



## Report Identification Number: SY-20-015

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

Issue Date: Aug 25, 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

<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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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	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	
<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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



## Case Information

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

**Jurisdiction:** Onondaga  
**Gender:** Male

**Date of Death:** 07/19/2019  
**Initial Date OCFS Notified:** 03/31/2020

## Presenting Information

An SCR report alleged that on 7/17/19, a one-year-old male child was in the care of a daycare provider and sustained a subdural hematoma after the provider struck the child's head against a coffee table for an unknown reason. The child died on 7/19/19 as a result of the injuries sustained from this incident. The child's mother had an unknown role.

## Executive Summary

This report concerns the death of a one-year-old male child that occurred on 7/21/19. On 7/17/19, Onondaga County Department of Social Services (OCDSS) received an initial report regarding injuries the child sustained while in the care of his daycare provider. On 7/22/19 and 3/31/20, OCDSS received subsequent fatality reports regarding the child's death. The reports contained allegations of inadequate guardianship, internal injuries, swelling/dislocation/sprains, and DOA/fatality against the daycare provider. An autopsy was completed, and the official cause of death was noted as blunt force head trauma and the nature of such was homicide. A previous ICFR (SY-19-040) was issued regarding this fatality, prior to the receipt of the final autopsy results. Due to new information gathered surrounding the nature of the child's death, it was determined this amended report would be issued.

The investigation revealed that on the morning of 7/17/19, the mother dropped the child off at the daycare provider's home before going to work. The mother received a call from the daycare provider around 4:27PM, saying the child fell and hit his head and was unresponsive. The daycare provider then called 911, and police, EMS, and fire fighters arrived on scene. The child was healthy when the mother dropped him off that day, and the daycare provider was the only person to provide care for him in the hours leading up to the incident. On 3/12/20, the daycare provider admitted to law enforcement that she became angry with the child on 7/17/19, picked the child up by his legs and slammed the child's head into a coffee table, causing the fatal injuries. The daycare provider was arrested and charged with manslaughter in the first degree, and she remained incarcerated at the time of this writing.

OCDSS gathered information from collateral contacts, first responders, law enforcement, the child's pediatrician, and the medical examiner. Appropriate services were offered to the mother regarding the death of the child. A services case was opened on behalf of the daycare provider's child, and family and criminal court proceedings remained ongoing. OCDSS substantiated all allegations in the report and closed the investigation.

## 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? N/A

### 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:**  
 OCDSS gathered sufficient information to appropriately determine the allegations

**Was the decision to close the case appropriate?** N/A

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

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

**Explain:**  
 The caseworker activity was commensurate with best casework practice as outlined in the CPS manual.

### 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:** 07/19/2019      **Time of Death:** 03:08 PM

**Date of fatal incident, if different than date of death:** 07/17/2019

**Time of fatal incident, if different than time of death:** 04:27 PM

**County where fatality incident occurred:** Onondaga

**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?** N/A

**Child's activity at time of incident:**

Sleeping       Working       Driving / Vehicle occupant

Playing       Eating       Unknown

Other

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

**If the child was in day care at the time of the fatality, was the day care program duly licensed or registered?** No

**At time of incident supervisor was:** Not impaired.

**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	Male	1 Year(s)
Deceased Child's Household	Mother	No Role	Female	26 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	24 Year(s)
Other Household 1	Other Adult - BF to Daycare Provider's Child	No Role	Male	26 Year(s)
Other Household 1	Other Child - Daycare Provider's Child	No Role	Female	7 Year(s)
Other Household 2	Father	No Role	Male	25 Year(s)

### LDSS Response

On 3/31/20, OCDSS received a subsequent fatality report regarding SC's death. It was noted the death of SC was previously investigated; however, upon receipt of the official cause of death, another report was called in. OCDSS appropriately pulled forward all relevant information from the initial fatality investigation into the subsequent case record.

On 7/18/19, the CW and LE visited the hospital and observed SC in a coma, hooked to multiple medical devices. The CW and LE spoke with hospital staff who said there were concerns SC's injury was not accidental. The neurology team saw multiple layers of blood in SC's brain which meant there were new and old stages of bleeding. The CW then met with BM who said she met the DCP through an internet advertisement. BM said she got a call from the DCP on 7/17/19, and the DCP told her SC fell and hit his head. BM said this had happened once or twice before, the first time in April, shortly after he started going to the DCP. She said in April, SC allegedly tripped on his pants and fell and bumped his head; SC sustained a small bump but acted normal. BM said that on 7/17/19, the DCP called her 2 minutes after the first call and said SC was unresponsive. The DCP then called 911 and BM rushed to the home. BM said when she arrived, she saw SC on the floor having a seizure and then first responders arrived. The DCP told BM that SC was sitting on a small chair and fell backwards and hit his head on a coffee table. BM said she and the DCP were the only ones who cared for SC; the DCP watched SC while BM was at work from 8AM-5PM. She said SC's BF had no contact with him and she did not know where the BF was. There were multiple relatives and friends at the hospital, all of whom the CW spoke with. There were no concerns expressed regarding BM's care of SC.

