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
The US National Child Death Review Case Reporting System

Theresa M Covington

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doi: 10.1136/ip.2010.031203

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The US National Child Death Review Case Reporting System

Theresa M Covington¹,²

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 aetiological 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 government¹, 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 50 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 MPHII.

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

¹The Center, including the development and management of the NCDR-CRS, is funded in large part by the Maternal and Child Health Bureau of the Health Resources and Services Administration of the US Department of Health and Human Services.

²Michigan Public Health Institute, Okemos, Michigan, USA

³Supplement to those who need to know

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Table 1  Summary of cases entered into the National Child Death Review Case Reporting System; 1995—2010.∗  N=84122

<table>
<thead>
<tr>
<th>Age of child</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 1</td>
<td>45339</td>
<td>53.9</td>
</tr>
<tr>
<td>Ages 1—4</td>
<td>10065</td>
<td>12.0</td>
</tr>
<tr>
<td>Ages 5—9</td>
<td>4854</td>
<td>5.9</td>
</tr>
<tr>
<td>Ages 10—14</td>
<td>6513</td>
<td>7.7</td>
</tr>
<tr>
<td>Ages 15—17</td>
<td>11761</td>
<td>14.0</td>
</tr>
<tr>
<td>Over 17 years old</td>
<td>2257</td>
<td>2.7</td>
</tr>
<tr>
<td>Missing</td>
<td>3233</td>
<td>3.8</td>
</tr>
<tr>
<td>Total</td>
<td>84122</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender of child</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>49579</td>
<td>58.9</td>
</tr>
<tr>
<td>Female</td>
<td>33360</td>
<td>39.7</td>
</tr>
<tr>
<td>Missing</td>
<td>1183</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>84122</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race of child</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>52047</td>
<td>61.9</td>
</tr>
<tr>
<td>African American</td>
<td>21233</td>
<td>25.2</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>452</td>
<td>0.5</td>
</tr>
<tr>
<td>Pacific Island</td>
<td>263</td>
<td>0.3</td>
</tr>
<tr>
<td>Asian</td>
<td>1498</td>
<td>1.8</td>
</tr>
<tr>
<td>American Indian</td>
<td>1232</td>
<td>1.5</td>
</tr>
<tr>
<td>Alaska native</td>
<td>2</td>
<td>0.0</td>
</tr>
<tr>
<td>Multiracial</td>
<td>1318</td>
<td>1.6</td>
</tr>
<tr>
<td>Missing</td>
<td>6077</td>
<td>7.2</td>
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<tr>
<td>Total</td>
<td>84122</td>
<td>100.0</td>
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</table>

<table>
<thead>
<tr>
<th>Ethnicity of child</th>
<th>Number</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Yes, Hispanic/Latino</td>
<td>12568</td>
<td>14.9</td>
</tr>
<tr>
<td>Not Hispanic/Latino</td>
<td>55266</td>
<td>65.7</td>
</tr>
<tr>
<td>Missing</td>
<td>16288</td>
<td>19.4</td>
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<tr>
<td>Total</td>
<td>84122</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Official manner of death</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural</td>
<td>44362</td>
<td>52.7</td>
</tr>
<tr>
<td>Accident</td>
<td>19682</td>
<td>23.4</td>
</tr>
<tr>
<td>Suicide</td>
<td>3004</td>
<td>3.6</td>
</tr>
<tr>
<td>Homicide</td>
<td>5555</td>
<td>6.6</td>
</tr>
<tr>
<td>Undetermined</td>
<td>5511</td>
<td>6.6</td>
</tr>
<tr>
<td>Pending</td>
<td>907</td>
<td>1.1</td>
</tr>
<tr>
<td>Missing</td>
<td>5107</td>
<td>6.1</td>
</tr>
<tr>
<td>Total</td>
<td>84122</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Official cause of death</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>External—motor vehicle</td>
<td>10849</td>
<td>12.9</td>
</tr>
<tr>
<td>External—fire, burn, electrocution</td>
<td>1672</td>
<td>2.0</td>
</tr>
<tr>
<td>External—drowning</td>
<td>2724</td>
<td>3.2</td>
</tr>
<tr>
<td>External—asphyxia</td>
<td>5283</td>
<td>6.3</td>
</tr>
<tr>
<td>External—weapon</td>
<td>5951</td>
<td>7.1</td>
</tr>
<tr>
<td>External—animal bite</td>
<td>46</td>
<td>0.0</td>
</tr>
<tr>
<td>External—fall or crush</td>
<td>655</td>
<td>0.8</td>
</tr>
<tr>
<td>External—poisoning</td>
<td>1346</td>
<td>1.6</td>
</tr>
<tr>
<td>External—exposure</td>
<td>153</td>
<td>0.2</td>
</tr>
<tr>
<td>External—undetermined</td>
<td>642</td>
<td>0.8</td>
</tr>
<tr>
<td>External—other</td>
<td>1381</td>
<td>1.6</td>
</tr>
<tr>
<td>External—unknown</td>
<td>151</td>
<td>0.2</td>
</tr>
<tr>
<td>Medical—prematurity</td>
<td>15450</td>
<td>18.4</td>
</tr>
<tr>
<td>Medical—congenital anomaly</td>
<td>6597</td>
<td>7.8</td>
</tr>
<tr>
<td>Medical—SIDS</td>
<td>4873</td>
<td>5.8</td>
</tr>
<tr>
<td>Medical—cancer</td>
<td>2064</td>
<td>2.5</td>
</tr>
<tr>
<td>Medical—cardiovascular</td>
<td>2036</td>
<td>2.4</td>
</tr>
</tbody>
</table>

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

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. 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 52 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 drownings17. Most states have 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**

