

Report Identification Number: NY-14-128

Prepared by: New York City Regional Office

Issue Date: 4/16/2015

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-pulmonary 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 Supervision
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: 11 year(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 11/17/2014
Initial Date OCFS Notified: 12/15/2014

Presenting Information

According to the OCFS notification, the preventive agency SCO Family Services CP was contacted by the BM on 11/17/14 at 3:30PM. The BM stated that she put the child back to sleep at 7:00AM that morning. When the BF got home from work around 10:00AM, he went to his son's bedside and observed that the child's lips were blue in color and he was unresponsive. The parents contacted 911 and the child's body was taken to Jamaica Hospital by EMS where he was pronounced dead.

Executive Summary

This fatality report is regarding the death of a child that occurred on 11/17/14. The death certificate signed on 11/18/14 indicated the immediate cause of death were complications of perinatal Anoxic-Ischemic Encephalopathy - Natural Causes.

After investigating an SCR report of 07/10/13, CPS determined that the allegations were Unsubstantiated and appropriately Unfounded the report. The family was referred for preventive services with SCO Family of Services, Medically Fragile program. The services were agreed to by the parents who needed assistance navigating the complicated medical care system, advocacy, and resources.

The family services plan included case management such as referring the family for additional services as assessed; medical equipment or resource assistance, etc. The agency's CP referred the family for a Medicaid Service Coordinator (MSC) who facilitated medical, educational and equipment needs for the SC. The CP referred the family to OPWDD for supportive services. An agency nurse (LPN) also provided monitoring of the SC. The CP also requested updated medical equipment including a new wheelchair and feeding tube apparatus for the SC. Family counseling was also provided. In addition the SC received Visiting Nurse Services (VNS) and a Home Health Aide (LPN) level services, 12 hours a day as well as home schooling through the Department of Education (DOE). The parents were compliant with the SC's medical appointments, care, and medication(s).

According to case documentation, from the date of the case opening in March 2014, the CP conducted face-to-face meetings with the parents and SC in the home at least twice monthly. Collateral contacts were made with the HHA, Home education instructor, and MSC, etc.

The agency offered bereavement counseling to the family after the SC's death but the parents' choice to grieve internally. The CP also offered community based bereavement counseling but the parents chose not to participate. SCO contributed financially to the funeral arrangements/costs.

Due to the death of the SC, the family requested no further services. The agency appropriately assessed that the case should be closed because no services were required and there were no surviving siblings or children residing in the home. The services case was closed in CONNECTIONS on 01/15/15.

OCFS conducted reviews of CONNECTIONS, the preventive agency case file records, and the Welfare Management System (WMS).

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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

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: 11/17/2014

Time of Death: 10:00 AM

County where fatality incident occurred: QUEENS

Was 911 or local emergency number called? Yes

Time of Call: 10:00 AM

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 checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input 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 Hours

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: 01

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	11 Year(s)
Deceased Child's Household	Father	No Role	Male	049 Year(s)
Deceased Child's Household	Mother	No Role	Female	049 Year(s)

LDSS Response

On 11/17/14 the BM contacted the CP via phone around 3:30pm and informed that the SC died. BM said she put the SC to sleep around 7:00am that morning and when the BF arrived home around 10:00am, he found the SC unresponsive; his lips had turned blue. The parents called 911 and the SC was taken to Jamaica Hospital by EMS where his death was declared. The CP provided condolences and offered bereavement counseling to the BM and BF. The SC's Home Health Aide (HHA) also spoke to the CP and informed her that funeral arrangements were being made; the SC was being cremated on 11/19/14.

11/18/14 - the CP and CP's supervisor conducted a HV to provide support to the family; the BM, BF, and HHA were present. The parents were distraught due to the death of their child and were in the process of planning funeral arrangements for 11/19/14. During the HV, the CP assessed the home environment, offered referrals for bereavement counseling through SCO or community programs, and offered comfort to the parents regarding their loss. The BM indicated she would consider counseling but was too distressed to address it at the time.

