to be: "preterm neonate born with cocaine metabolites present in blood". The cocaine metabolites in the subject child's system were not significant. The SCR report was made 10/7/14 alleging Inadequate Guardianship, Parent Drug/Alcohol Misuse, and DOA/Fatality against the mother in regard to the subject child and the surviving one year old sibling. The local district caseworker conducted the investigation along with law enforcement. Action was taken to set up supports through the mother's family members to ensure that the surviving sibling was safe with the relatives' homes. The maternal grandparents resided in separate homes.

The allegations of Inadequate Guardianship and Parent Drug/Alcohol Misuse against the mother have been indicated due to the mother demonstrating poor judgment when she left the prescribed substance abuse treatment program against recommendations with her one-year-old child and had no plan in place for housing. When she was eventually located, after absconding with the one year old sibling, and re-placed for treatment, she tested positive for drugs. The DOA/Fatality allegation was unsubstantiated as there was no causal connection between the mother's actions and the child's death.

Overall, the county district displayed sufficient and appropriate recognition of good agency practice while conducting their investigation.

According to the Medical Examiner's autopsy report, the cause of death was Preterm neonate form with cocaine metabolites present in blood. The manner of death was undetermined.

## 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

# NYS Office of Children and Family Services - Child Fatality Report

- 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

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.

## 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: 10/06/2014

Time of Death: 04:00 PM

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

County where fatality incident occurred: WESTCHESTER

Was 911 or local emergency number called? Yes

Time of Call: 11:40 AM

Did EMS to 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: birth

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

# NYS Office of Children and Family Services - Child Fatality Report

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	0 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

## LDSS Response

On 10/7/14, a report was made to the NYS SCR with allegations of Inadequate Guardianship, Parent's Drug/ Alcohol Misuse, and DOA/Fatality against the mother (MO) in regard to a newborn female subject child (SC) due to her admittance of drug abuse during her pregnancy. MO also did not receive prenatal care during the pregnancy. The SC was born in 34-36 weeks of gestation. The caseworker (CW) met with the MO who stated that on 10/6/14, she felt strong labor pains at approximately 10:30 A.M. She contacted her the maternal grandmother (MGM) requesting assistance. Upon the MGM's arrival to the home, the MO gave birth to the SC in the home and the MGM contacted 911. The SC and the MO were transported to the hospital. At approximately 4:00 P.M., the SC died at the hospital.

When questioned about the whereabouts of the subject child's father (FA), the MO stated that he had been incarcerated for the last seven months. The MO denied that she was aware she was pregnant until two weeks prior to the birth. This contributed to her not receiving prenatal care. The MO reported smoking marijuana and snorting cocaine in the two weeks prior to the death of the subject child. She agreed to be officially evaluated for substance abuse and follow through with any recommendations. The MO agreed to a safety plan for the surviving sibling, set forth by the CW to include the MGM and maternal grandfather (MGF). The safety plan was agreed upon by MGM as well.

The CW made a home visit to the address of the MGM and the MGF, where the one-year-old surviving sibling resides. The surviving sibling was observed to be well dressed, had proper hygiene, and did not appear to be harmed. The surviving sibling remained in the home; there were no safety issues present at the time of the visit.

The police, District Attorney, and Medical Examiner were involved and conducted their respective investigations into the incident. Based on the completed Safety Assessments, there were no safety concerns at that time in the homes of the MGP's. The MO had support from the MGM and MGF and had sufficient provisions and medical needs for the surviving sibling. Collateral contacts had no concerns regarding the care of the surviving sibling at that time. The collateral contacts included MGM and MGF's three sons and the wife of the MGF. The caseworker was able to interview all parties in the household and conduct clearances through CONNECTIONS. No residents were found to have a prior report of abuse/maltreatment.

On 10/10/14, the CW reviewed the status report on the FA, who had been incarcerated for the previous seven months. On 10/16/14, the caseworker made a visit to the MO's housing address. The MO had temporary housing supplied for her and the surviving sibling. The home was observed to be appropriate and it seemed that the surviving sibling's needs were being met. The MO reported that she was doing well and substance abuse treatment options were discussed. No issues or concerns were reported by the MO.

On 10/17/14, the CW confirmed that the MO would be commencing treatment at a mother/child program with the surviving sibling. The CW will monitor her progress. On 10/20/14, the CW visited the home of the MGF and observed the surviving sibling. The child's basic needs were being met. No issues or concerns were reported.

# NYS Office of Children and Family Services - Child Fatality Report

On 11/10/14, the CW confirmed with the MO's treatment program that she was no longer enrolled due non-compliance. Contact was made with the MGF but he was unaware of the MO's action and contact was not able to be made with the MO. The CW will initiate contact with MO to see if there are other resources that can provide supervision of the MO and child pending admission to another treatment program or return to MGF. At the conclusion of the investigation, the department filed a neglect petition and continues to provide services to the family.

## Official Manner and Cause of Death

**Official Manner:** Undetermined

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

**Comments:** The proper procedures were taken by MDT and the necessary information was distributed.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

**Comments:** No issues with the CFRT process.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
013181 - Deceased Child, Female, 0 Days	013182 - Mother, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated
013181 - Deceased Child, Female, 0 Days	013182 - Mother, Female, 22 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
013181 - Deceased Child, Female, 0 Days	013182 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# NYS Office of Children and Family Services - Child Fatality Report

Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input 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"/>
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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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# NYS Office of Children and Family Services - Child Fatality Report

investigation?				
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 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?

Family Court

Criminal Court

Order of Protection

**Family Court Petition Type:** Article 10-C, Destitute Child

Date Filed:	Fact Finding Description:	Disposition Description:
Pending	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	None	
<b>Comments:</b>		

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



# NYS Office of Children and Family Services - Child Fatality Report

<b>Family planning</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

- |  |  |
|--|--|
| <input type="checkbox"/> Had medical complications / infections                            | <input type="checkbox"/> Had heavy alcohol use         |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                    | <input type="checkbox"/> Smoked tobacco                |
| <input type="checkbox"/> Experienced domestic violence                                     | <input checked="" type="checkbox"/> Used illicit drugs |
| <input type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

**Infant was born:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Drug exposed                                | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input type="checkbox"/> With neither of the issues listed noted in case record |   |

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

There is no CPS investigative history within three years prior to the fatality.

# NYS Office of Children and Family Services - Child Fatality Report

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

The mother has no prior indicated or services cases with NYS Central Registry.

## 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

## Additional Local District Comments

Overall, a good and sufficient investigation into the case allegations and circumstances.

### 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