



Report Identification Number: SY-17-056

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

Issue Date: Jun 05, 2018

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: 6 year(s)

Jurisdiction: Broome
Gender: Male

Date of Death: 12/26/2017
Initial Date OCFS Notified: 12/26/2017

Presenting Information

On 12/25/2017, the SC was not feeling well, so the SM and the SF sought medical attention for the child. The doctor prescribed unknown medication, and the SC went back home with the parents. It was unknown what the SC was diagnosed with at the doctor's office. Later in the evening at an unknown time, the SC laid down in the bed with the SM, and the SM noticed the SC was not breathing normally. The SC's lips appeared blue and the parents asked a neighbor for help. The neighbor performed CPR on the child, then the SM and SF transported the SC to the hospital. The SC went into cardiac arrest, and died at the hospital at 3:16 AM on 12/26/2017. The SC had no pre-existing medical conditions and was an otherwise healthy child. The condition of the home environment was unknown. The SC had a rash all over his body; the cause of the rash was unknown. The SS had unknown roles. Both parents were alleged subjects.

Executive Summary

On 12/26/2017, the Broome County Department of Social Services (BCDSS) received an SCR report regarding the death of the 6-year-old male SC. The SC had no known pre-existing medical condition and was an otherwise healthy child, therefore his death was considered suspicious.

On 12/26/2017 around 1:30 AM, SM was lying in bed next to SC and noticed his breathing had become labored and his lips were blue. SM and SF brought SC to the car so they could take him to the hospital, and SC stopped breathing. A neighbor brought SC into his home and performed CPR until EMS arrived. SC was transported to the hospital via ambulance and was unable to be resuscitated; he was pronounced deceased by the hospital physician at 3:16 AM.

BCDSS conducted several home visits throughout the case and assessed the safety of the 8 and 9 yo SS. The SS resided with the SF and visited SM regularly. BCDSS interviewed SM, SF, the 2 SS, family members and multiple collaterals. There were no concerns expressed for the SS and they were assessed to be safe in their parents' care.

Medical records showed SF brought SC to a walk-in clinic on 12/25/2017; SC was diagnosed with an infection and prescribed antibiotics. LE investigated the incident and stated they did not feel there was any wrong doing or neglect on either parents' part. They closed their investigation with no criminal charges filed. An autopsy was performed and the pathologist determined the manner of death was natural and the cause of death was acute viral syndrome. The autopsy report stated SC "died rather suddenly and unexpectedly despite treatment with antibiotics. Autopsy demonstrated changes in the liver consistent with Reye's Syndrome, as well as pneumonia and terminal DIC (disseminated intravascular coagulation)." Reye's Syndrome was believed to have been caused by the treatment.

BCDSS appropriately unsubstantiated the allegations against the SM and SF. The parents sought the necessary medical care for SC's illness and SC was sent home with an antibiotic, which was administered properly. Throughout that same evening, SC's symptoms became worse. The parents called for an ambulance and they again obtained the necessary medical treatment. There was no credible evidence gathered that the parents acted inappropriately or caused the death of SC. The parents were offered grief counseling services for themselves and the SS, which they declined. The children utilized their school counselor when needed. The case was closed as there were no service needs identified.

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:

The decision to unfound and close the investigation was appropriate.

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:

Casework was commensurate with case circumstances.

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: 12/26/2017

Time of Death: 03:16 AM

Time of fatal incident, if different than time of death: 01:36 AM

County where fatality incident occurred: Broome

Was 911 or local emergency number called? Yes



Time of Call: 01:36 AM
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: lying in bed

Did child have supervision at time of incident leading to death? Yes
Is the caretaker listed in the Household Composition? Yes - Caregiver 1
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	6 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	40 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	29 Year(s)

LDSS Response

BCDSS initiated their investigation within 24 hours of receipt of the SCR report. They spoke to the source, hospital social worker, ER doctor and LE to gather more information. The ER doctor stated SC's body was covered with a rash, there was some modeling (red and white patches) from sepsis and there were no injuries observed. SC was healthy prior to becoming ill on 12/25/2017 when he was brought to the walk-in clinic. The doctor further stated SC was diagnosed with an infection on that date and prescribed antibiotics. The doctor said he was surprised the clinic didn't have the parents bring SC to the ER immediately if he was that sick. LE said they did not feel there was any abuse or maltreatment that occurred that caused SC's death.

