



Children, Families & Seniors Subcommittee

**Wednesday, February 4, 2015
10:00 AM – 12:00 PM
12 HOB**

**Steve Crisafulli
Speaker**

**Gayle B. Harrell
Chair**

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Children, Families & Seniors Subcommittee

Start Date and Time: Wednesday, February 04, 2015 10:00 am
End Date and Time: Wednesday, February 04, 2015 12:00 pm
Location: 12 HOB
Duration: 2.00 hrs

Update by the Department of Children and Families on implementing CS/CS/HB 7141 related to human trafficking

Briefing on child welfare transparency by the Department of Children and Families and the Department of Health

NOTICE FINALIZED on 01/28/2015 12:15 by Iseminger.Bobbye



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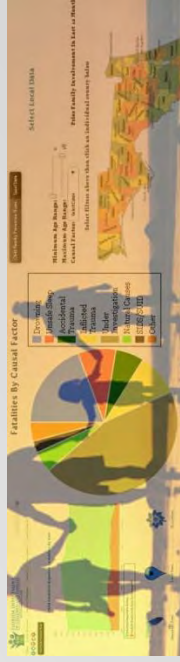
Child Fatality Review Process

**House Children, Families, & Seniors
Subcommittee**

February 4, 2015

Child Fatality Prevention Website

- All fatalities reported to the Abuse Hotline are on Department of Children and Families (DCF) child fatality prevention website
 - Mandated by SB 1666
 - Launched June 2014
 - Contains six years of fatality data, exceeding the data requirement set forth in law
- Florida is the largest state to release child fatality data through a public interactive website (www.dcf.state.fl.us/childfatality/)



Florida Child Fatality Review Continuum

Report to hotline

- All Floridians are mandatory reporters
- Vast majority of fatalities are screened in
- Screened out fatalities available on child fatality prevention website

Review of fatalities

- Child fatality prevention website posting—DCF
- Child Fatality Review Summary—DCF
- Quality Assurance (QA) Review—DCF
- Critical Incident Rapid Response Team (CIRRT)—DCF & external
- Fetal and Infant Mortality Review—external (Healthy Start)
- Child Abuse Death Review (local & state) – DOH & external

Reporting on fatalities

- Child fatality prevention website posting
- Child Fatality Review Summary
- QA Review
- CIRRT Report
- Child Abuse Death Review
 - Local—database entry /report to state
 - State—report (high-level trend/ analysis)



Critical Incident Rapid Response Team (CIRRT)

- Composition
- Training
- Status
- Systemic Issues

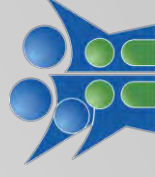


Secretary Mike Carroll

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FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
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State Child Abuse Death Review System

John H. Armstrong, MD, FACS
Surgeon General & Secretary of Health

Robin Perry, Ph.D.
Chair, State Child Abuse Death Review Committee

System structure

- Authority: Section 383.402, Florida Statutes
- Statewide multidisciplinary, multiagency child abuse death assessment & prevention system
- State review committee
- Local review committees

System mission

- Review facts & circumstances of all deaths of children
- Birth through age 18
- *Reported to DCF central abuse hotline*

Purpose

- Achieve greater understanding of causes & contributing factors of child abuse deaths
- Develop communitywide approach to address cases & contributing factors
- Identify gaps, deficiencies, or problems in service delivery to children & their families by public & private agencies