The CP also offered agency assistance with the arrangements/funeral cost. According to the case record, on 11/24/14 SCO received a copy of an invoice from the Queens funeral home; SCO provided financial assistance in the amount of five hundred dollars [\$500.00] to the funeral home.

The CP contacted the SC's primary pediatrician on same date time to confirm the 11/14/14 appointment with Neurology was kept.

On 12/9/14 the CP conducted a case closing HV with the BM. The BM shared she cried a lot but she was trying to cope daily. The CP engaged in casework counseling and again offered bereavement services to the BM that she refused.

SCO began the process for case closure because there were no children in the home; the SC had an adult sibling who lived outside NY State. Given that the SC died on 11/17/14, there was no documentation indicating why the services case was closed on 1/15/15.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

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Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: N/A

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

N/A

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: N/A							

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? N/A

Explain:

There were no other children living in the household.

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

Explain:

Bereavement services were offered but declined at the time, but the CP continued supportive services until case closing.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes
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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/10/2013	1544-Deceased Child,Male, 11 Years	1542-Mother,Female, 49 Years	Inadequate Guardianship	Unfounded	No
	1544-Deceased Child,Male, 11 Years	1542-Mother,Female, 49 Years	Lack of Medical Care	Unfounded	
	1544-Deceased Child,Male, 11 Years	1543-Father,Male, 49 Years	Inadequate Guardianship	Unfounded	
	1544-Deceased Child,Male, 11 Years	1543-Father,Male, 49 Years	Lack of Medical Care	Unfounded	

Report Summary:

The SCR report alleged IG and Lack of Medical Care (LMC) of the SC by the BM and BF. The SC was diagnosed with Cerebral Palsy, Global Developmental Delays, Asthma, Seizures, Reflux disease and was a Spastic Quadriplegic. The narrative stated the BM and BF missed medical appointments for the SC.

On July 11, 2013 the SCR received additional information because there was no phone for emergencies in the home; the SC suffered with multiple medical issues that grew persistently worse.

Determination: Unfounded **Date of Determination:** 08/12/2013

Basis for Determination:

CPS appropriately concluded that the allegation of IG against the child by the BF and BM was Unsubstantiated. The child was diagnosed with multiple medical issues and the BF and BM provided adequate care for the child.

Allegation of LMC against the child by the BF and BM was also Unsubstantiated. In 3 years, the child only missed his appointment once because the father claimed to be sick and could not bring the wheelchair downstairs for the child to facilitate his access ride to the hospital.

OCFS Review Results:

N/A

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

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

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Family does not have CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

The family does not have any CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 07/15/2013

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings/other children in the household as	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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necessary to achieve safety, permanency, and well-being?				
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: N/A				

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
 Yes No

Preventive Services History

On 7/25/13 CPS referred the family to SCO Family Services, Special Medical Developmental Services program. CPS assessed the family needed assistance with supportive services on behalf of the SC who was diagnosed with multiple medical health conditions. On 7/30/13, CPS and the CP conducted a Joint Home Visit (JHV) to transition the case.

The CP conducted home visits (HV) to the case address during which the SC was appropriately assessed. Significant collateral contacts occurred with providers. The SC received supportive services from a Home Health Aide (HHA). During Home Visit (HV) the CP appropriately engaged the HHA and parents for health status updates, etc.

Some service referrals were: AHRC, OPWDD, Occupational Therapy, Physical Therapy, 'Straight' Medicaid, a Feeding Tube, and Medicaid Service Coordinator (MSC). The CP advocated for a new wheelchair for the SC, communicated with NYC Housing Authority (NYCHA) re wheelchair accessible housing, and for the upgrade and reinstatement of HHA (LPN) services. On 5/2/14 MSC services were approved with 3 contacts per month. On 11/4/14 the BM disclosed to the CP the SC had seizures more often and increased vomiting at night. The SC had an appointment with Neurology on

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11/14/14 that was kept. However, the SC died on 11/17/14. As the SC was the only child in the home, the agency appropriately closed the services case.

Family Assessment Service Planning (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent required FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

N/A

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