Attachment 2

Materials Related to the U.S. National Child Death Review Case Reporting System

1. Descriptive article about the U.S. National Child Death Review Case Reporting System from the journal Injury Prevention

2. Sample reporting form for the U.S. National Child Death Review Case Reporting System

3. April 2011 report of the National Center for Child Death Review

IP

The US National Child Death Review Case Reporting System

Theresa M Covington

Updated information and services can be found at:

http://injuryprevention.bmj.com/content/17/Suppl_I/i34.full.html

These include:

References

This article cites 2 articles, 1 of which can be accessed free at:
http://injuryprevention.bmj.com/content/17/Suppl_I/i34.full.html#ref-list-1

Article cited in:
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The US National Child Death Review Case Reporting System

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ABSTRACT

The National Child Death Review Case Reporting System (NCDR-CRS) was developed in the USA to provide child death review teams with a simple method for capturing, analysing, and reporting on the full set of information shared at a child death or serious injury review. The NCDR-CRS is a web based system currently being used by 35 of the 50 US states. This article describes the purpose, features, limitations, and strengths of the system. It describes current and planned efforts for the dissemination of the data to inform and catalyse local, state, and national efforts to keep children safe, healthy, and alive.

A comprehensive review of a child's death requires the sharing of case records from multiple sources on the wide ranging set of circumstances leading up to and causing a child's death. An effective review requires using this information to improve systems and prevent deaths. Capturing all of the information from review using reports from multiple sources and in a format useful for analysis and prevention is the purpose of the National Child Death Review Case Reporting System (NCDR-CRS). This is a passive epidemiologic surveillance system. It allows for the 'ongoing systematic collection, analysis, and interpretation of data essential to the planning, implementation, and evaluation of public health practice closely integrated with the timely dissemination of these data to those who need to know'.[1] Most importantly, the system can help to identify the aetiologic or causal factors in deaths of children so that communities can reduce or eliminate exposure to those factors as the basis for prevention.[2]

DEVELOPMENT OF THE NCDR-CRS

When the National Center for Child Death Review (NCCDR), based at the Michigan Public Health Institute (MPHI), was funded in 2002 by the US government[i], a major project objective was to explore the feasibility of building a standardised reporting tool for local and state child death review (CDR) teams. NCCDR found that 44 of 50 states had a case reporting tool for CDR; however, there was little consistency in the type of information that was being collected and analysed. Thirty CDR leaders from 19 states volunteered to design and test a case reporting system. NCCDR managed the system design and software development. It was

originally proposed that the system would be a minimal dataset, capturing only the final outcomes of a case review. The 30 volunteer designers argued instead for a system that would capture the whole story of a child's death or serious injury, such that the version in use today contains over 1700 data elements.[3]

Thirty-five states are now enrolled in this web based system and have entered more than 84 000 reviewed child deaths. The database primarily reflects a period of review between 2005 and 2009. Table 1 provides a summary of the types of cases entered as of December 2010.

PURPOSE AND OBJECTIVES OF THE NCDR-CRS

The purpose of the system is to provide CDR teams with a simple method for capturing, analysing, and reporting on the full set of information shared at a child death or serious injury review, so that the information can be used at the local, state, and national levels to inform improvements in child safety and prevent deaths.

The objectives of the system are to:
1. Permit local and state CDR teams to systematically collect comprehensive information on every child death or serious injury reviewed including:
   - Child, family, supervisor, and perpetrator
   - Incident place, events, and emergency response
   - Investigation actions
   - Risk and protective factors by cause of death
   - Further detail on acts of omission or commission contributing to the deaths, on sleep related infant deaths and on consumer product related deaths
   - Services needed, provided or referred
   - Recommendations for and actions taken to prevent deaths
   - Factors affecting the quality of the case review
2. Enable local and state CDR teams to easily analyse and report on their CDR findings
3. Enable child health and safety advocates to access aggregated state and national CDR findings to inform child health and safety prevention policies and practices.

SYSTEM FEATURES

NCDR-CRS is a web based reporting structure, built using MS-ASP.net. Data entered into the system is stored on secure servers at MPHI.

The system is child based, and can capture identifiable data on the child, but not identifiable for others involved in the death incident. Extensive data

Table 1 Summary of cases entered into the National Child Death Review Case Reporting System; 1995—2010.* N=84 122

	Number	%
Age of child		
Under age 1	45 339	53.9
Ages 1—4	10 065	12.0
Ages 5—9	4 954	5.9
Ages 10—14	6 513	7.7
Ages 15—17	11 761	14.0
Over 17 years old	2 257	2.7
Missing	3 233	3.8
Total	84 122	100.0
Gender of child		
Male	49 579	58.9
Female	33 360	39.7
Missing	1 183	1.4
Total	84 122	100.0
Race of child		
White	52 047	61.9
African American	21 233	25.2
Native Hawaiian	452	0.5
Pacific Island	263	0.3
Asian	1 498	1.8
American Indian	1 232	1.5
Alaska native	2	0.0
Multiracial	1 318	1.6
Missing	6 077	7.2
Total	84 122	100.0
Ethnicity of child		
Yes, Hispanic/Latino	12 568	14.9
Not Hispanic/Latino	55 266	65.7
Missing	16 288	19.4
Total	84 122	100.0
Official manner of death		
Natural	44 362	52.7
Accident	19 682	23.4
Suicide	3 004	3.6
Homicide	5 555	6.6
Undetermined	5 511	6.6
Pending	907	1.1
Missing	5 101	6.1
Total	84 122	100.0
Official cause of death		
External—motor vehicle	10 849	12.9
External—fire, burn, electrocution	1 672	2.0
External—drowning	2 724	3.2
External—asphyxia	5 283	6.3
External—weapon	5 951	7.1
External—animal bite	46	0.0
External—fall or crush	655	0.8
External—poisoning	1 346	1.6
External—exposure	153	0.2
External—undetermined	642	0.8
External—other	1 381	1.6
External—unknown	151	0.2
Medical—prematurity	15 450	18.4
Medical—congenital anomaly	6 597	7.8
Medical—SIDS	4 873	5.8
Medical—cancer	2 064	2.5
Medical—cardiovascular	2 036	2.4
		Continued

Table 1 Continued

	Number	%
Medical—other	14 419	17.1
Medical—undetermined and unknown	1 413	1.7
Undetermined if medical or external injury	2 207	2.6
Missing	4 210	5.0
Total	84 122	100.0

*22 596 cases (26.9%) were migrated from prior state reporting systems. Majority of cases (76%) were entered after 2004.

elements are included that address risk factors for most major causes of injury death.

Access to the system is allowed upon the signing of a data use agreement between a state and MPHI and confidentiality statements for all registered users in a state. Users log into and have access to the secure system via passcodes, depending upon one of three levels:

▶ Level 1: individual team users can enter, edit, print, and delete cases and download identifiable data only for the cases reviewed by their team
▶ Level 2: state level users can enter, edit, print, and delete cases and download identifiable data for cases reviewed by teams in the state[ii].
▶ Level 3: NCCDR staff can print and download de-identified data for all cases in the system by state

There is a paper form available that mimics the web system, but the web system was developed using a complex system of skip patterns to speed the data entry process. A data dictionary is available via paper and is also linked as a help feature to every data element in the web system.

Thirty-two standardised reports are available for downloading and/or printing at the local and state level. These reports are created using real time data. The reports cover all major causes of deaths and serious injuries. Local and state users are able to download local data at any time into their own software for further analysis. A data code book accompanies the system.

States are able to migrate case reports from archived CDR databases into the NCDR-CRS. A number of states have already done this. Some customisation is available at minimal costs for states. For example, users in Georgia are presented with an additional screen to help them track the state agencies involved in the case and recommended systems improvements.

The system is free to all users. The NCCDR staff enrols users and provides training and help desk support. MPHI programmers and IT staff maintain the system's functionality and servers.

LIMITATIONS OF THE DATA

There are a number of ways in which this system is unlike typical public health surveillance or vital statistics data. Most obvious is that the case reporting system does not usually include all child deaths occurring in specific jurisdiction and thus cannot be compared one to one with vital statistics data; rates cannot be calculated nor can the data be assumed to be a representative sample of all deaths without detailed analysis. Secondly, the data cannot be compared state to state, and sometimes even team to team within a state, because of variation among teams in the types and timing of death reviews. Third, there can be large differences in the quality of data between teams and states, especially for states new to the system. At first many users leave a large proportion of questions unanswered and data fields blank. We have found that this improves with time. CDR teams can use the form as a quality

[ii]A few states have elected not to have access to case identifiers from local reviews.

improvement tool. They find that not knowing the answer to an important question such as 'were there working smoke detectors in a fire death' has them gathering this information for their next fire death review.

Some teams also do not routinely access the data dictionary to ensure consistent meaning. NCCDR attempts to work with users to encourage compliance with the data dictionary, but is aware that some states have developed their 'own' definitions for a term. There are also a number of relatively subjective data elements, such as 'was this death preventable?' or 'did an act of omission contribute to the death?'. These questions were intentionally included in the tool to encourage discussion, but may be problematic for certain types of analysis. Fourth, the original reporting source for specific data elements is not specified—so that it is not known which agencies contributed information, although the types of agencies participating at the review can be entered for each case. As such the system does not have a primacy rule for selecting the best answer to a question and instead relies on the CDR teams to determine primacy when there is dispute among agencies. The system cannot determine if the team or the person entering the data selected an answer.

STRENGTHS OF THE DATA

Despite the limitations, the case information provided by local and state CDR teams provides valuable information on the complexities involved in many child deaths, and much of this information is not available from any other single source. For example, data entered on infant sleep related suffocations describe with whom, on what surface, and where the child was sleeping at the time of the death. This can be cross matched with detailed information on the child's supervisor to better understand the circumstances of these deaths. With pool drowning deaths, data record how the child entered the pool area, what barriers they may have breached, and why those barriers were not working. Box 1 describes the type of data that could be entered for a teen motor vehicle crash. For all deaths, comprehensive information on caregivers, supervisors, and perpetrators can help describe specific risks to children and improvements to help persons acquire resources to better protect their children.

DISSEMINATION OF THE DATA

Ideally, any review findings should be easily disseminated for use by government, organisations, and the public to keep children alive. However, the NCDR-CRS is first and foremost a system for use by local and state CDR teams and programmes. This is in keeping with the fact that CDR is best as a local process—people closest to the death event coming together to share the story of the death in order to keep other children safe from harm. In fact, according to the terms of the data use agreements with participating states, the data entered into the system is the property of these states. NCCDR only serves as the custodian of the data.

Most local teams are not accessing the data download feature, relying instead on the standardised reports. They are able to generate up to 32 of these, incorporate them into an annual report template, and thereby produce a report on their CDR findings and process to share with their community.

