



**Report Identification Number: NY-22-072**

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

**Issue Date: Feb 13, 2023**

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 year(s)

**Jurisdiction:** Queens  
**Gender:** Female

**Date of Death:** 09/08/2022  
**Initial Date OCFS Notified:** 09/08/2022

## Presenting Information

The New York Administration for Children’s Services (ACS) received an SCR report on 9/8/2022. The SCR report alleged on 9/7/2022, the mother (SM), father (SF) and 3-year-old child (SC) were asleep in the same bed. The father left for work at 7:30 AM and the mother left for work at 9:30 AM. The maternal aunt (MA) and the 13-year-old cousin (OC) were watching the child when the mother left. The 13-year-old child went to check on the 3-year-old child and found her in bed, bluish in color and unresponsive. The maternal aunt called the mother to come home and 911. The child was transported to the hospital where she was resuscitated. The child went into cardiac arrest and died at 3:37 AM on 9/8/2022. The mother, father, and aunt have no explanation for the child’s death, and she was reported to be otherwise healthy.

## Executive Summary

This report concerns the death of a 3-year-old child which occurred in her home. The child lived with her mother, father, maternal aunt, and 13-year-old cousin. Prior to being found unresponsive by the 13-year-old cousin in bed, the child had been co-sleeping with both her mother and father. Each parent had left the child in bed at different times to leave for work, not wanting to wake her before leaving her in the care of the maternal aunt.

ACS coordinated their investigation with law enforcement and interviews were performed together. The father, mother, maternal aunt, and 13-year-old cousin were interviewed in the home and gave similar versions of the events. The father and mother stated they awoke at approximately 6:00 AM while the father prepared to leave for work at approximately 7:30 AM. The mother returned to bed and fell asleep with the 3-year-old child until approximately 9:00 AM before waking to leave for work. Each parent stated they did not check on the child when they got out of bed and left the home so as not to wake her. The 13-year-old cousin stated that after the mother left the home, she went to check on the child and noticed she was bluish in color and alerted the maternal aunt. The maternal aunt then called the mother to return home, and then called 911. The child was transported to the hospital, where she was pronounced dead on 9/8/2022. The 13-year-old cousin was assessed to be safe throughout the investigation in the care of the maternal aunt.

An autopsy was performed and there were no signs of abuse or trauma present. The parents disclosed to law enforcement they had another child who passed away in 2016 due to an aneurism while living in Connecticut. This child’s death was confirmed by law enforcement and additional forensic testing was ordered by the medical examiner. At the time this report was written, a final autopsy report was not available, and a cause of death was not identified. The medical examiner believed the child may have had a previously undiagnosed genetic condition, though that could not be confirmed until the results of the additional testing were returned. The child’s pediatrician expressed no concerns for the child in the care of the parents or for their medical care.

ACS offered the family services in relation to the child’s death. The family accepted financial assistance with burial costs and declined all other services. The investigation remained open at the time this report was written, pending the final autopsy report.

## 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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

### Explain:

The investigation remained open pending the final results of the autopsy.

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:

There was detailed documentation in the case record of supervisory consult. The case remained open at the time this report was written.

### 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: 09/08/2022

Time of Death: 03:37 AM

Date of fatal incident, if different than date of death:

09/07/2022

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

09:50 AM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

09:50 AM



**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?**

No

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

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**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	Aunt/Uncle	Alleged Perpetrator	Female	54 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Female	13 Year(s)

### LDSS Response

ACS received the SCR report, notified the DA of their involvement, and coordinated their response with LE. A home visit and initial interviews were performed with LE.

The parents, MA and 13-year-old OC were interviewed in the home separately. Each gave a similar version of events to ACS and LE. The SF stated he and the SM co-slept with the SC the night of the fatal incident. The SF stated he awoke at approximately 6:00 AM to get ready for work and the SM made him coffee before he left. The SF stated he believed the SC to have been asleep, though he did not check on her because he did not want to wake her up. The SM confirmed she got out of bed to make the SF coffee while he got ready for work, then returned to bed and fell asleep. The SM stated she awoke at approximately 9:00 AM and got herself ready for work. The SM stated she left the home for work at approximately 9:30 AM and did not check on the SC prior to leaving so as not to wake her. The OC stated she went to check on the SC after the SM left for work as she thought it was unusual for the OC to still be asleep. The OC stated the SC appeared bluish in color and informed the MA right away. The MA stated she went to the bedroom to check and immediately called the SM on the phone to come home, then called 911. The SC was transported to the hospital by ambulance where she was pronounced dead on 9/8/2022. Services were offered in relation to the death of the child.

LE informed ACS the parents disclosed they had a child who passed away at the age of 1 in 2016 from a brain aneurysm while living in Connecticut. LE stated they had obtained the records from that child's death. LE confirmed the child died of an aneurysm and there were no signs of abuse or trauma or concerns for criminality in the investigation of that child's death.

ACS spoke with the SC's pediatrician and obtained the records. The pediatrician and their records showed no previous concerns for the SC's care by the parents. The records showed regular medical care had occurred and the SC had no known medical conditions prior to her death.



ACS spoke with the ME. The ME stated there were no signs of abuse or trauma present in the SC. The ME stated that from the information LE obtained regarding the death of a child in Connecticut, there was a possibility there was a genetic disorder previously undiagnosed in the SC. The ME ordered additional testing and the final autopsy report was not available at the time this report was written.

ACS offered the family services in relation to the death of the SC. Financial assistance with burial costs were accepted and further services were declined by the parents. A referral for counseling was made for the OC, though it was unclear from the case record if the service had been utilized at the time this report was written. The investigation remained open, pending the final autopsy report.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** No

**Comments:** ACS does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
062491 - Deceased Child, Female, 3 Yrs	062492 - Mother, Female, 26 Year(s)	DOA / Fatality	Pending
062491 - Deceased Child, Female, 3 Yrs	062492 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Pending
062491 - Deceased Child, Female, 3 Yrs	062493 - Father, Male, 28 Year(s)	DOA / Fatality	Pending
062491 - Deceased Child, Female, 3 Yrs	062493 - Father, Male, 28 Year(s)	Inadequate Guardianship	Pending
062491 - Deceased Child, Female, 3 Yrs	062494 - Aunt/Uncle, Female, 54 Year(s)	DOA / Fatality	Pending
062491 - Deceased Child, Female, 3 Yrs	062494 - Aunt/Uncle, Female, 54 Year(s)	Inadequate Guardianship	Pending

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<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"/>

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?</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? 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 checked="" 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"/>
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**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?** Unable to Determine

**Explain:**  
A referral for services was made on behalf of the 13-year-old OC. It was unknown from the case record if the services had been utilized at the time this report was written.

**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. Additional services were offered in relation to the death of the SC and declined by the family.

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

### 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 was no CPS investigative history more than three years prior to the fatality.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS. It was known the family had a previous child death in 2016 due to a brain aneurysm while living in Connecticut. ACS had sent a records request to Connecticut to determine if Connecticut CPS was involved at the time of that child's death. The request had not been returned at the time this report was written.

### 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