<table>
<thead>
<tr>
<th>Child’s demographic information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age; sex; education and employment; disabilities, health, substance abuse, mental health, delinquency, and child maltreatment and family violence histories.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child’s primary caregivers (up to two)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time, place, emergency response, child’s activity at time, number of other deaths.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of investigators, persons declaring cause of death, types of forensic tests conducted, reviews of child protective services records.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manner and primary cause of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information on crash circumstances</td>
</tr>
<tr>
<td>Number and types of vehicles involved in crash, position of child, collision type, primary causes of crash, driving conditions, location of crash.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information on drivers, occupants, pedestrians</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information on acts of omission or commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of acts contributing to the death and information on the perpetrators of these acts (same as for supervisor).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services used, needed, referred or recommended as a result of the death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendations on actions to prevent other deaths</td>
</tr>
<tr>
<td>Includes a wide range of options—including education, environmental modifications, legislation, product safety; status of implementation of recommendations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information on the case review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendees, issues preventing a comprehensive review, summary of outcomes.</td>
</tr>
</tbody>
</table>
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. 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 NCDCR-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 NCDCR-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.

**Acknowledgements** The author would like to thank and acknowledge the senior data analysts at the NCCDR, Heather Dykstra, MPA and Esther Shaw, MSIS, for their contributions to NCDR-CRS and review of this document; and to the 30 state CDR leaders who worked tirelessly to design the three versions of the case reporting tool.

**Funding** Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services (grant 5 U49MC00225-09-00) and the US Centers for Disease Control and Prevention.

**Provenance and peer review** Not commissioned; externally peer reviewed.

**REFERENCES**

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 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
**A. CHILD INFORMATION**

1. Child's name: First: ___________________________  Middle: ___________________________  Last: ___________________________

   2. Date of birth: ______/______/______  3. Date of death: ______/______/______

   4. Age: ______ Years  5. Race, check all that apply: ________

   - White
   - Native Hawaiian
   - Black
   - Pacific Islander
   - Asian, specify: ___________________________
   - American Indian, Tribe: ___________________________
   - Asian Indian, Tribe: ___________________________
   - Alaskan Native, Tribe: ___________________________

   6. Hispanic or Latino origin? ______

   7. Sex: ______

   - Male
   - Female

8. Residence address: ______

   Street: ___________________________

   City: ___________________________

   County: ___________________________

   State: ___________________________

   Zip: ___________________________

9. Type of residence: ______

   - Parental home
   - Relative home
   - Jail/Detention
   - Licensed group home
   - Living on own
   - Other, specify: ___________________________

   10. New residence in past 30 days? ______

   - No
   - Yes

11. Residence overcrowded? ______

   - No
   - Yes

12. Child ever homeless? ______

   - No
   - Yes

13. Number of other children living with child: ______

14. Child's weight: ______ pounds

   - Ounces

15. Child's height: ______

   - Feet

   - Inches

16. Highest education level: ______

   - None
   - HS graduate
   - College
   - Other, specify: ___________________________

17. Child's work status: ______

   - N/A
   - Employed

   - Full time
   - Part time

   - U/K
   - Not working

18. Did child have problems in school? ______

   - No
   - Yes

   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: ___________________________

20. Child had disability or chronic illness? ______

   - No
   - Yes

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


   Child had received prior MH services? ______

   - No
   - Yes

Child was receiving MH services? ______

   - No
   - Yes

Child on medications for MH illness? ______

   - No
   - Yes

Issues prevented child from receiving MH services? ______

   - No
   - Yes

If yes, specify: ___________________________

22. Child had history of substance abuse? ______

   - No
   - Yes

If yes, check all that apply:

   - Alcohol
   - Other, specify: ___________________________
   - Cocaine
   - Marijuana
   - 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

   - Neglect
   - Sexual

   - Emotional/psychological
   - U/K

If yes, how was history identified: ______

   - Through CPS
   - Other sources

   # CPS referrals

   # Substantiations

24. Was there an open CPS case with child at time of death? ______

   - No
   - Yes

25. Was child ever placed outside of the home prior to the death? ______

   - No
   - Yes

26. Were any siblings placed outside of the home prior to this child's death? ______

   - No
   - Yes

27. Child had history of intimate partner violence? ______

   Check all that apply:

   - N/A
   - Yes
   - As victim
   - Yes, as perpetrator
   - Yes, as both victim and perpetrator

28. Child had delinquent or criminal history? ______

   If yes, check all that apply:

   - N/A
   - No
   - Yes

If yes, check all that apply:

   - Assaults
   - Other, specify: ___________________________
   - Robbery
   - Drugs

29. Child spent time in juvenile detention? ______

   - No
   - Yes

30. Child acutely ill during the two weeks before death? ______

   - No
   - Yes

31. Are child's parents first generation immigrants? ______

   - No
   - Yes

If yes, country of origin: ___________________________

32. If child over age 12, what was child's gender identity? ______

   - Male
   - Female

33. If child over age 12, what was child's sexual orientation? ______

   - Heterosexual
   - Bisexual
   - Gay
   - Questioning
   - Lesbian

34. If child over age 12, what was child's gender identity? ______

   - Male
   - Female

35. If child over age 12, what was child's sexual orientation? ______

   - Heterosexual
   - Bisexual
   - Gay
   - Questioning
   - Lesbian

36. If child over age 12, what was child's sexual orientation? ______

   - Heterosexual
   - Bisexual
   - Gay
   - Questioning
   - Lesbian
### COMPLETE FOR ALL INFANTS UNDER ONE YEAR