Most states participating in the system are downloading their data on an annual basis and generating extensive annual reports on all deaths reviewed or specialised reports on specific types of deaths such as suicides or drownings[iii]. Most states have

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[iii]Annual reports from most states can be accessed at http://www.childdeathreview.org/

legislation requiring that reports on state CDR be presented annually to state agencies, legislators and/or governors. Some states are now linking their CDR data to their birth, death, and other records for more enhanced analysis.

Box 1 What the case reporting system can tell us about a teen motor vehicle death

Child's demographic information
Age; sex; education and employment; disabilities, health, substance abuse, mental health, delinquency, and child maltreatment and family violence histories.

Child's primary caregivers (up to two)
Age; sex; income; education and employment; primary language spoken; on active military duty; disabilities, health, substance abuse, mental health, delinquency, and child maltreatment and family violence histories; prior child deaths.

Supervision
If needed and for person responsible for supervision: age; sex; income; education and employment; primary language spoken; on active duty in military; disabilities, health, substance abuse, mental health, delinquency, and child maltreatment and family violence histories; prior child deaths; specific impairments at time of supervision.

Incident
Time, place, emergency response, child's activity at time, number of other deaths.

Investigation
Types of investigators, persons declaring cause of death, types of forensic tests conducted, reviews of child protective services records.

Manner and primary cause of death
Information on crash circumstances
Number and types of vehicles involved in crash, position of child, collision type, primary causes of crash, driving conditions, location of crash.

Information on drivers, occupants, pedestrians
For child, child's driver and other drivers involved in crash: licence status and violations to graduated licensing regulations; for all vehicles in crash: number of total occupants, teen occupants and teen deaths; protective measures—for example, seat belts needed, present, used, used incorrectly or not used.

Information on acts of omission or commission
Types of acts contributing to the death and information on the perpetrators of these acts (same as for supervisor).

Services used, needed, referred or recommended as a result of the death

Recommendations on actions to prevent other deaths
Includes a wide range of options—including education, environmental modifications, legislation, product safety; status of implementation of recommendations.

Information on the case review
Attendees, issues preventing a comprehensive review, summary of outcomes.

Aggregated multi-state, de-identified data analysis generated by NCCDR staff is available to federal agencies and other researchers in accordance with the NCCDR data dissemination policy. Recently a number of agencies in the US government have shown interest in accessing the data to inform national policy. For example, a request has been made to generate data on the circumstances in child passenger deaths which may explain why caregivers fail to use child passenger seats. One federal agency is interested in comparing the number of child maltreatment deaths identified through this reporting system to the number generated in the federal child abuse reporting system. Mental health agencies are interested in access and compliance issues for prior and current mental health services in suicide deaths. A federal childcare licensing agency is interested in analysing unintentional deaths occurring in licensed day care centres. Federal child welfare has requested data on the quality of supervision in all injury deaths to understand the role of supervision and caregiver neglect in these deaths.

The US Centers for Disease Control and Prevention (CDC) are funding two projects to utilise the case reporting system as a means to better understand sudden unexplained infant deaths (SUID) and violent deaths. In the former, an expanded version of the case report tool that includes additional questions on SUID deaths is being piloted in seven states with support to ensure the review of 100% of all SUID deaths. Their data are being shared with the CDC as the pilot for a national SUID Case Registry. Data on violent deaths is being matched with data from states participating in the CDC's National Violent Death Reporting System.[4] This probabilistic match will inform both the National Violent Death Reporting System and CDR as to the completeness of their violent death data and enrich understanding of these deaths. The US Maternal and Child Health Bureau is funding a secondary data analysis of infant sleep related deaths, using NCDR-CRS data from over 3000 SUID deaths in nine states, to understand the risk factors in these deaths.

A number of non-federal researchers have also made enquiries as to the availability of the data for research purposes. A formal application must be submitted and approved by the NCCDR Data Dissemination Committee for access to the de-identified database. Part of the application is agreement on the limitations of the data for surveillance purposes. The committee includes representatives from participating states and members of the NCCDR National Steering Committee. Data are not available from NCCDR that counts specific data elements by an individual state—for example, '100 of the 1000 deaths are from New York'. Requests for state identified data are rarely approved and if so must be approved by the participating states through a separate process.

FUTURE DIRECTIONS

Efforts will continue to enrol the remaining 16 states into the NCDR-CRS and to improve data quality. Especially important are: increasing the completeness of information, reducing inconsistencies in interpreting definitions, providing training and technical assistance for all users, and enhancements to the software to allow for customisation and automatic pre-population of data from agency case records. Most importantly, efforts will continue to assist child death review teams to interpret and use their data to prevent child deaths and to keep all children safe and healthy.

REFERENCES

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3. **The National Child Death Review Case Report Tool.** http://childdeathreview.org/reports/CDRCaseReportForm2-1-11009.pdf (accessed 2 Dec 2010).
4. **Karch DL,** Dahlberg LL, Patel N, et al. Surveillance for violent deaths—national violent death reporting system, 16 States, 2006. *MMWR Surveill Summ* 2009;**58** (SS01):1—44.

NATIONAL CENTER FOR CHILD DEATH REVIEW

KEEPING KIDS ALIVE

Child Death Review Case Reporting System

Case Report 2.1

Effective January 2010

Instructions:

This case report is a component of the web-based CDR Case Reporting System. It can be used alone as a paper instrument, but its full potential is reached when the data from this form is entered into the *CDR Case Reporting System.* This system is available to states from the National Center for Child Death Review and requires a data use agreement for state and local data entry. System functions include data entry, case report editing and printing, data download and standardized reports.

The purpose of this form is to collect comprehensive information from multiple agencies participating in a child death review.   The form documents the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the CDR team to prevent other deaths.

While this data collection form is an important part of the child death review process, the form should not be the central focus of the review meeting. Experienced users have found that it works best to assign a person to record data while the team discussions are occurring. Persons should not attempt to answer every single question in a step by step manner as part of the team discussion. The form can be be partially filled out before a meeting.

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin understanding the importance of data collection and bring necessary information to the meeting. They find that the percentage of unknowns and unanswered questions decreases as the team becomes more familiar with the form.

The form contains three types of questions: (1) Those that users should only select one response as represented by a circle; (2) Those in which users can select several responses as represented by a square; and (3) Those in which users enter text. This last type is depicted by 'specify' or 'describe'.

Most questions have a selection for unknown (U/K). A question should be marked 'unknown' if an attempt was made to find the answer, but no clear or satisfactory response was obtained; questions should be left blank (unanswered) if no attempt was made to find the answer.
 'N/A' stands for 'Not Applicable' and should be used if the question is not applicable. For example, use N/A for 'level of education' if child is an infant.

This edition is Version 2.1, effective January 2010. Additional paper forms can be ordered from the National Center at no charge. Users interested in participating in the web-based case reporting system for data entry and reporting should contact the National Center for Child Death Review.

Phone: 1-800-656-2434   Email: info@childdeathreview.org   Website: www.childdeathreview.org   Data entry website: https://cdrdata.org/

This form was developed by a work group of over 26 persons, representing 18 states and the Maternal and Child Bureau of HRSA/HHS.

Copyright: National Center for Child Death Review Policy and Practice, January 2010

CASE NUMBER

_____ /_____/_____/_____/_____
State / County / Team Number / Year of Review / Sequence of Review

Death Certificate Number:

Birth Certificate Number:

ME/Coroner Number:

Case Type: ○ Death
○ Near death/serious Injury
○ Not born alive

A. CHILD INFORMATION

1. Child's name: First: Middle: Last: ○ U/K

2. Date of birth: ○ U/K
____/____/____
mm   dd   yyyy

3. Date of death: ○ U/K
____/____/____
mm   dd   yyyy

4. Age:
○ Years
○ Months
○ Days
○ Hours
○ Minutes
○ U/K

5. Race, check all that apply ○ U/K
☐ White   ☐ Native Hawaiian
☐ Black   ☐ Pacific Islander
☐ Asian, specify:
☐ American Indian, Tribe:
☐ Alaskan Native, Tribe:

6. Hispanic or Latino origin?
○ No
○ Yes
○ U/K

7. Sex:
○ Male
○ Female
○ U/K

8. Residence address: ○ U/K
Street: Apt.

City:

County: State: Zip:

9. Type of residence:
○ Parental home   ○ Relative home   ○ Jail/Detention
○ Licensed group home ○ Living on own   ○ Other, specify:
○ Licensed foster home ○ Shelter
○ Relative foster home ○ Homeless   ○ U/K

10. New residence in past 30 days?
○ No
○ Yes
○ U/K

11. Residence overcrowded?
○ No ○ Yes ○ U/K

12. Child ever homeless?
○ No ○ Yes ○ U/K

13. Number of other children living with child: _____ ○ U/K

14. Child's weight: ○ U/K
_____ pounds
_____ ounces

15. Child's height: ○ U/K
____/____
feet   inches

16. Highest education level:
○ N/A   ○ Drop out
○ None   ○ HS graduate
○ Preschool   ○ College
○ Grade K-8   ○ Other, specify:
○ Grade 9-12   ○ U/K
○ Home schooled, K-8
○ Home schooled, 9-12

17. Child's work status:
○ N/A
○ Employed
   ○ Full time
   ○ Part time
   ○ U/K
○ Not working
○ U/K

18. Did child have problems in school?
○ No   ○ Yes   ○ U/K
If yes, check all that apply:
☐ Academic   ☐ Behavioral
☐ Truancy   ☐ Expulsion
☐ Suspensions   ☐ U/K
☐ Other, specify:

19. Child's health insurance, check all that apply:
☐ None
☐ Private
☐ Medicaid
☐ State plan
☐ Other, specify:
☐ U/K

20. Child had disability or chronic illness?
○ No   ○ Yes   ○ U/K
If yes, check all that apply:
☐ Physical, specify:
☐ Mental, specify:
☐ Sensory, specify:
☐ U/K
If yes, was child receiving Children's
Special Health Care Needs services?
○ No   ○ Yes   ○ U/K

21. Child's mental health (MH):
Child had received prior MH services?
○ No   ○ Yes   ○ U/K
Child was receiving MH services?
○ No   ○ Yes   ○ U/K
Child on medications for MH illness?
○ No   ○ Yes   ○ U/K
Issues prevented child from receiving MH services?
○ No   ○ Yes   ○ U/K
If yes, specify:

22. Child had history of substance abuse?
○ No   ○ Yes   ○ U/K
If yes, check all that apply:
☐ Alcohol   ☐ Other, specify:
☐ Cocaine
☐ Marijuana   ☐ U/K
☐ Methamphetamine
☐ Opiates
☐ Prescription drugs
☐ Over-the-counter drugs

