



## Report Identification Number: SV-20-041

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

Issue Date: Mar 22, 2021

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

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

**Jurisdiction:** Suffolk  
**Gender:** Female

**Date of Death:** 10/15/2020  
**Initial Date OCFS Notified:** 10/16/2020

## Presenting Information

The child died from a medical cause during a court-ordered CPS investigation regarding concerns for domestic violence perpetrated by the father against the mother in the presence of the child and 10-year-old sibling. Suffolk County Department of Social Services notified the Westchester Regional Office of the death on 10/16/2020 via the OCFS 7065-Agency Reporting Form.

## Executive Summary

This fatality report concerns the death of the 3-year-old female subject child that occurred on 10/15/2020. The child died during an open court-ordered investigation concerning domestic violence perpetrated by the father against the mother. At the time of the child’s death, she was hospitalized after complications following a surgery for a pre-existing condition arose. The child resided with her mother, and 10-year-old sibling. The sibling was assessed to be safe in the care of her mother.

Suffolk County Department of Social Services (SCDSS) learned of the death from the maternal cousin on 10/15/20 and notified the Westchester Regional Office timely via the OCFS 7065-Agency Reporting Form. An autopsy was not performed. SCDSS obtained the death certificate, which listed the cause of death as global anoxic encephalopathy due to brain herniation as a consequence of streptococcus pneumoniae bacteremia ventriculoperitoneal shunt placement at 2 months of age. The manner of death was natural.

The mother was interviewed and stated the child became ill on 10/8/2020 and had a headache and was vomiting. The mother took the child to the hospital where she was treated. The following day, the child had surgery to revise a shunt from a prior surgery and the child suffered a heart attack. The mother did not expect the child to die because of her pre-existing medical condition. The father was interviewed separately and corroborated the mother’s information concerning the child’s condition and subsequent death.

Collateral contacts were made, and information was gathered from extended family, the pediatrician and hospital staff. There were no concerns reported for the child’s care or for the safety of the sibling.

SCDSS offered services to the family including bereavement services and domestic violence advocacy programs, which were accepted. The family declined burial assistance as they had the support of their church. After collecting information regarding the death, and completing all casework requirements, the case was closed.

## 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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

Casework activity was commensurate with case circumstances.

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:**

The decision to close the case was appropriate per regulatory requirements.

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities**

**Incident Information**

Date of Death: 10/15/2020

Time of Death: 11:35 AM

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

10/08/2020

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

Unknown

County where fatality incident occurred:

Suffolk

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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: Hospitalized

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

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	No Role	Female	3 Year(s)
Deceased Child's Household	Mother	No Role	Female	41 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Other Household 1	Father	No Role	Male	37 Year(s)
Other Household 2	Other Adult - Sibling's Father	No Role	Male	36 Year(s)

## LDSS Response

On 10/15/2020, SCDSS learned of the death of the 3-year-old female subject child that occurred on the same day. The child died during an open investigation regarding concerns of domestic violence between her parents. The child's death was unrelated to the allegations of the report open at the time of her death. The child had a 10-year-old surviving sibling who was assessed to be safe during the investigation. She did not have information relating to the death. The medical examiner was made aware of the death; however, declined involvement as an autopsy was not performed and the death was not suspicious or caused by trauma by a caregiver.

On 10/15/2020, SCDSS spoke with relatives who saw the family regularly. The maternal cousin was interviewed and said the child was in the hospital due to a complication with a shunt which drained excess fluid from her brain to her stomach. The child was brought to the hospital on 10/8/2020 after the mother noticed the child became ill. The child suffered from a fever, seizures and vomiting prior to going into a coma at the hospital. The maternal cousin did not have concerns for the care or safety of the child or her sibling. Additionally, the maternal cousin's children were interviewed and did not report concerns for the children.

On 10/16/2020, the mother was interviewed in the home. She explained on 10/8/2020, the child had a headache and was vomiting and she immediately took her for medical attention. The child required surgery to repair a shunt that was placed when the child was two months old. The mother did not expect the child to die as a result of her condition. She did not have additional information relating to the death.

On 10/20/2020, the father was interviewed. He provided information that the child was born prematurely due to pregnancy complications including preeclampsia and hypertension which resulted in the child being treated in the NICU after birth. She was diagnosed with a condition which required her to have a shunt surgically placed in her head. The child experienced complications, including infections for the first year of her life. The child appeared healthy until approximately a week prior to her death when she displayed signs of illness. After the child's revision surgery was unsuccessful, and the child's condition worsened, the father was told by the doctors that there was nothing more to be done for the child, and the child subsequently died.