Purpose

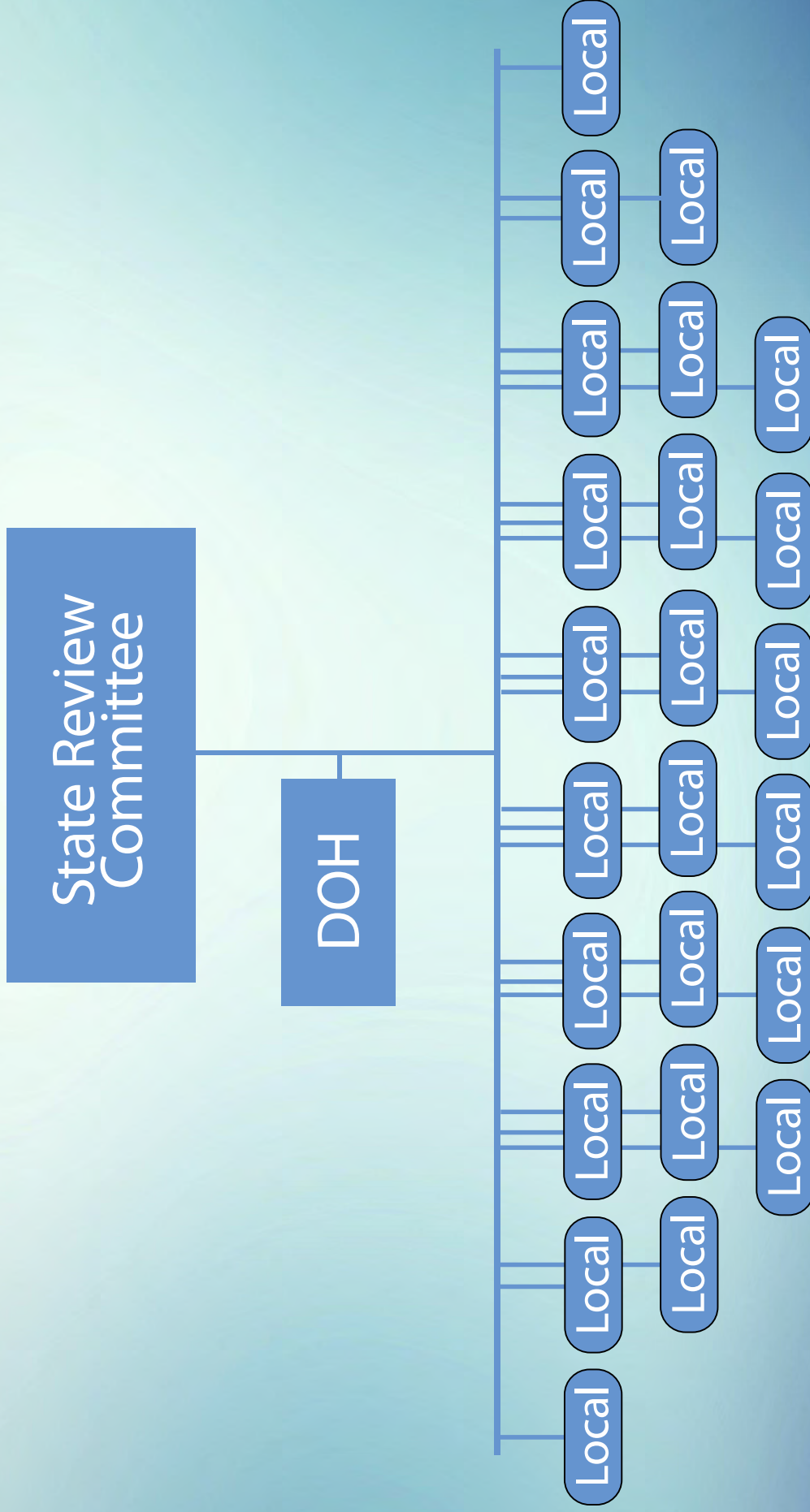
- Support safe & healthy development of children & reduce preventable child abuse deaths
 - Making & implementing recommendations for changes in law, rules, & policies
 - Developing practice standards

Goal

Save lives of children



Organization



DOH support role

- State committee
 - Resources to maintain child abuse data system & annual statistical report preparation
 - Fulfill appointments
- Local committees
 - Convene & support
 - Leverage County Health Department resources

State committee

- Composition
 - 7 agency/organization head representatives
 - 11 multi-disciplinary members
- 2-year terms, chair elected by committee
- DOH representative = committee coordinator