23. Child had history of child maltreatment? If yes, check all that apply:

	As Victim	As Perpetrator	As Victim	As Perpetrator
	○ N/A		☐	☐ Physical
○	○ No		☐	☐ Neglect
○	○ Yes		☐	☐ Sexual
○	○ U/K		☐	☐ Emotional/psychological
			☐	☐ U/K

If yes, how was history identified:
○ ○ Through CPS   _____ _____ # CPS referrals
○ ○ Other sources   _____ _____ # Substantiations

24. Was there an open CPS case with child at time of death?
○ No   ○ Yes   ○ U/K

25. Was child ever placed outside of the home prior to the death?
○ No   ○ Yes   ○ U/K

26. Were any siblings placed outside of the home prior to this child's death?
○ No   ○ Yes, #_____   ○ U/K

27. Child had history of intimate partner violence? Check all that apply:
☐ N/A
☐ No
☐ Yes, as victim
☐ Yes, as perpetrator
☐ U/K

28. Child had delinquent or criminal history?
○ N/A   ○ No   ○ Yes   ○ U/K
If yes, check all that apply:
☐ Assaults   ☐ Other, specify:
☐ Robbery
☐ Drugs   ☐ U/K

29. Child spent time in juvenile detention?
○ N/A   ○ No   ○ Yes   ○ U/K

30. Child acutely ill during the two weeks before death?
○ No   ○ Yes   ○ U/K

31. Are child's parents first generation immigrants?
○ No   ○ Yes   ○ U/K
If yes, country of origin:

32. If child over age 12, what was child's gender identity?
○ Male
○ Female
○ U/K

33. If child over age 12, what was child's sexual orientation?
○ Heterosexual   ○ Bisexual
○ Gay   ○ Questioning
○ Lesbian   ○ U/K

COMPLETE FOR ALL INFANTS UNDER ONE YEAR

34. Gestational age: ○ U/K
_____ # weeks

35. Birth weight: ○ U/K
○ Grams_____
○ Pounds/ounces_____ / _____

36. Multiple birth?
○ No ○ U/K
○ Yes, #_____

37. Prenatal care provided during pregnancy of deceased infant? ○ No ○ Yes ○ U/K
If yes, number of prenatal visits: #_____ ○ U/K
If yes, month of 1st prenatal visit? Specify 1-9 _____ ○ U/K

38. During pregnancy, did mother (check all that apply):

☐ Have medical complications/infections? Check all that apply:

☐ Acute/Chronic Lung Disease	☐ Eclampsia	☐ Low MSAFP	☐ PROM
☐ Anemia	☐ Genital Herpes	☐ Other Infectious Disease	☐ Renal Disease
☐ Cardiac Disease	☐ Hemoglobinonpathy	☐ Pregnancy-Related Hypertension	☐ Rh Sensitization
☐ Chorioamnionitis	☐ High MSAFP	☐ Preterm Labor	☐ Uterine Bleeding
☐ Chronic Hypertension	☐ Hydramnios/Oligohydramnios	☐ Previous Infant 4000+ Grams	☐ Other, specify:
☐ Diabetes	☐ Incompetent Cervix	☐ Previous Infant Preterm/Small for Gestation	

☐ Smoke tobacco? ☐ Use illicit drugs? ☐ Have heavy alcohol use? ☐ Misuse over-the-counter or prescription drugs?

☐ Experience intimate partner violence? ☐ Infant born drug exposed? ☐ Infant born with fetal alcohol effects or syndrome?

39. Were there access or compliance issues related to prenatal care?

○ No
○ Yes
○ U/K
If yes, check all that apply:

☐ U/K

☐ Lack of money for care	☐ Religious objections to care
☐ Limitations of health insurance coverage	☐ Language barriers
☐ Multiple health insurance, not coordinated	☐ Referrals not made
☐ Lack of transportation	☐ Specialist needed, not available
☐ No phone	☐ Multiple providers, not coordinated
☐ Cultural differences	☐ Lack of child care

☐ Lack of family/social support
☐ Services not available
☐ Distrust of health care system
☐ Unwilling to obtain care
☐ Intimate partner would not allow care
☐ Other, specify:

B. PRIMARY CAREGIVER(S) INFORMATION

1. Primary caregiver(s): Select only one per column.

One	Two	
○		Self, go to Section C
○	○	Biological parent
○	○	Adoptive parent
○	○	Stepparent
○	○	Foster parent
○	○	Mother's partner
○	○	Father's partner
○	○	Grandparent
○	○	Sibling
○	○	Other relative
○	○	Friend
○	○	Institutional staff
○	○	Other, specify:
○	○	U/K

2. Caregiver(s) age in years:

One	Two	
_____	_____	# Years
○	○	U/K

3. Caregiver(s) sex:

One	Two	
○	○	Male
○	○	Female
○	○	U/K

4. Caregiver(s) employment status:

One	Two	
○	○	Employed
○	○	Unemployed
○	○	On disability
○	○	Stay-at-home
○	○	Retired
○	○	U/K

5. Caregiver(s) income:

One	Two	
○	○	High
○	○	Medium
○	○	Low
○	○	U/K

6. Caregiver(s) education:

One	Two	
○	○	< High school
○	○	High school
○	○	College
○	○	Post Graduate
○	○	U/K

7. Does caregiver(s) speak English?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If no, language spoken:

8. Caregiver(s) on active military duty?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, specify branch:

9. Caregiver(s) received social services in the past twelve months?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

One	Two	
☐	☐	WIC
☐	☐	TANF
☐	☐	Medicaid
☐	☐	Food stamps
☐	☐	Other, specify:

10. Caregiver(s) have substance abuse history?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

One	Two	
☐	☐	Alcohol
☐	☐	Cocaine
☐	☐	Marijuana
☐	☐	Methamphetamine
☐	☐	Opiates
☐	☐	Prescription drugs
☐	☐	Over-the-counter
☐	☐	Other, specify:
☐	☐	U/K

11. Caregiver(s) have history of child maltreatment as victim?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

One	Two	
☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K

_____ # CPS referrals
_____ # Substantiations
☐ ☐ Ever in foster care or adopted?

12. Caregiver(s) have history of child maltreatment as a perpetrator?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

One	Two	
☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K

_____ # CPS referrals
_____ # Substantiations
☐ ☐ CPS prevention services?
☐ ☐ Family Preservation services?
☐ ☐ Children ever removed?

13. Caregiver(s) have disability or chronic illness?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

One	Two	
☐	☐	Physical, specify:
☐	☐	Mental, specify:
☐	☐	Sensory, specify:
☐	☐	U/K

If mental, was caregiver receiving services?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

14. Caregiver(s) have prior child deaths?	If yes, cause(s): Check all that apply:	15. Caregiver(s) have history of intimate partner violence?	16. Caregiver(s) have delinquent/criminal history?
One Two ○ ○ No ○ ○ Yes ○ ○ U/K	One Two □ □ Child abuse # _____ □ □ Child neglect # _____ □ □ Accident # _____ □ □ Suicide # _____ □ □ SIDS # _____ □ □ Other # _____ Other, specify: □ □ U/K	One Two □ □ No □ □ Yes, as victim □ □ Yes, as perpetrator □ □ U/K	One Two ○ ○ No ○ ○ Yes ○ ○ U/K If yes, check all that apply: □ □ Assaults □ □ Robbery □ □ Drugs □ □ Other, specify: □ □ U/K

C. SUPERVISOR INFORMATION

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

○ No, not needed given developmental age or circumstances, go to Sect. D
○ No, but needed, answer 3-15
○ Yes, answer 2-15
○ Unable to determine, try to answer 3-15

2. How long before incident did supervisor last see child? Select one:

○ Child in sight of supervisor
○ Minutes _____
○ Hours _____
○ Days _____   ○ U/K

3. Is person a primary caregiver as listed in previous section?

○ No
○ Yes, caregiver one, go to 15
○ Yes, caregiver two, go to 15

4. Primary person responsible for supervision? Select only one:

○ Biological parent   ○ Friend
○ Adoptive parent   ○ Acquaintance
○ Stepparent   ○ Hospital staff, go to C15
○ Foster parent   ○ Institutional staff, go to C15
○ Mother's partner   ○ Babysitter
○ Father's partner   ○ Licensed child care worker
○ Grandparent   ○ Other, specify:
○ Sibling   ○ U/K
○ Other relative

5. Supervisor's age in years:

_____   ○ U/K

6. Supervisor's sex:
○ Male
○ Female
○ U/K

7. Does supervisor speak English?
○ No
○ Yes
○ U/K
If no, language spoken:

8. Supervisor on active military duty?
○ No
○ Yes
○ U/K
If yes, specify branch:

9. Supervisor has substance abuse history?
○ No   ○ Yes   ○ U/K
If yes, check all that apply:
□ Alcohol
□ Cocaine
□ Marijuana
□ Methamphetamine
□ Opiates
□ Prescription drugs
□ Over-the-counter
□ Other, specify:
□ U/K

10. Supervisor has history of child maltreatment?

As Victim   As Perpetrator
○   ○ No
○   ○ Yes
○   ○ U/K
If yes, check all that apply:
□   □ Physical
□   □ Neglect
□   □ Sexual
□   □ Emotional/psychological
□   □ U/K
_____   _____ # CPS referrals
_____   _____ # Substantiations
□   Ever in foster care/adopted?
□ CPS prevention services?
□ Family Preservation services?
□ Children ever removed?