The DCP was interviewed by the CW and LE. She gave two accounts of what occurred and both stories were inconsistent with SC's injuries. The DCP said that on 7/17/19, she was washing dishes and then went into the room to see SC standing on a toy box. The DCP stated she yelled "what are you doing?" and this startled SC; SC then fell about four feet and hit his head on the left side of a hard floor. The DCP stated SC's body immediately curled up and he started seizing. The DCP was shown a picture of fingernail marks found on SC and the DCP said she did not know how they got there.

The DCP's CH was interviewed and her safety was assessed numerous times while LE continued their criminal investigation. OCDSS found the CH was safe at each interaction. The DCP stopped providing childcare services, and the CH was primarily under the supervision of the DCP's boyfriend. The other CHN the DCP had been caring for were observed and assessed as safe. The parents of these CHN were notified of the investigation and they denied they had any concerns regarding their CHN during the time DCP was caring for them.

On 3/12/20, the DCP was arrested and charged with manslaughter in the first degree after admitting to becoming angry with SC, grabbing him by the legs and slamming his head into a coffee table. After the admission, OCDSS filed an abuse



petition in family court, and DCP's CH was placed in the care and custody of her maternal grandparents. DCP was incarcerated throughout the investigation and unable to be interviewed. LE determined the DCP's boyfriend was not involved in the incident and was not charged. OCDSS offered services to BM and the families of the other CHN who were previously in DCP's care, but all declined. OCDSS substantiated all allegations in the report, and a CPS services case remained open and ongoing at the time of this writing.

### Official Manner and Cause of Death

**Official Manner:** Homicide

**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

**Comments:** This fatality investigation was conducted by the Onondaga County MDT.

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

**Comments:** This fatality was reviewed by the Onondaga County Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053825 - Deceased Child, Male, 1 Year(s)	053826 - Day Care Provider, Female, 24 Year(s)	DOA / Fatality	Substantiated
053825 - Deceased Child, Male, 1 Year(s)	053826 - Day Care Provider, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
053825 - Deceased Child, Male, 1 Year(s)	053826 - Day Care Provider, Female, 24 Year(s)	Internal Injuries	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

OCDSS interviewed the family and appropriate collateral sources. Progress notes and other documentation were completed and entered timely.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<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: FCA Article 10 - CPS**

Date Filed:	Fact Finding Description:	Disposition Description:
Pending	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	053826 Day Care Provider Female 24 Year(s)	
<b>Comments:</b>	An abuse petition was filed in family court after the DCP admitted to injuring SC, ultimately causing his death. The DCP's child was removed and placed in the care and custody of her maternal grandparents. The family court case remained ongoing at the time of this writing.	

**Criminal Charge: Manslaughter Degree: 1**

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	DCP	Pending	Unknown
<b>Comments:</b>	The DCP was charged with the death of SC and remained incarcerated at the time of this writing. The criminal case was ongoing.		

**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





<b>Bereavement counseling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal 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>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

**Additional information, if necessary:**  
 OCDSS provided BM referrals for grief counseling and bereavement services. The parents of the other CHN who were in the DCP's care were offered services as well.

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

**Explain:**  
 Burial assistance was offered and accepted by the family. Bereavement information was provided to the family but it was unknown if they had engaged in bereavement services at the time of this writing.

### 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? N/A
- Was the child acutely ill during the two weeks before death? No

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





# Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/22/2018	Other Child - DCP's CH, Female, 5 Years	Day Care Provider, Female, 22 Years	Inadequate Guardianship	Far-Closed	No
	Other Child - DCP's CH, Female, 5 Years	Day Care Provider, Female, 22 Years	Lack of Supervision	Far-Closed	
	Other Child - DCP's CH, Female, 5 Years	Day Care Provider, Female, 22 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Other Child - DCP's CH, Female, 5 Years	Other Adult - DCP's boyfriend, Male, 23 Years	Inadequate Guardianship	Far-Closed	
	Other Child - DCP's CH, Female, 5 Years	Other Adult - DCP's boyfriend, Male, 23 Years	Lack of Supervision	Far-Closed	
	Other Child - DCP's CH, Female, 5 Years	Other Adult - DCP's boyfriend, Male, 23 Years	Parents Drug / Alcohol Misuse	Far-Closed	

**Report Summary:**

An SCR report was received with concerns the DCP and her boyfriend were using drugs and alcohol to the point of impairment while caring for the then 5yo CH. There were further concerns the boyfriend would fall asleep while caring for the child and the child suffered from a medical condition.

**OCFS Review Results:**

This investigation was appropriately tracked to FAR. The DCP and her boyfriend denied the allegations. OCDSS advised the need for a sober caretaker to be present. The child's medical condition was discussed and OCDSS determined the DCP had followed through with recommendations from the child's doctor. Services were offered but declined, and the case was closed.

This investigation met all statutory requirements.

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

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

From June 2014 to September 2015, DP was the subject in two investigations with allegations of Other, IG, and PD/AM regarding her child. Both reports were unsubstantiated.

**Known CPS History Outside of NYS**

There was no known CPS history outside of New York State.

**Provider Oversight/Training**

	Yes	No	N/A	Unable to Determine
<b>Did the provider comply with discipline standards?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Was a Criminal History check conducted?</b> <b>Date:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



<b>Was a check completed through the State Central Register? Date:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was a check completed through the Staff Exclusion List? Date:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### 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