Agency/organization representatives

- Department of Health
- Department of Legal Affairs
- Department of Children & Families
- Department of Law Enforcement
- Department of Education
- Florida Prosecuting Attorneys Association
- Florida Medical Examiners Commission
(forensic pathologist)

Multidisciplinary members

- *Statewide Medical Director for Child Protection*
- Public health nurse
- Mental health professional who treats children or adolescents
- DCF employee who supervises family services counselors & has ≥ 5 years experience in child protective investigations
- Medical director of a child protection team
- Member of a child advocacy organization

Multidisciplinary members

- Social worker who has experience in working with victims & perpetrators of child abuse
- Trained paraprofessional in patient resources, employed in a child abuse prevention program
- Law enforcement officer who has ≥ 5 years of experience in children's issues
- Representative of the Florida Coalition Against Domestic Violence
- Representative from a private provider of programs on preventing child abuse & neglect

State committee duties

- Develop system for collecting data on child abuse deaths
 - Protocol for uniform collection of data statewide
 - Use of existing data collection systems
- Prepare annual statistical report on the incidence & causes of death resulting from reported child abuse during prior calendar year, due by *October 1*
 - Recommendations for state & local action
 - Specific policy, procedural, regulatory, or statutory changes
 - Preventive action

State committee duties

- Develop guidelines, standards, & protocols (including data collection) for local child abuse death review committees
- Develop guidelines for reviewing child abuse deaths
 - Law enforcement agencies
 - Prosecutors
 - Medical examiners
 - Health care practitioners & health care facilities
 - Social service agencies

State committee duties

- Provide training on use of child abuse death data system to cooperating agencies, individuals, & local review committees
- *Provide training, through FL Coalition Against Domestic Violence, FL Alcohol & Drug Abuse Association, and FL Council for Community Mental Health, to local review committee members*
- Provide protocol training & technical assistance to local review committees

State committee duties

- Promote continuing education for professionals who investigate, treat, & prevent child abuse or neglect
- Educate the public regarding provisions of the Child Protection Act (1999), incidence & causes of child abuse death, & ways such deaths may be prevented