11. Supervisor has disability or chronic illness?
○ No   ○ Yes   ○ U/K
If yes, check all that apply:
□ Physical, specify:
□ Mental, specify:
□ Sensory, specify:
□ U/K

If mental illness, was supervisor receiving MH services?
○ No
○ Yes
○ U/K

12. Supervisor has prior child deaths?
○ No   ○ Yes   ○ U/K
If yes, check all that apply:
□ Child abuse # _____
□ Child neglect # _____
□ Accident #_____
□ Suicide # _____
□ SIDS # _____
□ Other # _____
  Other, specify:
□ U/K

13. Supervisor has history of intimate partner violence?
□ No
□ Yes, as victim
□ Yes, as perpetrator
□ U/K

14. Supervisor has delinquent or criminal history?
○ No   If yes, check all that apply:
○ Yes   □ Assaults   □ U/K
○ U/K   □ Robbery
    □ Drugs
    □ Other, specify:

15. At time of incident was supervisor impaired? ○ No   ○ Yes   ○ U/K
If yes, check all that apply:
□ Drug impaired   □ Absent
□ Alcohol impaired   □ Impaired by illness, Specify:
□ Asleep   □ Impaired by disability, Specify:
□ Distracted   □ Other, Specify:

D. INCIDENT INFORMATION

1. Date of incident event:
○ Same as date of death
○ If different than date of death: _____ / _____ / _____
○ U/K   (mm/dd/yyyy)

2. Approximate time of day that incident occurred?
○ AM
○ PM
○ U/K
Hour, specify 1-12 _____

3. Interval between incident and death: ○ U/K
□ Minutes _____   □ Weeks _____
□ Hours _____   □ Months _____
□ Days _____   □ Years _____

4

4. Place of incident, check all that apply:

- ☐ Child's home
- ☐ Relative's home
- ☐ Friend's home
- ☐ Licensed foster care home
- ☐ Relative foster care home

- ☐ Licensed group home
- ☐ Licensed child care center
- ☐ Licensed child care home
- ☐ Unlicensed child care home
- ☐ Farm

- ☐ School
- ☐ Place of work
- ☐ Indian Reservation
- ☐ Military installation
- ☐ Jail/detention facility

- ☐ Sidewalk
- ☐ Roadway
- ☐ Driveway
- ☐ Other parking area
- ☐ State or county park

- ☐ Sports area
- ☐ Other recreation area
- ☐ Hospital
- ☐ Other, specify:
- ☐ U/K

5. Type of area:
- ○ Urban
- ○ Suburban
- ○ Rural
- ○ Frontier
- ○ U/K

---

6. Incident state: _____

7. Incident county: _____

8. Was 911 or local emergency number called?
- ○ N/A
- ○ No
- ○ Yes
- ○ U/K

9. CPR performed before EMS arrived?
- ○ N/A
- ○ No
- ○ Yes
- ○ U/K

10. At time of incident leading to the death, had child used alcohol or drugs?
- ○ N/A ○ Yes
- ○ No ○ U/K

11. EMS to scene?
- ○ N/A
- ○ No
- ○ Yes
- ○ U/K

12. Child's activity at time of incident, check all that apply:
- ☐ Sleeping ☐ Other, specify:
- ☐ Playing
- ☐ Working ☐ U/K
- ☐ Eating
- ☐ Driving/vehicle occupant

13. Total number of deaths at incident event:

Children, ages 0-18 _____

Adults _____

○ U/K

E. INVESTIGATION INFORMATION

1. Death referred to:
- ○ Medical examiner
- ○ Coroner
- ○ Not referred
- ○ U/K

2. Person declaring official cause and manner of death:
- ○ Medical examiner
- ○ Coroner
- ○ Hospital physician
- ○ Other physician
- ○ Mortician
- ○ Other, specify:
- ○ U/K

3. Autopsy performed?
- ○ No ○ Yes ○ U/K

If yes, conducted by:
- ○ Forensic pathologist
- ○ Pediatric pathologist
- ○ General pathologist
- ○ Unknown pathologist
- ○ Other physician
- ○ Other, specify:
- ○ U/K

4. Agencies that conducted a scene investigation, check all that apply:
- ☐ Not conducted
- ☐ Medical examiner
- ☐ Coroner
- ☐ ME investigator
- ☐ Coroner investigator
- ☐ Law enforcement
- ☐ Fire investigator
- ☐ EMS
- ☐ Child Protective Services
- ☐ Other, specify:
- ☐ U/K

---

5. Toxicology screen?
- ○ No
- ○ Yes If yes, check all that apply:
- ○ U/K

- ☐ Negative ☐ Marijuana ☐ Too high prescription drug, specify:
- ☐ Alcohol ☐ Methamphetamine ☐ Too high over-the-counter drug, specify:
- ☐ Cocaine ☐ Opiates ☐ Other, specify: ☐ U/K

6. X-rays taken?
- ○ No
- ○ Yes
- ○ U/K

7. Was a CPS record check conducted as a result of death?
- ○ No ○ Yes ○ U/K

---

8. Did investigation find evidence of prior abuse?
- ○ N/A ○ No ○ Yes ○ U/K

If yes, from what source?
Check all that apply:
- ☐ From x-rays ☐ U/K
- ☐ From autopsy
- ☐ From CPS review
- ☐ From law enforcement

9. CPS action taken because of death? ○ N/A ○ No ○ Yes ○ U/K

If yes, highest level of action taken because of death:
- ○ Report screened out and not investigated
- ○ Unsubstantiated
- ○ Inconclusive
- ○ Substantiated

If yes, services or actions resulting, check all that apply:
- ☐ Voluntary services offered
- ☐ Voluntary services provided
- ☐ Court ordered services provided
- ☐ Voluntary out of home placement
- ☐ Court ordered out-of-home placement
- ☐ Children removed
- ☐ Parental rights terminated
- ☐ U/K

10. If death occurred in licensed setting, indicate action taken:
- ○ N/A
- ○ No action
- ○ License suspended
- ○ License revoked
- ○ Investigation ongoing
- ○ U/K

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Official manner of death from the death certificate:
- ○ Natural
- ○ Accident
- ○ Suicide
- ○ Homicide
- ○ Undetermined
- ○ Pending
- ○ U/K

2. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.

○ From an injury (external cause), select one:
- ○ Motor vehicle and other transport, go to G1
- ○ Fire, burn, or electrocution, go to G2
- ○ Drowning, go to G3
- ○ Asphyxia, go to G4
- ○ Weapon, including body part, go to G6
- ○ Animal bite or attack, go to G7
- ○ Fall or crush, go to G8
- ○ Poisoning, overdose or acute intoxication, go to G9
- ○ Exposure, go to G10
- ○ Undetermined. If under age one, go to G5 & G12. If over age one, go to G12
- ○ Other cause, go to G12
- ○ U/K, go to G12

○ From a medical cause, select one:
- ○ Asthma, go to G11
- ○ Cancer, specify and go to G11
- ○ Cardiovascular, specify and go to G11
- ○ Congenital anomaly, specify and go to G11
- ○ HIV/AIDS, go to G11
- ○ Influenza, go to G11
- ○ Low birth weight, go to G11
- ○ Malnutrition/dehydration, go to G11
- ○ Neurological/seizure disorder, go to G11
- ○ Pneumonia, specify and go to G11
- ○ Prematurity, go to G11
- ○ SIDS, go to G5
- ○ Other infection, specify and go to G11
- ○ Other perinatal condition, specify and go to G11
- ○ Other medical condition, specify and go to G11
- ○ Undetermined. If under age one, go to G5 and G11. If over age one, go to G11.
- ○ U/K. If under age one, go to G5 and G11. If over age one, go to G11.

○ Undetermined if injury or medical cause, go to G12
If under age one, go to G5 & G12

○ U/K
go to G12

G. DETAILED INFORMATION BY *CAUSE* OF DEATH: CHOOSE ONE SECTION ONLY, THAT IS SAME AS THE CAUSE SELECTED ABOVE

1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident:

Total number of vehicles: _____

Child's	Other primary vehicle	
○	○	None
○	○	Car
○	○	Van
○	○	Sport utility vehicle
○	○	Truck
○	○	Semi/tractor trailer
○	○	RV
○	○	School bus
○	○	Other bus
○	○	Motorcycle
○	○	Tractor
○	○	Other farm vehicle
○	○	All terrain vehicle
○	○	Snowmobile
○	○	Bicycle
○	○	Train
○	○	Subway
○	○	Trolley
○	○	Other, specify:
○	○	U/K

b. Position of child:

- ○ Driver
- ○ Passenger
  - ○ Front seat
  - ○ Back seat
  - ○ Truck bed
  - ○ Other, specify:
  - ○ U/K
- ○ On bicycle
- ○ Pedestrian
  - ○ Walking
  - ○ Boarding/blading
  - ○ Other, specify:
  - ○ U/K
- ○ U/K

c. Causes of incident, check all that apply:

- ☐ Speeding over limit
- ☐ Unsafe speed for conditions
- ☐ Recklessness
- ☐ Ran stop sign or red light
- ☐ Driver distraction
- ☐ Driver inexperience
- ☐ Mechanical failure
- ☐ Poor tires
- ☐ Poor weather
- ☐ Poor visibility
- ☐ Drugs or alcohol use
- ☐ Fatigue/sleeping
- ☐ Medical event, specify:
- ☐ Back over
- ☐ Rollover
- ☐ Poor sight line
- ☐ Car changing lanes
- ☐ Road hazard
- ☐ Animal in road
- ☐ Cell phone use while driving
- ☐ Racing, not authorized
- ☐ Other driver error, specify:
- ☐ Other, specify:
- ☐ U/K

d. Collision type:

- ○ Child *not* in/on a vehicle, but struck by vehicle
- ○ Child in/on a vehicle, struck by other vehicle
- ○ Child in/on a vehicle that struck other vehicle
- ○ Child in/on a vehicle that struck person/object
- ○ Other event, specify:
- ○ U/K

e. Driving conditions, check all that apply:

- ☐ Normal
- ☐ Loose gravel
- ☐ Muddy
- ☐ Ice/Snow
- ☐ Fog
- ☐ Wet
- ☐ Construction zone
- ☐ Inadequate lighting
- ☐ Other, specify:
- ☐ U/K

f. Location of incident, check all that apply:

- ☐ City street
- ☐ Residential street
- ☐ Rural road
- ☐ Highway
- ☐ Intersection
- ☐ Shoulder
- ☐ Sidewalk
- ☐ Driveway
- ☐ Parking area
- ☐ Off road
- ☐ Railroad crossing/tracks
- ☐ Other, specify:
- ☐ U/K

g. Drivers involved in incident, check all that apply:

Child as driver	Child's driver	Driver of other primary vehicle	
	____	____	Age of Driver
☐	☐	☐	Responsible for causing incident
☐	☐	☐	Was alcohol/drug impaired
☐	☐	☐	Has no license
☐	☐	☐	Has a learner's permit
☐	☐	☐	Has a graduated license
☐	☐	☐	Has a full license
☐	☐	☐	Has a full license that has been restricted
☐	☐	☐	Has a suspended license
☐	☐	☐	If recreational vehicle, has driver safety certificate
☐	☐	☐	Other, specify:
☐	☐	☐	Was violating graduated licensing rules:
☐	☐	☐	Nighttime driving curfew
☐	☐	☐	Passenger restrictions
☐	☐	☐	Driving without required supervision
☐	☐	☐	Other violations, specify:
☐	☐	☐	U/K

h. Total number of occupants in vehicles:

In child's vehicle, **including child**:

- ☐ N/A, child was not in a vehicle.
- Total number occupants: _____ ○ U/K
- Number teens, ages 14-21: _____ ○ U/K
- Total number of deaths: _____ ○ U/K
- Total number teen deaths: _____ ○ U/K

In other primary vehicle involved in incident:

- ☐ N/A, incident was a single vehicle crash.
- Total number occupants: _____ ○ U/K
- Number teens, ages 14-21: _____ ○ U/K
- Total number of deaths: _____ ○ U/K
- Total number teen deaths: _____ ○ U/K

i. Protective measures for child, Select one option per row:

	Not Needed	Needed, none present	Present, used correctly	Present, used incorrectly	Present not used	Unknown
Airbag	○	○	○	○	○	○
Lap belt	○	○	○	○	○	○
Shoulder belt	○	○	○	○	○	○
Child seat*	○	○	○	○	○	○
Belt positioning booster seat	○	○	○	○	○	○
Helmet	○	○	○	○	○	○
Other, specify:	○	○	○	○	○	○

*If child seat, type:
- ○ Rear facing
- ○ Front facing
- ○ U/K

2. FIRE, BURN, or ELECTROCUTION

a. Ignition, heat or electrocution source:
- ○ Matches
- ○ Cigarette lighter
- ○ Utility lighter
- ○ Cigarette or cigar
- ○ Candles
- ○ Cooking stove
- ○ Heating stove
- ○ Space heater
- ○ Furnace
- ○ Power line
- ○ Electrical outlet
- ○ Electrical wiring
- ○ Lightning
- ○ Oxygen tank
- ○ Hot cooking water
- ○ Hot bath water
- ○ Other hot liquid, specify:
- ○ Fireworks
- ○ Other explosives
- ○ Appliance in water
- ○ Other, specify:
- ○ U/K

b. Type of incident:
- ○ Fire, go to c
- ○ Scald, go to r
- ○ Other burn, go to t
- ○ Electrocution, go to s
- ○ Other, specify and go to t
- ○ U/K, go to t

c. For fire, child died from:
- ○ Burns
- ○ Smoke inhalation
- ○ Other, specify:
- ○ U/K

d. Material first ignited:
- ○ Upholstery
- ○ Mattress
- ○ Christmas tree
- ○ Clothing
- ○ Curtain
- ○ Other, specify:
- ○ U/K

e. Type of building on fire:
- ○ N/A
- ○ Single home
- ○ Duplex
- ○ Apartment
- ○ Trailer/mobile home
- ○ Other, specify:
- ○ U/K

f. Building's primary construction material:
- ○ Wood
- ○ Steel
- ○ Brick/stone
- ○ Aluminum
- ○ Other, specify:
- ○ U/K

g. Fire started by a person?
○ No ○ Yes ○ U/K

If yes, person's age _____

Does person have a history of setting fires?
○ No ○ Yes ○ U/K

h. Did anyone attempt to put out fire?
○ No ○ Yes ○ U/K

i. Did escape or rescue efforts worsen fire?
○ No ○ Yes ○ U/K

j. Did any factors delay fire department arrival?
○ No ○ Yes ○ U/K
If yes, specify:

k. Were barriers preventing safe exit?
○ No ○ Yes ○ U/K

If yes, check all that apply:
- ☐ Locked door
- ☐ Window grate
- ☐ Locked window
- ☐ Blocked stairway
- ☐ Other, specify:
- ☐ U/K

l. Was building a rental property?
○ No ○ Yes ○ U/K

o. Was sprinkler system present?
○ No ○ Yes ○ U/K

If yes, was it working?
○ No ○ Yes ○ U/K

m. Were building/rental codes violated?
○ No ○ Yes ○ U/K
If yes, describe in narrative.

n. Were proper working fire extinguishers present?
○ No ○ Yes ○ U/K

p. Were smoke detectors present? ○ No ○ Yes ○ U/K

	If yes, what type?	If yes, functioning properly?	If not functioning properly, reason:		
			Missing batteries	Other	U/K
☐	Removable batteries	○ No ○ Yes ○ U/K	☐	☐	☐
☐	Non-removable batteries	○ No ○ Yes ○ U/K		☐	☐
☐	Hardwired	○ No ○ Yes ○ U/K	☐	☐	☐
☐	U/K	○ No ○ Yes ○ U/K	☐	☐	☐

Other, specify: _____

If yes, was there an adequate number present? ○ No ○ Yes ○ U/K

q. Suspected arson?
○ No ○ Yes ○ U/K

r. For scald, was hot water heater set too high?
- ○ N/A
- ○ No
- ○ Yes, temp. setting: _____
- ○ U/K

s. For electrocution, what cause:
- ○ Electrical storm
- ○ Faulty wiring
- ○ Wire/product in water
- ○ Child playing with outlet
- ○ Other, specify:
- ○ U/K

t. Other, describe in detail:

3. DROWNING

a. Where was child last seen before drowning? Check all that apply:
- ☐ In water ☐ In yard
- ☐ On shore ☐ In bathroom
- ☐ On dock ☐ In house
- ☐ Poolside ☐ Other, specify:
- ☐ U/K

b. What was child last seen doing before drowning?
- ○ Playing ○ Tubing
- ○ Boating ○ Water-skiing
- ○ Swimming ○ Sleeping
- ○ Bathing ○ Other, specify:
- ○ Fishing
- ○ Surfing ○ U/K

c. Was child forcibly submerged?
○ No ○ Yes ○ U/K

d. Drowning location:
- ○ Open water, go to e ○ U/K, go to n
- ○ Pool, hot tub, spa, go to i
- ○ Bathtub, go to w
- ○ Bucket, go to x
- ○ Well/ cistern/ septic, go to n
- ○ Toilet, go to z
- ○ Other, specify and go to n

e. For open water, place:
- ○ Lake ○ Quarry
- ○ River ○ Gravel pit
- ○ Pond ○ Canal
- ○ Creek ○ U/K
- ○ Ocean

f. For open water, contributing environmental factors:
- ○ Weather ○ Drop off
- ○ Temperature ○ Rough waves
- ○ Current ○ Other, specify:
- ○ Riptide/ undertow ○ U/K

g. If boating, type of boat:
- ○ Sailboat ○ Commercial
- ○ Jet ski ○ Other, specify:
- ○ Motorboat
- ○ Canoe
- ○ Kayak ○ U/K
- ○ Raft

h. For boating, was the child piloting boat?
○ No ○ Yes ○ U/K

i. For pool, type of pool:
- ○ Above ground
- ○ In-ground ○ Hot tub, spa
- ○ Wading ○ U/K

j. For pool, child found:
- ○ In the pool/hot tub/spa
- ○ On or under the cover
- ○ U/K

k. For pool, ownership is:
- ○ Private
- ○ Public
- ○ U/K

l. Length of time owners had pool/hot tub/spa:
- ○ N/A ○ >1yr
- ○ <6 months ○ U/K
- ○ 6m-1 yr

m. Flotation device used?			n. What barriers/layers of protection existed to prevent access to water?

m. Flotation device used?

○ N/A   If yes, check all that apply:

○ No   ☐ Coast Guard approved. If yes: ☐ Not Coast Guard approved, type: ☐ U/K

○ Yes   ☐ Jacket   ☐ Cushion   ☐ Lifesaving ring   ☐ Swim rings

○ U/K   If jacket: ☐ Inner tube

      Correct size? ○ No ○ Yes ○ U/K   ☐ Air mattress

      Worn correctly? ○ No ○ Yes ○ U/K   ☐ Other, specify:

n. What barriers/layers of protection existed to prevent access to water?

Check all that apply:

☐ None   ☐ Alarm, go to r

☐ Fence, go to o   ☐ Cover, go to s

☐ Gate, go to p   ☐ U/K

☐ Door, go to q

---

o. Fence:

Describe type:

Fence height in ft _____

Fence surrounds water on:

○ Four sides   ○ Two or

○ Three sides   less sides

        ○ U/K

p. Gate, check all that apply:

☐ Has self closing latch

☐ Has lock

☐ Is a double gate

☐ Opens to water

☐ U/K

q. Door, check all that apply:

☐ Patio door   ☐ Opens to water

☐ Screen door   ☐ Barrier between

☐ Steel door   door and water

☐ Self closing   ☐ U/K

☐ Has lock

r. Alarm, check all that apply:

☐ Door

☐ Window

☐ Pool

☐ Laser

☐ U/K

s. Type of cover:

○ Hard

○ Soft

○ U/K

---

t. Local ordinance(s) regulating

   access to water?

○ No ○ Yes ○ U/K

If yes, rules violated?

○ No ○ Yes ○ U/K

u. How were layers of protection breached, check all that apply:

☐ No layers breached   ☐ Gap in fence   ☐ Door screen torn   ☐ Cover left off

☐ Gate left open   ☐ Damaged fence   ☐ Door self-closer failed   ☐ Cover not locked

☐ Gate unlocked   ☐ Fence too short   ☐ Window left open   ☐ Other, specify:

☐ Gate latch failed   ☐ Door left open   ☐ Window screen torn

☐ Gap in gate   ☐ Door unlocked   ☐ Alarm not working

☐ Climbed fence   ☐ Door broken   ☐ Alarm not answered   ☐ U/K

---

v. Child able to swim?

○ N/A   ○ Yes

○ No   ○ U/K

w. For bathtub, child in a bathing aid?

○ No ○ Yes ○ U/K

If yes, specify type:

x. Warning sign or label posted?

○ N/A   ○ Yes

○ No   ○ U/K

y. Lifeguard present?

○ N/A   ○ Yes

○ No   ○ U/K

---

z. Rescue attempt made?

○ N/A   If yes, who? Check all that apply:

○ No   ☐ Parent   ☐ Bystander

○ Yes   ☐ Other child   ☐ Other, specify:

○ U/K   ☐ Lifeguard   ☐ U/K

aa. Did rescuer(s) also drown?

○ N/A   ○ Yes

○ No   ○ U/K

If yes, number of rescuers: ____

bb. Appropriate rescue equipment present?

○ N/A   ○ Yes

○ No   ○ U/K

---

4. ASPHYXIA

a. Type of event:

○ Suffocation, go to b

○ Strangulation, go to c

○ Choking, go to d

○ Other, specify and go to e

○ U/K, go to e

b. If suffocation/asphyxia, action causing event:

○ Sleep-related (e.g. bedding, overlay, wedged)   ○ Confined in tight space   ○ Swaddled in tight blanket, but not sleep-related

○ Covered in or fell into object, but not sleep-related   ○ Refrigerator/freezer   ○ Wedged into tight space, but not sleep-related

    ○ Plastic bag   ○ Toy chest   ○ Asphyxia by gas, go to G9a

    ○ Dirt/Sand   ○ Automobile   ○ Other, specify:

    ○ Other, specify: ○ Trunk   ○ U/K

    ○ U/K   ○ Other, specify:

                        ○ U/K

                ○ Other, specify:

                ○ U/K

---

c. If strangulation, object causing event:

○ Clothing   ○ Leash

○ Blind cord   ○ Electrical cord

○ Car seat   ○ Person, go to question G6q

○ Stroller   ○ Automobile power window

○ High chair   or sunroof

○ Belt   ○ Other, specify:

○ Rope/string   ○ U/K

d. If choking, object

   causing choking:

○ Food, specify:

○ Toy, specify:

○ Balloon

○ Other, specify:

○ U/K

e. Was asphyxia an autoerotic event?

