



**Report Identification Number: SY-20-047**

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

**Issue Date: Apr 05, 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 month(s)

**Jurisdiction:** Madison  
**Gender:** Female

**Date of Death:** 10/17/2020  
**Initial Date OCFS Notified:** 10/19/2020

## Presenting Information

An SCR report alleged that on 10/17/20, at an unknown time, the mother was breastfeeding the 3-month-old female infant. Following the breastfeeding, the mother placed the infant on the bed for a nap. The mother then placed pillows around the infant in a u-shape. The mother left the room and returned approximately one hour later to check on the infant. Upon return, the mother found the infant on the bed, unresponsive. There was an indentation on the pillow from where the infant's head was located. It was unknown if the infant was found face up, face down, or on her side. It was unknown if any lifesaving procedures were performed. At an unknown time, the infant was transported to one hospital then transferred to another hospital, where the infant was pronounced deceased. The infant's death was caused by suffocation due to an unsafe sleeping environment. It was unknown if the father was in the home at the time. The 2-year-old sibling was present in the home.

## Executive Summary

On 10/19/20, the Madison County Department of Social Services (MCDSS) received an SCR report regarding the 3-month-old infant's death that occurred on 10/17/20. At the time of the infant's death, she resided with her mother, father, 2-year-old sibling and maternal grandmother.

MCDSS conducted a joint investigation with law enforcement and learned that on 10/16/20 around 3:35 PM, the mother placed the sleeping infant on her back on the parents' bed for a nap. The mother placed pillows in a u-shape around the perimeter of the bed so the infant wouldn't roll off the bed and she left the room. The mother returned to check on the infant 10 minutes later and she was still sleeping in the same position. The mother then went downstairs to attend to the sibling while the infant napped. The father came home from work around 5:00 PM and the mother checked on the infant at 5:10 PM. The mother discovered the infant had rolled onto her stomach and she was not breathing. The mother ran downstairs with the infant and the father began CPR. They drove the infant to the hospital, where resuscitative measures were performed. The infant regained a heartbeat and she was transferred to a second hospital for a higher level of care. She was later diagnosed with an irreversible anoxic brain injury and it was determined she had no brain activity. The decision was made to withdraw care and the infant was pronounced deceased at 1:02 PM on 10/17/20.

MCDSS interviewed the parents and maternal grandmother and they assessed the sibling to be safe in their care. It was learned that the infant was healthy with no preexisting medical condition and the home was assessed to be safe.

MCDSS completed all investigative requirements timely and they closed the investigation on 11/24/20. At that time, the autopsy results were pending, and the law enforcement investigation remained open pending the final report. The preliminary autopsy report was received, which showed that there were no injuries, trauma, congenital anomaly, or acute disease process found to account for the infant's death. The final autopsy report was later received on 12/4/20, and the manner of death was "undetermined." The cause of death was "unexplained sudden death of infant, extrinsic factor identified." The report further stated, "the extrinsic factor was prone sleep position." Upon receipt of the final report the law enforcement investigation closed with no charges filed.

MCDSS unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship against the mother. The investigation conclusion narrative stated that according to a medical doctor that was consulted, it was unusual for a 3-month-old infant to roll onto their stomach. It further stated that the mother could not have known that the infant would be able to roll onto her stomach as this had never happened before, and therefore, the mother did not believe it was an unsafe



sleep environment. MCDSS found that the mother provided the infant with a reasonable standard of care and that she acted appropriately after finding the infant unresponsive by seeking immediate medical care. The investigation conclusion narrative contradicted and omitted the mother’s statements that she placed pillows in a u-shape around the bed to “prevent her from rolling around and off the bed”, that the infant was mostly a stomach sleeper, and that she had been previously educated about safe sleep guidelines. The family declined needing services related to the fatality or any other services.

## 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:

MCDSS unfounded and closed the investigation once regulatory requirements were met.

**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 activity 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:** 10/17/2020

**Time of Death:** 01:02 PM

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

10/16/2020

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

Unknown

**County where fatality incident occurred:**

Madison

**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?**

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**How long before incident was the child last seen by caretaker?** 1 Hours

**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	Female	3 Month(s)
Deceased Child's Household	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	65 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

### LDSS Response

MCDSS began their investigation into the incident upon receipt of the SCR report on 10/19/20. They searched SCR history and spoke to the source of the report, the medical examiner's office, law enforcement, hospital staff, the parents, and the maternal grandmother. They conducted several home visits and they assessed the safety of the sibling throughout the investigation.

Through interviews with the parents it was learned that the infant was born full-term and she was healthy. The parents shared that both children were up to date with well-child visits and immunizations although they refused to sign a release for MCDSS to speak to the pediatrician. The parents were aware of safe sleep guidelines and there was a crib and bassinet in the home for the infant. The parents did not utilize the crib since they said the infant didn't like it and they stopped using the bassinet when the infant pressed her face against the mesh on the side, because they thought it was a hazard. The mother reported that they co-slept with the infant in their queen-sized bed and she was both a back and stomach sleeper, but mostly a stomach sleeper. MCDSS provided the parents with a safe sleep brochure and they reinforced the guidelines.



The father reported that on 10/16/20, the infant was fussy in the morning before he left for work. Otherwise, the infant was acting normal. The mother stated that she breastfed the infant in the parents' bed and then she placed the sleeping infant on her back on top of the pillow top mattress at 3:35 PM. The mother denied that there were any blankets covering the infant, but it was not documented if there were blankets on the bed underneath the infant. The mother stated that she placed pillows in a u-shape around the perimeter of the bed to prevent the infant from rolling around and off the bed. The sibling woke up from her nap at 3:45 PM and the mother went to the sibling's bedroom to get her. The mother then returned and checked on the infant and she was sleeping in the same position. The mother and sibling went downstairs to play until the father returned home around 5:00 PM. At 5:10 PM, the mother went upstairs and got into bed with the infant to breastfeed her. She called the infant's name three times and she didn't respond. She noticed that the infant was on her stomach and her head was sweating. It was not documented if the infant's airway was obstructed at that time. The mother picked up the infant and realized she was unresponsive. The mother ran downstairs with the infant and the father began CPR. They decided it would be faster to drive to the hospital instead of calling 911 and the mother drove while the father continued CPR in the backseat.

The maternal grandmother reported that she was in her bedroom laying down when the mother said she was going upstairs to get the infant up from her nap. She heard the mother screaming upstairs and then the mother came downstairs and the parents quickly left with the infant. She did not share any additional details about the incident.

**Official Manner and Cause of Death**

**Official Manner:** Undetermined

**Primary Cause of Death:** From a medical cause

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

**Multidisciplinary Investigation/Review**

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

**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
056595 - Deceased Child, Female, 3 Mons	056596 - Mother, Female, 31 Year(s)	DOA / Fatality	Unsubstantiated
056595 - Deceased Child, Female, 3 Mons	056596 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated

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



All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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"/>

**Additional information:**

The parents declined to sign a release to allow MCDSS to speak to the pediatrician.

**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 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
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"/>



# Child Fatality Report

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



<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
The family declined having any service needs.

**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:**

No service needs were identified for the sibling.

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

**Explain:**

The family declined service needs related to the fatality.

## 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

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

## 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 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