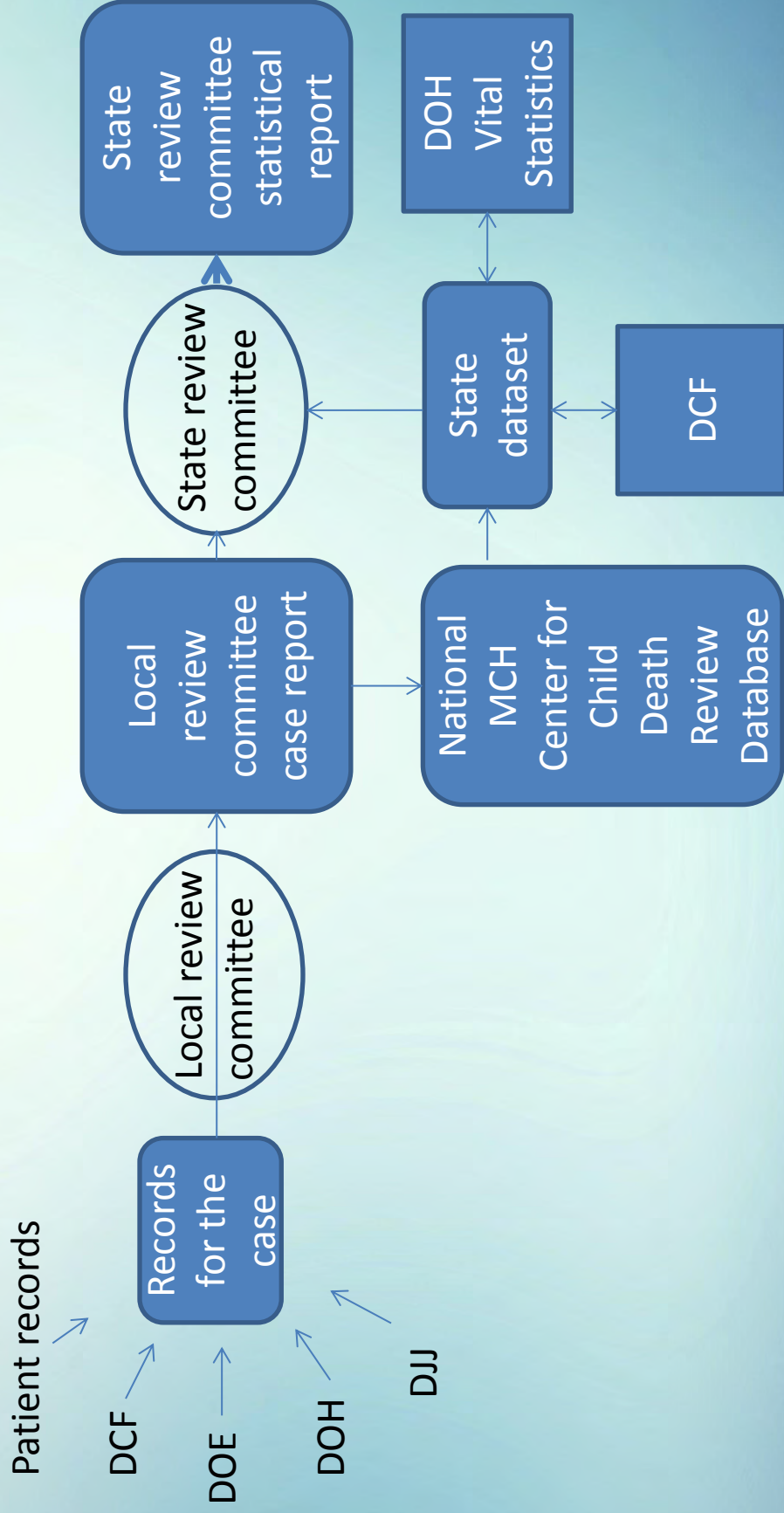
Local committee composition

- May be convened by county health department health officers
- Includes a local state attorney (or designee)
- Other members determined by guidelines developed by state review committee
- 2-year terms, chair elected by local committee

Local committee duties

- Assist state review committee in collecting data on child abuse deaths, consistent with state committee protocol
- Submit written reports & all requested reports at the direction of state review committee
 - Non-identifying information on individual cases
 - Steps taken to implement changes & improve coordination of services & reviews
- Abide by standards & protocols developed by state review committee

Information flow



Prevention outreach



State committee work plan

- Implementing SB 1666: readiness for review of all deaths reported to DCF hotline
- Updating state & local guidelines
- Partnering with DCF & other stakeholders for data collection & sharing

Child Death Review Case Reporting System

Case Report - Version 3.0

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 the Review & Prevention of Child Deaths 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 to understand the importance of data collection and bring the 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 multiple responses as represented by a square; and (3) Those in which users enter text. This last type is indicated by the words '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. A question 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.

This edition is Version 3.0, effective October 2013. 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 the Review & Prevention of Child Deaths. This form was first developed in 2004 by a work group of over 26 persons, representing 18 states and the Maternal and Child Bureau of HRSA/HHS. Many of the Sudden and Unexpected Infant Deaths (SUID) variables were identified in consultation with national SUID experts, in partnership with the CDC Division of Reproductive Health.

Phone: 1-800-666-2434 Email: info@childdeathreview.org Website: www.childdeathreview.org Data entry website: <https://cdldata.org>

Copyright: National Center for the Review & Prevention of Child Deaths, October 2013

The programming work to support the development of Version 3.0 was generously funded in-kind by Vantage Systems, Inc.