○ No ○ Yes ○ U/K

f. Was child participating in

   'choking game' or 'pass out game'?

○ No ○ Yes ○ U/K

g. History of seizures?

○ No ○ Yes ○ U/K   If yes, #_____

If yes, witnessed? ○ No ○ Yes ○ U/K

h. History of apnea?

○ No ○ Yes ○ U/K   If yes, #_____

If yes, witnessed? ○ No ○ Yes ○ U/K

i. Was Heimlich Maneuver attempted?

○ No ○ Yes ○ U/K

---

5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE

a. Child exposed to 2nd-hand smoke?

○ No ○ Yes ○ U/K

If yes, how often?

○ Frequently

○ Occasionally

○ U/K

b. Child overheated?   ○ No ○ Yes ○ U/K

If yes, Outside temp _____ deg. F

Check all that apply:

☐ Room too hot, temp _____ deg. F

☐ Too much bedding

☐ Too much clothing

c. History of seizures?

○ No ○ Yes ○ U/K

If yes, #_____

If yes, witnessed?

○ No ○ Yes ○ U/K

d. History of apnea?

○ No ○ Yes ○ U/K

If yes, #_____

If yes, witnessed?

○ No ○ Yes ○ U/K

e. For SIDS, go to Section H, page 11. For undetermined injury cause to infants also complete G12, page 11, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 10, then go to Section H.

6. WEAPON, INCLUDING PERSON'S BODY PART

a. Type of weapon:
- ○ Firearm, go to b
- ○ Sharp instrument, go to j
- ○ Blunt instrument, go to k
- ○ Person's body part, go to l
- ○ Explosive, go to m
- ○ Rope, go to m
- ○ Pipe, go to m
- ○ Biological, go to m
- ○ Other, specify and go to m
- ○ U/K, go to m

b. For firearms, type:
- ○ Handgun
- ○ Shotgun
- ○ BB gun
- ○ Hunting rifle
- ○ Assault rifle
- ○ Air rifle
- ○ Sawed off shotgun
- ○ Other, specify:
- ○ U/K

c. Firearm licensed?
○ No ○ Yes ○ U/K

d. Firearm safety features, check all that apply:
- ☐ Trigger lock
- ☐ Personalization device
- ☐ External safety/drop safety
- ☐ Loaded chamber indicator
- ☐ Magazine disconnect
- ☐ Minimum trigger pull
- ☐ Other, specify:
- ☐ U/K

e. Where was firearm stored?
- ○ Not stored
- ○ Locked cabinet
- ○ Unlocked cabinet
- ○ Glove compartment
- ○ Under mattress/pillow
- ○ Other, specify:
- ○ U/K

f. Firearm stored with with ammunition?
○ No ○ Yes ○ U/K

g. Firearm stored loaded?
○ No ○ Yes ○ U/K

h. Owner of fatal firearm:
- ○ U/K, weapon stolen
- ○ U/K, weapon found
- ○ Self
- ○ Biological parent
- ○ Adoptive parent
- ○ Stepparent
- ○ Foster parent
- ○ Mother's partner
- ○ Father's partner
- ○ Grandparent
- ○ Sibling
- ○ Spouse
- ○ Other relative
- ○ Friend
- ○ Acquaintance
- ○ Child's boyfriend or girlfriend
- ○ Classmate
- ○ Co-worker
- ○ Institutional staff
- ○ Neighbor
- ○ Rival gang member
- ○ Stranger
- ○ Law enforcement
- ○ Other, specify:
- ○ U/K

i. Sex of fatal firearm owner:
- ○ Male
- ○ Female
- ○ U/K

j. Type of sharp object:
- ○ Kitchen knife
- ○ Switchblade
- ○ Pocketknife
- ○ Razor
- ○ Hunting knife
- ○ Scissors
- ○ Other, specify:
- ○ U/K

k. Type of blunt object:
- ○ Bat
- ○ Club
- ○ Stick
- ○ Hammer
- ○ Rock
- ○ Household item
- ○ Other, specify:
- ○ U/K

l. What did person's body part do? Check all that apply:
- ☐ Beat, kick or punch
- ☐ Drop
- ☐ Push
- ☐ Bite
- ☐ Shake
- ☐ Strangle
- ☐ Throw
- ☐ Drown
- ☐ Burn
- ☐ Other, specify:
- ☐ U/K

m. Did person using weapon have history of weapon-related offenses?
- ○ No
- ○ Yes
- ○ U/K

n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?
- ○ No
- ○ Yes, describe circumstances:
- ○ U/K

o. Persons handling weapons at time of incident, check all that apply:

Fatal	and/or Other weapon		Fatal	and/or Other weapon	
☐	☐	Self	☐	☐	Friend
☐	☐	Biological parent	☐	☐	Acquaintance
☐	☐	Adoptive parent	☐	☐	Child's boyfriend or girlfriend
☐	☐	Stepparent	☐	☐	Classmate
☐	☐	Foster parent	☐	☐	Co-worker
☐	☐	Mother's partner	☐	☐	Institutional staff
☐	☐	Father's partner	☐	☐	Neighbor
☐	☐	Grandparent	☐	☐	Rival gang member
☐	☐	Sibling	☐	☐	Stranger
☐	☐	Spouse	☐	☐	Law enforcement officer
☐	☐	Other relative	☐	☐	Other, specify:
			☐	☐	U/K

p. Sex of person(s) handling weapon:

Fatal weapon:
- ○ Male
- ○ Female
- ○ U/K

Other weapon:
- ○ Male
- ○ Female
- ○ U/K

q. Use of weapon at time, check all that apply:
- ☐ Self-injury
- ☐ Commission of crime
- ☐ Drive-by shooting
- ☐ Random violence
- ☐ Child was a bystander
- ☐ Argument
- ☐ Jealousy
- ☐ Intimate partner violence
- ☐ Hate crime
- ☐ Bullying
- ☐ Hunting
- ☐ Target shooting
- ☐ Playing with weapon
- ☐ Weapon mistaken for toy
- ☐ Showing gun to others
- ☐ Russian Roulette
- ☐ Gang-related activity
- ☐ Self-defense
- ☐ Cleaning weapon
- ☐ Loading weapon
- ☐ Intervener assisting crime victim (Good Samaritan)
- ☐ Other, specify:
- ☐ U/K

7. ANIMAL BITE OR ATTACK

a. Type of animal:
- ○ Domesticated dog
- ○ Domesticated cat
- ○ Snake
- ○ Wild mammal, specify:
- ○ Insect
- ○ Other, specify:
- ○ U/K

b. Animal access to child, check all that apply:
- ☐ Animal on leash
- ☐ Animal caged or inside fence
  - ○ Child reached in
  - ○ Child entered animal area
  - ○ U/K
- ☐ Animal escaped from cage or leash
- ☐ Animal not caged or leashed
- ☐ U/K

c. Did child provoke animal?
○ No ○ Yes ○ U/K
If yes, how?

d. Animal has history of biting or attacking?
○ No ○ Yes ○ U/K

8. FALL OR CRUSH

a. Type:
- ○ Fall, go to b
- ○ Crush, go to h

b. Height of fall:
_____ feet
_____ inches
○ U/K

c. Child fell from:
- ○ Open window
  - Screen? ○ Screen
  - ○ No screen
  - ○ U/K if screen
- ○ Natural elevation
- ○ Man-made elevation
- ○ Playground equipment
- ○ Tree
- ○ Stairs/steps
- ○ Furniture
- ○ Bed
- ○ Roof
- ○ Moving object, specify:
- ○ Bridge
- ○ Overpass
- ○ Balcony
- ○ Animal, specify:
- ○ Other, specify:
- ○ U/K

d. Surface child fell onto:	e. Barrier in place:	f. Child in a baby walker?	h. For crush, did child:	i. For crush, object causing crush:	
○ Cement/concrete	Check all that apply:	○ N/A	○ Climb up on object	○ Appliance	○ Dirt/sand
○ Grass	☐ None	○ No	○ Pull object down	○ Television	○ Person, answer G6q
○ Gravel	☐ Screen	○ Yes	○ Hide behind object	○ Furniture	○ Commercial equipment
○ Wood floor	☐ Other window guard	○ U/K	○ Go behind object	○ Walls	○ Farm equipment
○ Carpeted floor	☐ Fence	g. Was child pushed,	○ Fall out of object	○ Playground equipment	○ Other, specify:
○ Linoleum/vinyl	☐ Railing	droppped or thrown?	○ Other, specify:	○ Animal	
○ Marble/tile	☐ Stairway	○ No ○ Yes ○ U/K		○ Tree branch	○ U/K
○ Other, specify:	☐ Gate		○ U/K	○ Boulders/rocks	
	☐ Other, specify:	If yes, go to G6q			
○ U/K	☐ U/K				

9. POISONING, OVERDOSE OR ACUTE INTOXICATION

a. Type of substance involved, check all that apply:

Prescription drug	Over the counter drug	Cosmetics/personal care products	Other substances	○ U/K
☐ Antidepressant	☐ Diet pills	☐ Cosmetics/personal care products	☐ Plants	
☐ Blood pressure medication	☐ Stimulants		☐ Alcohol	
☐ Pain killer (opiate)	☐ Cough medicine	Cleaning substances	☐ Street drugs	
☐ Pain killer (non-opiate)	☐ Pain medication	☐ Bleach	☐ Pesticide	
☐ Methadone	☐ Children's vitamins	☐ Drain cleaner	☐ Antifreeze	
☐ Cardiac medication	☐ Iron supplement	☐ Alkaline-based cleaner	☐ Other chemical	
☐ Other, specify:	☐ Other vitamins	☐ Solvent	☐ Herbal remedy	
	☐ Other, specify:	☐ Other, specify:	☐ Carbon monoxide, go to f	
			☐ Other fume/gas/vapor	
			☐ Other, specify:	

b. Where was the substance stored?	c. Was the product in its original container?	f. Was the incident the result of?	g. Was Poison Control called?	h. For CO poisoning, was a CO detector present?
○ Open area	○ N/A ○ Yes	○ Accidental overdose	○ No ○ Yes ○ U/K	○ No ○ Yes ○ U/K
○ Open cabinet	○ No ○ U/K	○ Medical treatment mishap	If yes, who called:	If yes, how many?
○ Closed cabinet, unlocked	d. Did container have a child safety cap?	○ Adverse effect, but not overdose	○ Child	___
○ Closed cabinet, locked	○ N/A ○ Yes	○ Deliberate poisoning	○ Parent	
○ Other, specify:	○ No ○ U/K	○ Acute intoxication	○ Other caregiver	Functioning properly?
	e. If prescription, was it child's?	○ Other, specify:	○ First responder	○ No ○ Yes ○ U/K
○ U/K	○ No ○ Yes ○ U/K	○ U/K	○ Medical person	
			○ Other, specify:	
			○ U/K	