34. Gestational age: [ ] U/K
   [ ] No [ ] Yes [ ] U/K
   ______ # weeks
35. Birth weight: [ ] U/K
   [ ] No [ ] Yes [ ] U/K
   ______ Pounds/ounces / __________ Grams
36. Multiple birth?
   [ ] Yes
   [ ] No
37. Prenatal care provided during pregnancy of deceased infant?
   [ ] Yes [ ] No [ ] U/K
   If yes, number of prenatal visits: # ______
   If yes, month of 1st prenatal visit? Specify 1-9 _____
38. During pregnancy, did mother (check all that apply):
   [ ] 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
   If yes, check all that apply:
   [ ] Lack of money for care
   [ ] Lack of family/social support
   [ ] Religious objections to care
   [ ] Lack of access to care
   [ ] Language barriers
   [ ] Services not available
   [ ] Distrust of health care system
   [ ] Specialized services not available
   [ ] Residence not available
   [ ] Specialist needed, not available
   [ ] Unwilling to obtain care
   [ ] Lack of transportation
   [ ] Multiple providers, not coordinated
   [ ] Intimate partner would not allow care
   [ ] Cultural differences
   [ ] Lack of child 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
   [ ] Male
   [ ] Female
   [ ] U/K

3. Caregiver(s) sex:
   [ ] One  Two
   [ ] Male
   [ ] Female

4. Caregiver(s) employment status:
   [ ] One  Two
   [ ] Employed
   [ ] Unemployed
   [ ] On disability
   [ ] Stay-at-home
   [ ] Retired

5. Caregiver(s) income:
   [ ] One  Two
   [ ] High
   [ ] Low

6. Caregiver(s) education:
   [ ] One  Two
   [ ] < High school
   [ ] High school
   [ ] College

7. Does caregiver(s) speak English?
   [ ] One  Two
   [ ] No
   [ ] Yes

8. Caregiver(s) on active military duty?
   [ ] One  Two
   [ ] No
   [ ] Yes

9. Caregiver(s) received social services in the past twelve months?
   [ ] One  Two
   [ ] WIC
   [ ] TANF

10. Caregiver(s) have substance abuse history?
    [ ] One  Two
    [ ] No

11. Caregiver(s) have history of child maltreatment as victim?
    [ ] One  Two
    [ ] No

12. Caregiver(s) have history of child maltreatment as a perpetrator?
    [ ] One  Two
    [ ] No

13. Caregiver(s) have disability or chronic illness?
    [ ] One  Two
    [ ] No

________ # CPS referrals
________ # Substantiations

**Partial completion on this page:**

- Gestational age: [ ] U/K
- Birth weight: [ ] U/K
- Multiple birth?: [ ] Yes
- Prenatal care provided during pregnancy of deceased infant?: [ ] Yes
- Number of prenatal visits: # ______
- Month of first prenatal visit: Specify 1-9 _____
- During pregnancy, did mother check all that apply:
  - 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?
- Access or compliance issues related to prenatal care?
  - No
  - Yes
  - Lack of money for care
  - Religious objections to care
  - Lack of access to care
  - Language barriers
  - Services not available
  - Distrust of health care system
  - Specialized services not available
  - Residence not available
  - Specialist needed, not available
  - Unwilling to obtain care
  - Lack of transportation
  - Multiple providers, not coordinated
  - Intimate partner would not allow care
  - Cultural differences
  - Lack of child care
  - Other, specify:
- Primary caregiver(s):
  - Self
  - Biological parent
  - Adoptive parent
  - Stepparent
  - Foster parent
  - Mother’s partner
  - Father’s partner
  - Grandparent
  - Sibling
  - Other relative
  - Friend
  - Institutional staff
  - Other, specify: [ ] U/K
- Caregiver(s) age in years:
  - Male
  - Female
- Employment status:
  - Employed
  - Unemployed
  - On disability
  - Stay-at-home
  - Retired
- Caregiver(s) income:
  - High
  - Low
- Education:
  - < High school
  - High school
  - College
- Does caregiver(s) speak English?
  - No
  - Yes
- Caregiver(s) on active military duty?
  - No
  - Yes
- Caregiver(s) received social services in the past twelve months?
  - WIC
  - TANF
- Caregiver(s) have substance abuse history?
  - Yes
  - No
- Caregiver(s) have history of child maltreatment as victim?
  - Yes
  - No
- Caregiver(s) have history of child maltreatment as a perpetrator?
  - Yes
  - No
14. Caregiver(s) have prior child deaths? 
   - One  |  Two 
   - No  |  Yes  |  U/K

   If yes, cause(s): Check all that apply:
   - Child abuse # ______
   - Child neglect # ______
   - Accident # ______
   - Suicide # ______
   - SIDS # ______
   - Other # ______
   - Other, specify: ______

15. Caregiver(s) have history of intimate partner violence? 
   - One  |  Two 
   - No  |  Yes, as victim  |  Yes, as perpetrator  |  U/K

16. Caregiver(s) have delinquent/criminal history? 
   - One  |  Two 
   - No  |  Yes  |  U/K

   If yes, check all that apply:
   - Assults  |  Robbery  |  Drugs  |  Other, specify: ______

C. SUPERVISOR INFORMATION

1. Did child have supervision at time of incident leading to death? 
   - 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  |  Adoptive parent  |  Stepparent  |  Foster parent  |  Mother’s partner  |  Father’s partner  |  Grandparent  |  Sibling  | Other relative
   - Friend  |  Acquaintance  |  Hospital staff, go to C15  |  Institutional staff, go to C15  | Babysitter  | Licensed child care worker  | Other, specify:
   - U/K

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

8. Supervisor on active military duty? 
   - No  |  Yes  |  U/K

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: ______

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  |  Yes, as victim  |  Yes, as perpetrator  |  U/K

If yes, check all that apply:
   - Assaults  |  Robbery  |  Drugs  |  Other, specify:

15. At time of incident was supervisor impaired? 
   - No  |  Yes  |  U/K

If yes, check all that apply:
   - Absent  |  Impaired by illness, Specify:
   - 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: _____/_____/______ (mm/dd/yyyy)

2. Approximate time of day that incident occurred? 
   - AM  |  PM  |  U/K

3. Interval between incident and death:  U/K
   - Minutes _____  |  Weeks _____
   - Hours _____  |  Months _____
   - Days _____  |  Years _____
4. Place of incident, check all that apply:
- [ ] Child’s home
- [ ] Licensed group home
- [ ] School
- [ ] Sidewalk
- [ ] Sports area
- [ ] Child’s home
- [ ] Licensed child care center
- [ ] Place of work
- [ ] Roadway
- [ ] Other recreation area
- [ ] Urban
- [ ] Relative’s home
- [ ] Licensed child care center
- [ ] Place of work
- [ ] Roadway
- [ ] Hospital
- [ ] Rural
- [ ] Friend’s home
- [ ] Licensed child care center
- [ ] Place of work
- [ ] Roadway
- [ ] Other recreation area
- [ ] Suburban
- [ ] Licensed foster care home
- [ ] Unlicensed child care center
- [ ] Place of work
- [ ] Roadway
- [ ] Other recreation area
- [ ] U/K
- [ ] Relative foster care home
- [ ] Farm
- [ ] Jail/detention facility
- [ ] State or county park
- [ ] U/K
- [ ] Unlicensed child care home
- [ ] Place of work
- [ ] Roadway
- [ ] Other recreation area
- [ ] U/K
- [ ] Indian Reservation
- [ ] Driveway
- [ ] Other parking area
- [ ] Other, specify:
- [ ] Urban
- [ ] Driveway
- [ ] Other parking area
- [ ] Other, specify: [ ]
- [ ] Other recreation area
- [ ] U/K
- [ ] Sidewalk
- [ ] Sports area
- [ ] U/K
- [ ] Wikipedia
- [ ] Urban
- [ ] Suburban
- [ ] Rural
- [ ] Frontier
- [ ] U/K

6. Incident state:
- [ ] N/A
- [ ] No
- [ ] Yes
- [ ] U/K

7. Incident county:
- [ ] N/A
- [ ] No
- [ ] Yes
- [ ] 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

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

5. Toxicology screen?
- [ ] No
- [ ] Yes
- [ ] 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

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

10. If death occurred in licensed setting, indicate action taken:
- [ ] 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
  - 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 U/K
- [ ] 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
  - 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.
**1. MOTOR VEHICLE AND OTHER TRANSPORT**

<table>
<thead>
<tr>
<th>a. Vehicles involved in incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of vehicles: ________</td>
</tr>
<tr>
<td>Child's primary vehicle</td>
</tr>
<tr>
<td>○ None</td>
</tr>
<tr>
<td>○ Car</td>
</tr>
<tr>
<td>○ Van</td>
</tr>
<tr>
<td>○ Sport utility vehicle</td>
</tr>
<tr>
<td>○ Truck</td>
</tr>
<tr>
<td>○ Semi/tractor trailer</td>
</tr>
<tr>
<td>○ RV</td>
</tr>
<tr>
<td>○ School bus</td>
</tr>
<tr>
<td>○ Other bus</td>
</tr>
<tr>
<td>○ Motorcycle</td>
</tr>
<tr>
<td>○ Tractor</td>
</tr>
<tr>
<td>○ Other farm vehicle</td>
</tr>
<tr>
<td>○ All terrain vehicle</td>
</tr>
<tr>
<td>○ Snowmobile</td>
</tr>
<tr>
<td>○ Bicycle</td>
</tr>
<tr>
<td>○ Train</td>
</tr>
<tr>
<td>○ Subway</td>
</tr>
<tr>
<td>○ Trolley</td>
</tr>
<tr>
<td>○ Other, specify:</td>
</tr>
<tr>
<td>○ U/K</td>
</tr>
</tbody>
</table>

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
- In child's vehicle, including child:
  - Age of Driver
    - N/A, child was not in a vehicle.
    - 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

c. Causes of incident, check all that apply:
- Speeding over limit
- Back over
- Unsafe speed for conditions
- Rollover
- Recklessness
- Poor sight line
- Ran stop sign or red light
- Car changing lanes
- Driver distraction
- Road hazard
- Driver inexperience
- Animal in road
- Mechanical failure
- Cell phone use while driving
- Poor tires
- Other, specify: U/K
- Poor weather
- Other driver error, specify:
- U/K
- Poor visibility
- Other, specify:
- Drugs or alcohol use
- Other, specify:
- Fatigue/sleeping
- Medical event, 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 another vehicle
- Child in/on a vehicle that struck person/object
- Other event, specify:
- U/K

e. Driving conditions, check all that apply:
- Normal
- Other, specify:
  - Loose gravel
  - Muddy
  - U/K
  - Ice/Snow
  - Fog
  - Wet
  - Construction zone
  - Inadequate lighting
  - U/K

f. Location of incident, check all that apply:
- City street
- Residential street
- Parking area
- Rural road
- Off road
- Highway
- Railroad crossing/tracks
- Intersection
- Other, specify:
  - Shoulder
  - Sidewalk
  - U/K