SCDSS gathered information from hospital staff and the pediatrician. Hospital staff reported the mother brought the child to the hospital on 10/8/2020 with complaints of a headache and vomiting. It was required for the child to have surgery to repair the shunt on the following day. The child then had a fever, her heartrate was elevated, she had difficulty breathing and seizures before she was declared braindead and subsequently pronounced deceased. Hospital tests after the revision surgery showed the child had a neurological decompensation and a streptococcus pneumonia septicemia infection. The pediatrician expressed no medical concerns for the child or concerns related to the parents' care of the child.

The sibling's father, who was believed to reside outside of the country, could not be reached via telephone; therefore, he



was not interviewed.

After completing a thorough investigation into the death, and meeting requirements for investigating a death which was not reported to the SCR, SCDSS appropriately closed their case.

### 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:** Hospital physician

### Multidisciplinary Investigation/Review

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

### 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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>

### 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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



<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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**Explain:**  
As the death was not reported to the SCR, there was not a requirement to assess the sibling within 24-hours of learning of the death.

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

**Explain:**  
SCDSS offered appropriate services in response to the fatality and with regard to case circumstances.

**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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
There was no need to remove the sibling from the mother's care as a result of the death.

**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**



# Child Fatality Report

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

The sibling was referred to and accepting of bereavement services.

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

Explain:

The parents were offered bereavement services, which were accepted. The mother was offered and receptive to a domestic violence advocate. Although offered, the mother declined burial assistance as the family received assistance through her church.

## History Prior to the Fatality

### Child Information

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

Yes

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)	Allegation Outcome	Compliance Issue(s)
10/14/2020	Deceased Child, Female, 3 Years	Father, Male, 37 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 3 Years	Father, Male, 37 Years	Other	Substantiated	
	Sibling, Female, 10 Years	Father, Male, 37 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 10 Years	Father, Male, 37 Years	Other	Substantiated	
	Deceased Child, Female, 3 Years	Mother, Female, 41 Years	Other	Unsubstantiated	
	Sibling, Female, 10 Years	Mother, Female, 41 Years	Other	Unsubstantiated	

**Report Summary:**

The Suffolk County Family Court Judge ordered a court-ordered investigation with a return date of 11/5/2020. There were allegations of domestic violence perpetrated by the father toward the mother in the presence of the children. The allegation of "other" referred to the court-ordered investigation.

**Report Determination:** Indicated

**Date of Determination:** 12/09/2020

**Basis for Determination:**

The allegation of Inadequate Guardianship and Other was substantiated against the father with regard to the child and the sibling. The investigation revealed the father physically assaulted the mother in the presence of the children, causing them to be at risk of physical, mental and emotional harm. The mother was unsubstantiated for the allegation of Other as she acted appropriately in protecting the children by obtaining an order of protection against the father with regard to the children, and ended her relationship with the father.

**OCFS Review Results:**

The investigation was initiated and the Safety Assessments were completed timely and with accuracy. The interviews with the family were thorough and clearly documented. The sibling was assessed to be safe. A CPS history check was completed. Notice of existence letters were provided timely. Written notice of the indicated case were provided to all adults. SCDSS' interviews with collateral contacts reflected that of best casework practice and the case was appropriately determined and the investigation was closed within the regulatory timeframe.

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

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

10/5/10- 12/8/10 The father and mother of the SS were UnSub for IG and XOTH regarding the SS.

8/2/12- 11/7/12 The father was UnSub for IG, L/B/W and FX regarding the now SS. The mother of the now adult SS was UnSub for IG regarding SS.

8/3/12 11/7/12 The father was Sub for II and IG regarding the now adult SS.



1/23/12- 4/5/12 The mother of the SS was UnSub for IG, LS, PD/AM and XOTH regarding the SS.

2/11/14- 6/9/14 The mother of the SS was Sub for IG, L/B/W, S/D/S, B/S regarding SS.

1/18/16- 4/27/16 The then PS of the SS was Sub for XCP, IG and L/B/W of SS.

1/4/17- 3/25/17 The mother was UnSub for IG, L/B/W, S/D/S of the SS.

1/18/17- 3/25/17 The then PS of the SS was UnSub for IG of the SS.

### Known CPS History Outside of NYS

There is no known CPS history outside of New York.

### 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