10. EXPOSURE

a. Circumstances, check all that apply:		b. Condition of exposure:	c. Number of hours exposed:	d. Was child wearing appropriate clothing?
☐ Abandonment	☐ Lost outdoors	○ Hyperthermia		○ No
☐ Left in car	☐ Illegal border crossing	○ Hypothermia	___	○ Yes
☐ Left in room	☐ Other, specify:	○ U/K	○ U/K	○ U/K
☐ Submerged in water	☐ U/K			
☐ Injured outdoors		___ Ambient temp, degrees F		

11. MEDICAL CONDITION

a. How long did the child have the medical condition?	b. Was death expected as a result of medical condition?	c. Was child receiving health care for the medical condition?	d. Were the prescribed care plans appropriate for the medical condition?
○ In utero ○ Weeks	○ N/A not previoulsy diagnosed	○ No ○ Yes ○ U/K	○ N/A
○ Since birth ○ Months	○ No	If yes, within 48 hours of the death?	○ No, specify:
○ Hours ○ Years	○ Yes ☐ But at a later time	○ No ○ Yes ○ U/K	○ Yes
○ Days ○ U/K	○ U/K		○ U/K

e. Was child/family compliant with the prescribed care plans?		f. Was child up to date with American Academy of Pediatrics immunization schedule?	g. Was medical condition associated with an outbreak?
	☐ Appointments		
○ N/A	☐ Medications, specify:	○ N/A	○ No
○ No	If no, what wasn't compliant? ☐ Medical equipment use, specify:	○ No, specify:	○ Yes, specify:
○ Yes	Check all that apply. ☐ Therapies, specify:	○ Yes	○ U/K
○ U/K	☐ Other, specify:	○ U/K	
	☐ U/K		

h. Was environmental tobacco exposure a contributing factor in death? ○ No ○ Yes ○ U/K	i. Were there access or compliance issues related to the death? ○ No ○ Yes ○ U/K If yes, check all that apply:

i. Were there access or compliance issues related to the death? ○ No ○ Yes ○ U/K If yes, check all that apply:

- ☐ Lack of money for care
- ☐ Limitations of health insurance coverage
- ☐ Multiple health insurance, not coordinated
- ☐ Lack of transportation
- ☐ No phone
- ☐ Cultural differences
- ☐ Religious objections to care

- ☐ Language barriers
- ☐ Referrals not made
- ☐ Specialist needed, not available
- ☐ Multiple providers, not coordinated
- ☐ Lack of child care
- ☐ Lack of family or social support
- ☐ Services not available

- ☐ Caregiver distrust of health care system
- ☐ Caregiver unskilled in providing care
- ☐ Caregiver unwilling to provide care
- ☐ Caregiver's partner would not allow care
- ☐ Other, specify:
- ☐ U/K

12. OTHER CAUSE, UNDETERMINED CAUSE OR UNKNOWN CAUSE

Specify cause, describe in detail here or in narrative:

H. OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTIONS

1. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?   ○ No, go to H2   ○ Yes   ○ U/K, go to H2

a. Incident sleep place:
- ○ Crib
  - If crib, type:
    - ○ Not portable
    - ○ Portable, e.g. pack-n-play
    - ○ Unknown crib type
- ○ Bassinette
- ○ Adult bed
- ○ Waterbed

- ○ Playpen/other play structure but not portable crib
- ○ Couch
- ○ Chair
- ○ Floor
- ○ Car seat
- ○ Stroller
- ○ Other, specify:
- ○ U/K

If adult bed, what type?
- ○ Twin
- ○ Full
- ○ Queen
- ○ King
- ○ Other, specify:
- ○ U/K

b. Child put to sleep:
- ○ On back
- ○ On stomach
- ○ On side
- ○ U/K

c. Child found:
- ○ On back
- ○ On stomach
- ○ On side
- ○ U/K

d. Usual sleep place:
- ○ Crib
  - If crib, type:
    - ○ Not portable
    - ○ Portable, e.g. pack-n-play
    - ○ Unknown crib type
- ○ Bassinette
- ○ Adult bed
- ○ Waterbed

- ○ Playpen/other play structure but not portable crib
- ○ Couch
- ○ Chair
- ○ Floor
- ○ Car seat
- ○ Stroller
- ○ Other, specify:
- ○ U/K

If adult bed, what type?
- ○ Twin
- ○ Full
- ○ Queen
- ○ King
- ○ Other, specify:
- ○ U/K

e. Usual sleep position:
- ○ On back
- ○ On stomach
- ○ On side
- ○ U/K

f. Was there a crib, bassinette or port-a-crib in home for child?
- ○ No
- ○ Yes
- ○ U/K

g. Child in a new or different environment than usual? ○ No ○ Yes ○ U/K If yes, specify:

h. Child last placed to sleep with a pacifier? ○ No ○ Yes ○ U/K

i. Was a fan being used in the room at the time of death? ○ No ○ Yes ○ U/K If yes, type:

j. Circumstances when child found:

Child's airway was:
- ○ Unobstructed by person or object
- ○ Fully obstructed by person or object
- ○ Partially obstructed by person or object
- ○ U/K

Child's position most relevant to death:
- ○ On top of
- ○ Under
- ○ Between
- ○ Wedged into
- ○ Pressed into
- ○ Fell or rolled onto
- ○ Tangled in
- ○ Other, specify:
- ○ U/K

With what objects or persons, check all that apply:
- ☐ Adult(s)
- ☐ Child(ren)
- ☐ Animal(s)
- ☐ Blanket
- ☐ Pillow
- ☐ Comforter
- ☐ Mattress
- ☐ Pillow-top mattress

- ☐ Water bed mattress
- ☐ Air mattress
- ☐ Bumper pads
- ☐ Crib rail
- ☐ Couch
- ☐ Chair, type:
- ☐ Car seat/stroller
- ☐ Stuffed toy

- ☐ Clothing
- ☐ Cord
- ☐ Plastic bag
- ☐ Wall
- ☐ Other, specify:
- ☐ U/K

k. Caregiver/supervisor fell asleep while feeding child? ○ No ○ Yes ○ U/K
- If yes, type of feeding:
  - ○ Bottle
  - ○ Breast
  - ○ U/K

l. Child sleeping in the same room as caregiver/supervisor at time of death? ○ No ○ Yes ○ U/K

m. Child sleeping on same surface with person(s) or animals(s)? ○ No ○ Yes ○ U/K
If yes, check all that apply:
- ☐ With adult(s): #____ ☐ #U/K   Adult obese: ○ No ○ Yes ○ U/K
- ☐ With other children: #____ ☐ #U/K   Children's ages: _____
- ☐ With animal(s): #____ ☐ #U/K   Type(s) of animal: _____
- ☐ U/K

2. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT?   ○ No, go to H3   ○ Yes   ○ U/K, go to H3

a. Describe product and circumstances:	b. Was product used properly? ○ No ○ Yes ○ U/K	c. Is a recall in place? ○ No ○ Yes ○ U/K	d. Did product have safety label? ○ No ○ Yes ○ U/K	e. Was Consumer Product Safety Commission (CPSC) notified? ○ No, call 1-800-638-2772 to file report ○ Yes ○ U/K

3. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? ○ No ○ Yes ○ U/K

a. Type of crime, check all that apply:

☐ Robbery/burglary ☐ Other assault ☐ Arson ☐ Illegal border crossing ☐ U/K

☐ Interpersonal violence ☐ Gang conflict ☐ Prostitution ☐ Auto theft

☐ Sexual assault ☐ Drug trade ☐ Witness intimidation ☐ Other, specify:

I. ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE & NEGLECT, ASSAULTS, AND SUICIDE

Type of Act

1. Did any act(s) of omission or commission cause and/or contribute to the death?

○ No, go to Section J
○ Yes
○ Probable
○ U/K, go to Section J

If yes/probable, were the act(s) either or both?

Check all that apply:
☐ The direct cause of death
☐ The contributing cause of death

2. Was the act(s): Check only one per column.

Caused	Contributed	
○	○	Unintentional
○	○	Intentional
○	○	Undetermined intent
○	○	U/K

3. What acts caused or contributed to the death?

Check only one per column and describe in narrative.

Caused	Contributed	
○	○	Poor/absent supervision, go to 11
○	○	Child abuse, go to 4
○	○	Child neglect, go to 9
○	○	Other negligence, go to 10
○	○	Assault, not child abuse, go to 11
○	○	Religious/cultural practices, go to 11
○	○	Suicide, go to 28
○	○	Medical misadventure, specify and go to 12
○	○	Other, specify and go to 11
○	○	U/K, go to 11

4. Child abuse, type. Check all that apply and describe in narrative.

☐ Physical, go to 5
☐ Emotional, specify and go to 11
☐ Sexual, specify and go to 11
☐ U/K, go to 11

5. Type of physical abuse, check all that apply:

☐ Abusive head trauma, go to 6
☐ Chronic Battered Child Syndrome, go to 8
☐ Beating/kicking, go to 8
☐ Scalding or burning, go to 8
☐ Munchausen Syndrome by Proxy, go to 8
☐ Other, specify and go to 8
☐ U/K, go to 8

6. For abusive head trauma, were there retinal hemorrhages?
○ No ○ Yes ○ U/K

7. For abusive head trauma, was the child shaken?
○ No ○ Yes ○ U/K

If yes, was there impact?
○ No ○ Yes ○ U/K

8. Events(s) triggering physical abuse, check all that apply:

☐ None
☐ Crying
☐ Toilet training
☐ Disobedience
☐ Feeding problems
☐ Domestic argument
☐ Other, specify:
☐ U/K

9. Child neglect, check all that apply:

☐ Failure to protect from hazards, specify:
☐ Failure to provide necessities
  ☐ Food
  ☐ Shelter
  ☐ Other, specify:
☐ Failure to seek/follow treatment, specify:
☐ Emotional neglect, specify:
☐ Abandonment, specify:
☐ U/K

10. Other negligence:
○ Vehicular
○ Other, specify:
○ U/K

11. Was act(s) of ommision/commision:

Caused	Contributed	
○	○	Chronic with child
○	○	Pattern in family or with perpetrator
○	○	Isolated incident
○	○	U/K

Person(s) Responsible

12. Is person the caregiver or supervisor in previous section?

Caused	Contributed	
○	○	No
○	○	Yes, caregiver one, go to 25
○	○	Yes, caregiver two, go to 25
○	○	Yes, supervisor, go to 26

13. Primary person responsible for action(s) that caused and/or contributed to death:

Select no more than one person for caused and one person for contributed.