<table>
<thead>
<tr>
<th>b. Position of child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver</td>
</tr>
<tr>
<td>Passenger</td>
</tr>
<tr>
<td>○ Front seat</td>
</tr>
<tr>
<td>○ Back seat</td>
</tr>
<tr>
<td>○ Truck bed</td>
</tr>
<tr>
<td>○ Other, specify: U/K</td>
</tr>
<tr>
<td>○ On bicycle</td>
</tr>
<tr>
<td>○ Pedestrian</td>
</tr>
<tr>
<td>○ Walking</td>
</tr>
<tr>
<td>○ Boarding/blading</td>
</tr>
<tr>
<td>○ Other, specify: U/K</td>
</tr>
<tr>
<td>○ Inadequate lighting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Location of incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City street</td>
</tr>
<tr>
<td>Residential street</td>
</tr>
<tr>
<td>Parking area</td>
</tr>
<tr>
<td>Rural road</td>
</tr>
<tr>
<td>Off road</td>
</tr>
<tr>
<td>Highway</td>
</tr>
<tr>
<td>Railroad crossing/tracks</td>
</tr>
<tr>
<td>Intersection</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>Shoulder</td>
</tr>
<tr>
<td>Sidewalk</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Drivers involved in incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Driver</td>
</tr>
<tr>
<td>Responsible for causing incident</td>
</tr>
<tr>
<td>Was alcohol/drug impaired</td>
</tr>
<tr>
<td>Has no license</td>
</tr>
<tr>
<td>Has a learner's permit</td>
</tr>
<tr>
<td>Has a graduated license</td>
</tr>
<tr>
<td>Has a full license</td>
</tr>
<tr>
<td>Has a full license that has been restricted</td>
</tr>
<tr>
<td>Has a suspended license</td>
</tr>
<tr>
<td>If recreational vehicle, has driver safety certificate</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>Was violating graduated licensing rules:</td>
</tr>
<tr>
<td>Nighttime driving curfew</td>
</tr>
<tr>
<td>Passenger restrictions</td>
</tr>
<tr>
<td>Driving without required supervision</td>
</tr>
<tr>
<td>Other violations, specify:</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

h. Total number of occupants in vehicles:

<table>
<thead>
<tr>
<th>g. Drivers involved in incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Driver</td>
</tr>
<tr>
<td>Responsible for causing incident</td>
</tr>
<tr>
<td>Was alcohol/drug impaired</td>
</tr>
<tr>
<td>Has no license</td>
</tr>
<tr>
<td>Has a learner's permit</td>
</tr>
<tr>
<td>Has a graduated license</td>
</tr>
<tr>
<td>Has a full license</td>
</tr>
<tr>
<td>Has a full license that has been restricted</td>
</tr>
<tr>
<td>Has a suspended license</td>
</tr>
<tr>
<td>If recreational vehicle, has driver safety certificate</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
<tr>
<td>Was violating graduated licensing rules:</td>
</tr>
<tr>
<td>Nighttime driving curfew</td>
</tr>
<tr>
<td>Passenger restrictions</td>
</tr>
<tr>
<td>Driving without required supervision</td>
</tr>
<tr>
<td>Other violations, specify:</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Total number of occupants in vehicles:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In child's vehicle, including child:</td>
</tr>
<tr>
<td>Number teens, ages 14-21: _______ U/K</td>
</tr>
<tr>
<td>Total number of deaths: _______ U/K</td>
</tr>
<tr>
<td>Total number teen deaths: _______ U/K</td>
</tr>
<tr>
<td>In other primary vehicle involved in incident:</td>
</tr>
<tr>
<td>Number teens, ages 14-21: _______ U/K</td>
</tr>
<tr>
<td>Total number of deaths: _______ U/K</td>
</tr>
<tr>
<td>Total number teen deaths: _______ U/K</td>
</tr>
<tr>
<td>N/A, incident was a single vehicle crash.</td>
</tr>
<tr>
<td>Total number occupants: _______ U/K</td>
</tr>
<tr>
<td>Total number of deaths: _______ U/K</td>
</tr>
<tr>
<td>Total number teen deaths: _______ U/K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i. Protective measures for child, select one option per row:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Needed, none present</td>
</tr>
<tr>
<td>Airbag</td>
</tr>
<tr>
<td>Lap belt</td>
</tr>
<tr>
<td>Shoulder belt</td>
</tr>
<tr>
<td>Child seat*</td>
</tr>
<tr>
<td>Belt positioning booster seat</td>
</tr>
<tr>
<td>Helmet</td>
</tr>
<tr>
<td>Other, specify:</td>
</tr>
</tbody>
</table>

*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
- Electrical outlet
- Other hot liquid, specify:
- Electrical wiring
- Fireworks

**b. Type of incident:**
- Fire, go to c
- Scald, go to r
- Other, specify:
- Other burns, go to t
- Electrocutio, 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

**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

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

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

**m. Were building/rental codes violated?**
- No
- Yes
- U/K

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

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

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

**q. Suspected arson?**
- No
- Yes
- U/K

**r. Was scald, hot water heater set too high?**
- No
- Yes
- 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?**
- In water
- In yard
- 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
- Bathbub, 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:
- Rip tide/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
### 6. WEAPON, INCLUDING PERSON'S BODY PART