BCDSS assessed SF's home to be safe for the SS and SM's home was assessed to be safe by Dutchess County Department of Social Services. The parents were interviewed at SF's home and the children were later interviewed at school. It was learned the SS resided with SF and SM lived in Dutchess County and visited with the children regularly. The children did not want to speak about the SC and they reported no concerns regarding their care.

SF reported SC woke up on 12/24/2017 with a cough and a slight fever, so he gave SC acetaminophen and SC rested all day. SC awoke with a rash on 12/25/2017 and he seemed to be getting worse, so SF brought him to the walk-in clinic around noon. SC was prescribed an antibiotic and was sent home. SF gave SC the antibiotic and ibuprofen for his fever, then SC went to bed. SM went to SF's home to visit the children for Christmas and arrived between 4 and 5 PM on 12/25/2017. SM said she laid in bed with SC the entire evening. SC developed diarrhea and began vomiting so they thought he was having a reaction to the antibiotic. SM gave SC a bath and noticed his toes and fingertips were "purplish"



so she warmed him up, put lotion on him, rubbed his fingers and toes and the color seemed to come right back. SM then got back in bed with SC and they watched a movie. Around 1:30 AM, SM noticed SC's breathing changed and seemed to be more labored so she turned the light on to check on him. She noticed his lips were blue so the parents decided to bring him to the ER. By the time they got to the car, SC stopped breathing. 911 was called at 1:36 AM and SF went next door to get a neighbor who was trained in CPR. The neighbor performed CPR in his home until EMS arrived and transported SC to the hospital.

SM stated SF was drinking alcohol and was under the influence of marijuana while she was lying in bed with SC on the night of the incident. SF admitted to smoking marijuana and drinking alcohol on occasion, although denied he used either that night. SM denied that she used drugs and said she did not drink alcohol on the night of the incident.

The parents brought the SS for a medical exam on 12/26/2017 to assess their health. The 8 yo SS tested positive for a milder form of the same infection the SC was diagnosed with and was prescribed an antibiotic. The 9 yo SS tested negative for the illness and was medically cleared. The SC and SS's pediatrician records showed all 3 children were up to date with immunizations, well visits, and there were no concerns for their health. School staff and family members had no concerns for the parents' care of the children.

BCDSS contacted all necessary collaterals and verified the parents acted appropriately and obtained the necessary medical care for SC's illness. The autopsy determined SC died from natural causes due to illness and LE closed their case with no criminal charges filed. BCDSS appropriately unfounded and closed the investigation. BCDSS provided the parents with information on grief counseling, which they declined. The children utilized their school counselor as needed and the parents said they would obtain counseling for the children in the future if the need arose.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Pathologist

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
046321 - Deceased Child, Male, 6 Yrs	046325 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
046321 - Deceased Child, Male, 6 Yrs	046325 - Mother, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated
046321 - Deceased Child, Male, 6 Yrs	046322 - Father, Male, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
046321 - Deceased Child, Male, 6 Yrs	046322 - Father, Male, 40 Year(s)	DOA / Fatality	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 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 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
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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"/>

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"/>

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input 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 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"/>
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"/>

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:
Information on grief counseling was provided to the parents for the SS. The parents declined this service and the SS met with their counselor at school as needed. The SS were brought to the doctor to assess their health after the SC died from an illness.

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

Explain:
Information on grief counseling was provided to the parents, although they declined.

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? Yes

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 is no CPS history more than 3 years prior to the fatality.

Known CPS History Outside of NYS

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



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