Caused	Contributed		Caused	Contributed		Caused	Contributed	
○	○	Self, go to 25	○	○	Grandparent	○	○	Medical provider
○	○	Biological parent	○	○	Sibling	○	○	Institutional staff
○	○	Adoptive parent	○	○	Other relative	○	○	Babysitter
○	○	Stepparent	○	○	Friend	○	○	Licensed child care worker
○	○	Foster parent	○	○	Acquaintance			
○	○	Mother's partner	○	○	Child's boyfriend or girlfriend	○	○	Other, specify:
○	○	Father's partner	○	○	Stranger	○	○	U/K

14. Person's age in years:

Caused	Contributed	
_____	_____	# Years
○	○	U/K

15. Person's sex:

Caused	Contributed	
○	○	Male
○	○	Female
○	○	U/K

16. Does person speak English?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If no, language spoken:

17. Person on active military duty?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, specify branch:

18. Person have history of substance abuse?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Alcohol
☐	☐	Cocaine
☐	☐	Marijuana
☐	☐	Methamphetamine
☐	☐	Opiates
☐	☐	Prescription drugs
☐	☐	Over-the-counter
☐	☐	Other, specify:
☐	☐	U/K

19. Person have history of child maltreatment as victim?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/ psychological
☐	☐	U/K
____	____	# CPS referrals
____	____	# Substantiations
☐	☐	Ever in foster care or adopted?

20. Person have history of child maltreatment as a perpetrator?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K
____	____	# CPS referrals
____	____	# Substantiations
☐	☐	CPS prevention services?
☐	☐	Family Preservation svcs?
☐	☐	Children ever removed?

21. Person have disability or chronic illness?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Physical, specify:
☐	☐	Mental, specify:
☐	☐	Sensory, specify:
☐	☐	U/K

If mental, was caregiver receiving services?

○	○	No
○	○	Yes
○	○	U/K

22. Person have prior child deaths?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Child abuse # _____
☐	☐	Child neglect # _____
☐	☐	Accident # _____
☐	☐	Suicide # _____
☐	☐	SIDS # _____
☐	☐	Other # _____
		Other, specify:
☐	☐	U/K

23. Person have history of intimate partner violence?

Caused	Contributed	
☐	☐	No
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	U/K

24. Person have delinquent/criminal history?

Caused	Contributed	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

☐	☐	Assaults
☐	☐	Robbery
☐	☐	Drugs
☐	☐	Other, specify:
☐	☐	U/K

25. At time of incident was person, check all that apply:

Caused	Contributed	
☐	☐	Drug impaired?
☐	☐	Alcohol impaired?
☐	☐	Asleep?
☐	☐	Distracted?
☐	☐	Absent?
☐	☐	Impaired by illness? Specify:
☐	☐	Impaired by disability? Specify:
☐	☐	Other? Specify:

26. Does person have, check all that apply:

Caused	Contributed	
☐	☐	Prior history of similar acts?
☐	☐	Prior arrests?
☐	☐	Prior convictions?

27. Legal outcomes in this death, check all that apply:

Caused	Contributed	
☐	☐	No charges filed
☐	☐	Charges pending
☐	☐	Charges filed, specify:
☐	☐	Confession
☐	☐	Plead, specify:
☐	☐	Not guilty verdict
☐	☐	Guilty verdict, specify:
☐	☐	Tort charges, specify:
☐	☐	U/K

For Suicide

28. For suicide, select yes, no or u/k for each question. Describe answers in narrative.

Yes	No	U/K	
○	○	○	A note was left?
○	○	○	Child talked about suicide?
○	○	○	Prior suicide threats were made?
○	○	○	Prior attempts were made?
○	○	○	Suicide was completely unexpected?
○	○	○	Child had a history of running away?
○	○	○	Child had a history of self mutilation?
○	○	○	There is a family history of suicide?
○	○	○	Suicide was part of a murder-suicide?
○	○	○	Suicide was part of a suicide pact?
○	○	○	Suicide was part of a suicide cluster?

29. For suicide, was there a history of acute or cumulative personal crisis that may have contributed to the child's despondency? Check all that apply:

☐ None known	☐ Physical abuse/assault
☐ Family discord	☐ Rape/sexual abuse
☐ Parents' divorce/separation	☐ Problems with the law
☐ Argument with parents/caregivers	☐ Drugs/alcohol
☐ Argument with boyfriend/girlfriend	☐ Sexual orientation
☐ Breakup with boyfriend/girlfriend	☐ Religious/cultural issues
☐ Argument with other friends	☐ Job problems
☐ Rumor mongering	☐ Money problems
☐ Suicide by friend or relative	☐ Gambling problems
☐ Other death of friend or relative	☐ Involvement in cult activities
☐ Bullying as victim	☐ Involvement in computer or video games
☐ Bullying as perpetrator	
☐ School failure	☐ Involvement with the Internet, specify:
☐ Move/new school	
☐ Other serious school problems	☐ Other, specify:
☐ Pregnancy	☐ U/K

J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

1. Services:
Select one option per row:

	Provided after death	Offered but refused	Offered but U/K if used	Should be offered	Needed but not available	Unknown	CDR review led to referral
Bereavement counseling	○	○	○	○	○	○	☐
Economic support	○	○	○	○	○	○	☐
Funeral arrangements	○	○	○	○	○	○	☐
Emergency shelter	○	○	○	○	○	○	☐
Mental health services	○	○	○	○	○	○	☐
Foster care	○	○	○	○	○	○	☐
Health care	○	○	○	○	○	○	☐
Legal services	○	○	○	○	○	○	☐
Family planning	○	○	○	○	○	○	☐
Other, specify:	○	○	○	○	○	○	☐

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

● **Mark this case to edit/add prevention actions at at later date**

1. Could the death have been prevented?   ○ No, probably not   ○ Yes, probably   ○ Team could not determine

2. What specific recommendations and/or initiatives resulted from the review? Check all that apply: ○ No recommendations made, go to Section L

		Current Action Stage			Type of Action		Level of Action		
		Recommendation	Planning	Implementation	Short term	Long term	Local	State	National
Education	Media campaign	○	○	○	☐	☐	☐	☐	☐
	School program	○	○	○	☐	☐	☐	☐	☐
	Community safety project	○	○	○	☐	☐	☐	☐	☐
	Provider education	○	○	○	☐	☐	☐	☐	☐
	Parent education	○	○	○	☐	☐	☐	☐	☐
	Public forum	○	○	○	☐	☐	☐	☐	☐
	Other education	○	○	○	☐	☐	☐	☐	☐
Agency	New policy(ies)	○	○	○	☐	☐	☐	☐	☐
	Revised policy(ies)	○	○	○	☐	☐	☐	☐	☐
	New program	○	○	○	☐	☐	☐	☐	☐
	New services	○	○	○	☐	☐	☐	☐	☐
	Expanded services	○	○	○	☐	☐	☐	☐	☐
Law	New law/ordinance	○	○	○	☐	☐	☐	☐	☐
	Amended law/ordinance	○	○	○	☐	☐	☐	☐	☐
	Enforcement of law/ordinance	○	○	○	☐	☐	☐	☐	☐
Environment	Modify a consumer product	○	○	○	☐	☐	☐	☐	☐
	Recall a consumer product	○	○	○	☐	☐	☐	☐	☐
	Modify a public space	○	○	○	☐	☐	☐	☐	☐
	Modify a private space(s)	○	○	○	☐	☐	☐	☐	☐
	Other, specify:	○	○	○	☐	☐	☐	☐	☐

Briefly describe the initiatives:

3. Who took responsibility for championing the prevention initiatives? Check all that apply:

☐ N/A, no strategies   ☐ Mental health   ☐ Law enforcement   ☐ Advocacy organization   ☐ Other,

☐ No one   ☐ Schools   ☐ Medical examiner   ☐ Local community group   specify:

☐ Health department   ☐ Hospital   ☐ Coroner   ☐ New coalition/task force

☐ Social services   ☐ Other health care providers   ☐ Elected official   ☐ Youth group   ☐ U/K

L. THE REVIEW MEETING PROCESS

1. Date of first review meeting:

2. Number of review meetings for this case: _____

3. Is review complete? ○ No   ○ Yes

4. Agencies at review, check all that apply:

☐ Medical examiner/coroner ☐ CPS ☐ Other health care ☐ Mental health ☐ Others, list:

☐ Law enforcement ☐ Other social services ☐ Fire ☐ Substance abuse

☐ Prosecutor/district attorney ☐ Physician ☐ EMS ☐ Court

☐ Public health ☐ Hospital ☐ Education ☐ Child advocate

5. Factors that prevented an effective review, check all that apply:

☐ Confidentiality issues among members prevented full exchange of information.

☐ HIPAA regulations prevented access to or exchange of information.

☐ Inadequate investigation precluded having enough information for review.

☐ Team members did not bring adequate information to the meeting.

☐ Necessary team members were absent.

☐ Meeting was held too soon after death.

☐ Meeting was held too long after death.

☐ Records or information were needed from another locality in-state.

☐ Records or information were needed from another state.

☐ Team disagreement on circumstances.

☐ Other factors, specify:

6. Review meeting outcomes, check all that apply:

☐ Review led to additional investigation.

☐ Team disagreed with official manner of death.

What did team believe manner should be?

☐ Team disagreed with official cause of death.

What did team believe cause should be?

☐ Because of the review, the official cause or manner of death was changed.

☐ Review led to the delivery of services.

☐ Review led to changes in agency policies or practices.

☐ Review led to prevention initiatives being implemented.

☐ Local   ☐ State   ☐ National

M. NARRATIVE

Use this space to provide more detail on the circumstances of the death, and to describe any other relevant information.
Try not to include identifiers in the narrative.

Continue narrative if necessary on back page

N. FORM COMPLETED BY:

PERSON:

TITLE:

AGENCY:

PHONE:

EMAIL:

DATE COMPLETED:

DATA ENTRY COMPLETED FOR THIS CASE? ☐

NOTES

NATIONAL CENTER FOR CHILD DEATH REVIEW

K E E P I N G   K I D S   A L I V E

Data Entry: https://cdrdata.org

www.childdeathreview.org

For help email: info@childdeathreview.org

1-800-656-2434

Attachment 3

U.S. Protect Our Kids Act