<table>
<thead>
<tr>
<th>a. Type of weapon:</th>
<th>b. For firearms, type:</th>
<th>c. Firearm licensed?</th>
<th>d. Firearm safety features, check all that apply:</th>
<th>e. Where was firearm stored?</th>
<th>f. Firearm stored with with ammunition?</th>
<th>g. Firearm stored loaded?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Firearm, go to b</td>
<td>○ Handgun</td>
<td>○ No ○ Yes ○ U/K</td>
<td>○ Trigger lock ○ Magazine disconnect ○ Personalization device ○ Minimum trigger pull ○ External safety/drop safety ○ Other, specify: ○ Loaded chamber indicator ○ U/K</td>
<td>○ Not stored ○ Under mattress/pillow ○ Other, specify:</td>
<td>○ No ○ Yes ○ U/K</td>
<td>○ No ○ Yes ○ U/K</td>
</tr>
<tr>
<td>○ Sharp instrument, go to j</td>
<td>○ Shotgun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Blunt instrument, go to k</td>
<td>○ BB gun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Person's body part, go to l</td>
<td>○ Hunting rifle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Explosive, go to m</td>
<td>○ Assault rifle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Rope, go to m</td>
<td>○ Air rifle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Pipe, go to m</td>
<td>○ Sawed off shotgun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Biological, go to m</td>
<td>○ Sharp instrument</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Other, specify and go to m</td>
<td>○ Other, specify:</td>
<td>○ U/K</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ U/K, go to m</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>h. Owner of fatal firearm:</th>
<th>i. Sex of fatal firearm owner:</th>
<th>j. Type of sharp object:</th>
<th>k. Type of blunt object:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ U/K, weapon stolen</td>
<td>○ Co-worker</td>
<td>○ Kitchen knife</td>
<td>○ Bat</td>
</tr>
<tr>
<td>○ U/K, weapon found</td>
<td>○ Spouse</td>
<td>○ Switchblade</td>
<td>○ Club</td>
</tr>
<tr>
<td>○ Self</td>
<td>○ Neighbors</td>
<td>○ Pocketknife</td>
<td>○ Stick</td>
</tr>
<tr>
<td>○ Biological parent</td>
<td>○ Daughter</td>
<td>○ Razor</td>
<td>○ Hammer</td>
</tr>
<tr>
<td>○ Adoptive parent</td>
<td>○ Son</td>
<td>○ Hunting knife</td>
<td>○ Rock</td>
</tr>
<tr>
<td>○ Stepparent</td>
<td>○ Child</td>
<td>○ Scissors</td>
<td>○ Household item</td>
</tr>
<tr>
<td>○ Foster parent</td>
<td>○ Grandparent</td>
<td>○ Other, specify:</td>
<td>○ Other, specify:</td>
</tr>
<tr>
<td>○ Mother's partner</td>
<td>○ Biological parent</td>
<td>○ Other, specify:</td>
<td>○ Other, specify:</td>
</tr>
<tr>
<td>○ Father's partner</td>
<td>○ Other relative</td>
<td>○ Other, specify:</td>
<td>○ Other, specify:</td>
</tr>
<tr>
<td>○ U/K</td>
<td>○ Other relative</td>
<td>○ Other, specify:</td>
<td>○ Other, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>l. What did person's body part do? Check all that apply:</th>
<th>m. Did person using weapon have history of weapon-related offenses?</th>
<th>o. Persons handling weapons at time of incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Beat, kick or punch</td>
<td>○ No ○ Yes ○ U/K</td>
<td>○ Fatal and/or Other weapon</td>
</tr>
<tr>
<td>○ Drop</td>
<td></td>
<td>○ Fatal and/or Other weapon</td>
</tr>
<tr>
<td>○ Push</td>
<td></td>
<td>○ Fatal and/or Other weapon</td>
</tr>
<tr>
<td>○ Bite</td>
<td></td>
<td>○ Fatal and/or Other weapon</td>
</tr>
<tr>
<td>○ Shake</td>
<td></td>
<td>○ Fatal and/or Other weapon</td>
</tr>
<tr>
<td>○ Strangle</td>
<td></td>
<td>○ Fatal and/or Other weapon</td>
</tr>
<tr>
<td>○ Throw</td>
<td></td>
<td>○ Fatal and/or Other weapon</td>
</tr>
<tr>
<td>○ Drown</td>
<td></td>
<td>○ Fatal and/or Other weapon</td>
</tr>
<tr>
<td>○ Burn</td>
<td></td>
<td>○ Fatal and/or Other weapon</td>
</tr>
<tr>
<td>○ Other, specify:</td>
<td>○ U/K</td>
<td>○ Fatal and/or Other weapon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?</th>
<th>o. Persons handling weapons at time of incident, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ No ○ Yes, describe circumstances:</td>
<td>○ Fatal and/or Other weapon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>q. Use of weapon at time, check all that apply:</th>
<th>r. Sex of person(s) handling weapon:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Self-injury</td>
<td>○ Male</td>
</tr>
<tr>
<td>○ Commission of crime</td>
<td>○ Female</td>
</tr>
<tr>
<td>○ Drive-by shooting</td>
<td>○ Male</td>
</tr>
<tr>
<td>○ Random violence</td>
<td>○ Female</td>
</tr>
<tr>
<td>○ Child was a bystander</td>
<td>○ Male</td>
</tr>
<tr>
<td>○ Bullying</td>
<td>○ Female</td>
</tr>
</tbody>
</table>

### 7. ANIMAL BITE OR ATTACK

<table>
<thead>
<tr>
<th>a. Type of animal:</th>
<th>b. Animal access to child, check all that apply:</th>
<th>c. Did child provoke animal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Domesticated dog</td>
<td>○ Animal on leash</td>
<td>○ No ○ Yes ○ U/K</td>
</tr>
<tr>
<td>○ Domesticated cat</td>
<td>○ Animal caged or inside fence</td>
<td>If yes, how?</td>
</tr>
<tr>
<td>○ Snake</td>
<td>○ Child reached in</td>
<td></td>
</tr>
<tr>
<td>○ Wild mammal,</td>
<td>○ Child entered animal area</td>
<td></td>
</tr>
<tr>
<td>specify: ○ U/K</td>
<td>○ U/K</td>
<td></td>
</tr>
</tbody>
</table>

### 8. FALL OR CRUSH

<table>
<thead>
<tr>
<th>a. Type:</th>
<th>b. Height of fall:</th>
<th>c. Child fell from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Fall, go to b</td>
<td>______feet ______inches</td>
<td>○ Open window ○ Screen ○ No screen ○ U/K if screen</td>
</tr>
<tr>
<td>○ Crush, go to h</td>
<td></td>
<td>○ Natural elevation ○ Stairs/steps ○ Moving object, specify: ○ Animal, specify:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screen?</th>
<th>○ Natural elevation</th>
<th>○ Stairs/steps</th>
<th>○ Moving object, specify: ○ Animal, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ No screen</td>
<td>○ Man-made elevation</td>
<td>○ Furniture</td>
<td>○ Bridge</td>
</tr>
<tr>
<td>○ U/K if screen</td>
<td>○ Playground equipment</td>
<td>○ Bed</td>
<td>○ Overpass</td>
</tr>
<tr>
<td>○ U/K</td>
<td>○ Tree</td>
<td>○ Roof</td>
<td>○ Balcony</td>
</tr>
</tbody>
</table>
### 9. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

<table>
<thead>
<tr>
<th>Prescription drug</th>
<th>Over the counter drug</th>
<th>Cosmetics/personal care products</th>
<th>Other substances</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidepressant</td>
<td>Diet pills</td>
<td>Cosmetics/personal care products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure medication</td>
<td>Stimulants</td>
<td>Bleach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain killer (opiate)</td>
<td>Cough medicine</td>
<td>Drain cleaner</td>
<td>Street drugs</td>
<td></td>
</tr>
<tr>
<td>Pain killer (non-opiate)</td>
<td>Pain medication</td>
<td>Alkaline-based cleaner</td>
<td>Pesticide</td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>Children's vitamins</td>
<td>Solvent</td>
<td>Antifreeze</td>
<td></td>
</tr>
<tr>
<td>Cardiac medication</td>
<td>Iron supplement</td>
<td>Other vitamins</td>
<td>Other chemical</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td>Other, specify:</td>
<td>Other, specify:</td>
<td>Herbal remedy</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Carbon monoxide</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>

#### b. Where was the substance stored?

<table>
<thead>
<tr>
<th>Container location</th>
<th>Product in its original container?</th>
<th>Was the product in its original container?</th>
<th>Correct safety cap?</th>
<th>Capi</th>
<th>Was prescription, was it child's?</th>
<th>Medical person</th>
<th>If yes, who called:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open area</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
<td>U/K</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>Open cabinet</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
<td>U/K</td>
<td>No</td>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>Closed cabinet, unlocked</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
<td>U/K</td>
<td>Yes</td>
<td>U/K</td>
<td>U/K</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>Yes</td>
<td>U/K</td>
<td>U/K</td>
<td>U/K</td>
<td>No</td>
<td>U/K</td>
<td>U/K</td>
</tr>
</tbody>
</table>

#### c. Was the incident the result of?

- Accidental overdose
- Medical treatment mishap
- Adverse effect, but not overdose
- Deliberate poisoning
- Acute intoxication
- Other, specify:

#### d. Was Poison Control called?

- Yes, if yes, who called:
  - Child
  - Parent
  - Other caregiver
  - First responder
  - Medical person
  - Other, specify:

#### e. For CO poisoning, was a CO detector present?

- Yes
- No
- If yes, how many?

#### f. Was the incident the result of?

- Opiate
- Non-opiate
- Pain medication
- Other vitamins

### 10. EXPOSURE

#### a. Circumstances, check all that apply:

- Abandonment
- Lost outdoors
- Illegal border crossing
- Injured outdoors
- Other, specify:

#### b. Condition of exposure:

- Hyperthermia
- Hypothermia
- Ambient temp, degrees F
  - U/K

#### c. Number of hours exposed:

- U/K

#### d. Was child wearing appropriate clothing?

- Yes
- No

### 11. MEDICAL CONDITION

#### a. How long did the child have the medical condition?

- In utero
- Weeks
- Since birth
- Months
- Hours
- Years
- Days

#### b. Was death expected as a result of medical condition?

- Yes
- No

#### c. Was child receiving health care for the medical condition?

- Yes
- No

#### d. Were the prescribed care plans appropriate for the medical condition?

- Yes
- No

#### e. Was child/family compliant with the prescribed care plans?

- Yes
- No
- If no, what wasn't compliant?

#### f. Was child up to date with American Academy of Pediatrics immunization schedule?

- Yes
- No
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>h. Was environmental tobacco exposure a contributing factor in death?</td>
<td>No, Yes, U/K</td>
</tr>
<tr>
<td>i. Were there access or compliance issues related to the death?</td>
<td>No, Yes, U/K</td>
</tr>
<tr>
<td>a. Incident sleep place:</td>
<td>Crib, Playpen/other play structure but not portable crib, If crib, type: Crib, Playpen/other play structure but not portable crib, If crib, type: If crib, type: Crib, Playpen/other play structure but not portable crib, If crib, type: Crib, Playpen/other play structure but not portable crib, If crib, type:</td>
</tr>
<tr>
<td>b. Child put to sleep:</td>
<td>On back, On stomach, On side, U/K</td>
</tr>
<tr>
<td>c. Child found:</td>
<td>On back, On stomach, On side, U/K</td>
</tr>
<tr>
<td>d. Usual sleep place:</td>
<td>Crib, Playpen/other play structure but not portable crib, If crib, type: Crib, Playpen/other play structure but not portable crib, If crib, type: Crib, Playpen/other play structure but not portable crib, If crib, type: Crib, Playpen/other play structure but not portable crib, If crib, type: Crib, Playpen/other play structure but not portable crib, If crib, type:</td>
</tr>
<tr>
<td>e. Usual sleep position:</td>
<td>On back, On stomach, On side, U/K</td>
</tr>
<tr>
<td>f. Was there a crib, bassinet or port-a-crib in home for child?</td>
<td>Yes, U/K</td>
</tr>
<tr>
<td>g. Child in a new or different environment than usual?</td>
<td>Yes, U/K</td>
</tr>
<tr>
<td>h. Child last placed to sleep with a pacifier?</td>
<td>Yes, U/K</td>
</tr>
<tr>
<td>i. Was a fan being used in the room at the time of death?</td>
<td>Yes, U/K</td>
</tr>
<tr>
<td>j. Caregiver/supervisor fell asleep while feeding child?</td>
<td>Yes, U/K</td>
</tr>
<tr>
<td>k. Caregiver/supervisor fell asleep while feeding child?</td>
<td>Yes, U/K</td>
</tr>
<tr>
<td>l. Child sleeping in the same room as caregiver/supervisor at time of death?</td>
<td>Yes, U/K</td>
</tr>
<tr>
<td>m. Child sleeping on same surface with person(s) or animals(s)?</td>
<td>Yes, U/K</td>
</tr>
<tr>
<td>a. Describe product and circumstances:</td>
<td>No, Yes, U/K</td>
</tr>
<tr>
<td>b. Was product used properly?</td>
<td>Yes, U/K</td>
</tr>
<tr>
<td>c. Is a recall in place?</td>
<td>Yes, U/K</td>
</tr>
<tr>
<td>d. Did product have safety label?</td>
<td>Yes, U/K</td>
</tr>
<tr>
<td>e. Was Consumer Product Safety Commission (CPSC) notified?</td>
<td>Yes, U/K</td>
</tr>
</tbody>
</table>
### 3. Did death occur during commission of another crime?  

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

#### a. Type of crime, check all that apply:
- Robbery/burglary
- Other assault
- Arson
- Illegal border crossing
- Interpersonal violence
- Gang conflict
- Prostitution
- Auto theft
- Sexual assault
- Drug trade
- Witness intimidation
- Other, specify:

#### 1. 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, go to Section J
   - Probable
   - U/K, go to Section J

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

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

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 seek/follow treatment, specify:
   - Emotional neglect, specify:
   - Abandonment, specify:
   - U/K

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

11. Was act(s) of omission/commission:
    - 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

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.

14. Person's age in years:
    - Caused
    - Contributed

15. Person's sex:
    - Caused
    - Contributed

16. Does person speak English?
    - Caused
    - Contributed

17. Person on active military duty?
    - Caused
    - Contributed

If no, language spoken:

If yes, specify branch:

---

12
18. Person have history of substance abuse?  
- 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?  
- No  
- Yes  
- U/K

If yes, check all that apply:
- Physical  
- Neglect  
- Sexual  
- Emotional/psychological  
- U/K

20. Person have history of child maltreatment 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 or adopted?
- CPS prevention services?  
- Family Preservation services?  
- Children ever removed?

21. Person have disability or chronic illness?  
- 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?  
- 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?  
- No  
- Yes, as victim  
- Yes, as perpetrator  
- U/K

24. Person have delinquent/criminal history?  
- No  
- Yes  
- U/K

If yes, check all that apply:
- Assults  
- Rape  
- Economic  
- U/K

25. At time of incident was person, check all that apply:  
- Drug impaired?  
- Alcohol impaired?  
- Asleep?  
- Absent?  
- Impaired by illness? Specify:
- Impaired by disability? Specify:
- Other? Specify:
- U/K

26. Does person have, check all that apply:  
- Prior history of similar acts?  
- Prior arrests?  
- Prior convictions?

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
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</tbody>
</table>

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, specify:  
- Other serious school problems  
- Pregnancy  
- U/K
### J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

Select one option per row:

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

### 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

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Planning</th>
<th>Implementation</th>
<th>Type of Action</th>
<th>Level of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media campaign</td>
<td></td>
<td></td>
<td>Short term</td>
<td>Local</td>
</tr>
<tr>
<td>School program</td>
<td></td>
<td></td>
<td>Long term</td>
<td>State</td>
</tr>
<tr>
<td>Community safety project</td>
<td></td>
<td></td>
<td></td>
<td>National</td>
</tr>
<tr>
<td>Provider education</td>
<td></td>
<td></td>
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<tr>
<td>Parent education</td>
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<tr>
<td>Public forum</td>
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<tr>
<td>Other education</td>
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<tr>
<td>New policy(ies)</td>
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<tr>
<td>Revised policy(ies)</td>
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<tr>
<td>New program</td>
<td></td>
<td></td>
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<tr>
<td>New services</td>
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<tr>
<td>Expanded services</td>
<td></td>
<td></td>
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<tr>
<td>New law/ordinance</td>
<td></td>
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</tr>
<tr>
<td>Amended law/ordinance</td>
<td></td>
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</tr>
<tr>
<td>Enforcement of law/ordinance</td>
<td></td>
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</tr>
<tr>
<td>Modify a consumer product</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Recall a consumer product</td>
<td></td>
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</tr>
<tr>
<td>Modify a public space</td>
<td></td>
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</tr>
<tr>
<td>Modify a private space(s)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other, specify:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, specify:
   - No one
   - Schools
   - Medical examiner
   - Local community group
   - 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

<table>
<thead>
<tr>
<th>1. Date of first review meeting:</th>
<th>2. Number of review meetings for this case:</th>
<th>3. Is review complete?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

4. Agencies at review, check all that apply:
- [ ] Medical examiner/coroner
- [ ] CPS
- [ ] Other health care
- [ ] Mental health
- [ ] Other, 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.

N. FORM COMPLETED BY:

PERSON: EMAIL:
TITLE: DATE COMPLETED:
AGENCY: DATA ENTRY COMPLETED FOR THIS CASE? ☐
PHONE:
The development of this report tool was supported, in part, by Grant No. U49MC00225 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services

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