State report

- Scientific study
- Deaths by neglect (60%)
 - Sleep-related environment (40%)
 - Drowning (40%)
- Deaths from abuse (40%)
 - Injury caused by inflicted trauma (88%)

State report recommendations

- Public awareness & education initiatives
 - Drowning in residential pools & bath tubs
 - Safe sleep practices
- Critical review of domestic violence & substance abuse training for law enforcement & child welfare professionals
- Multi-year plan related to top 3 causes of child abuse & neglect deaths

State committee direction

- Increasing epidemiological focus
- Integrating data analytics into statistical analysis process
- Enhancing website functionality and content: www.flcadr.com

Fetal & infant mortality review (FIMR)

- Authority: Sections 395.3025(5) & 405.01, Florida Statutes
- 12 contracts with Healthy Start Coalitions
- Community-based review of fetal & infant deaths
 - Trends & service barriers
 - Recommendations for change

ANNUAL REPORT
October 2014



**Child
Abuse
Death
Review
Committee**

Working to eliminate preventable
child abuse and neglect deaths in Florida

**FLORIDA
CHILD ABUSE DEATH REVIEW COMMITTEE
ANNUAL REPORT**

MISSION

To eliminate preventable child abuse and neglect deaths

Submitted to:

The Honorable Rick Scott, Governor, State of Florida
The Honorable Don Gaetz, President, Florida State Senate
The Honorable Will Weatherford, Speaker, Florida State House of Representatives

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BACKGROUND

Program Description

The Florida Child Abuse Death Review Committee was established by statute in 1999. The program is administered by the Florida Department of Health and utilizes state and locally developed multidisciplinary committees to conduct detailed reviews of the facts and circumstances surrounding child deaths reported to the child abuse hotline and accepted for investigation.

Statutory Authority

Section 383.402, Florida Statutes

Program Purpose

The purpose of the child abuse death review process is to:

- Develop a community-based approach to address child abuse deaths and contributing factors.
- Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse or neglect.
- Identify gaps, deficiencies or problems in service delivery to children and families by public and private agencies that may be related to child abuse deaths.
- Develop and implement data-driven recommendations for reducing child abuse and neglect deaths.

Membership of the State Committee

The State Child Abuse Death Review Committee consists of seven agency representatives and eleven appointments from various disciplines related to the health and welfare of children and families. Members of the State Child Abuse Death Review Committee are appointed for staggered two (2) year terms. All members are eligible for reappointment. A representative of the Department of Health, appointed by the Secretary of Health, serves as the State Committee coordinator.

The State Child Abuse Death Review Committee is composed of representatives of the following departments, agencies or organizations:

- Department of Legal Affairs
- Department of Children and Families
- Department of Law Enforcement
- Department of Education
- Florida Prosecuting Attorneys Association

- Florida Medical Examiners Commission, whose representative must be a forensic pathologist

In addition, the Secretary of the Department of Health is responsible for appointing the following members based on recommendations from the Department of Health and affiliated agencies, and for ensuring that the Committee represents to the greatest possible extent, the regional, gender, and ethnic diversity of the state:

- The Statewide Medical Director for Child Protection
- A public health nurse
- A mental health professional who treats children or adolescents
- An employee of the Department of Children and Families (DCF) who supervises family services counselors and who has at least five years of experience in child protective investigations
- A medical director of a child protection team
- A member of a child advocacy organization
- A social worker who has experience in working with victims and perpetrators of child abuse
- A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program
- A law enforcement officer who has at least five years of experience in children's issues
- A representative of the Florida Coalition Against Domestic Violence
- A representative from a private provider of programs on preventing child abuse and neglect

Local Child Abuse Death Review Committees

Local review committees are the cornerstone of the child abuse death review process. These committees have the primary responsibility for reviewing all child abuse and neglect deaths reported to the child abuse hotline and for presenting information relevant to these deaths to the State Child Abuse Death Review Committee. Local committees either are comprised of individuals from the community who have some responsibility when a child dies from abuse or neglect or share an interest in improving the health and welfare of children. A map identifying the location of each local committee is available online at www.flcadr.com.

ELIMINATION OF CHILD DEATHS DUE TO ABUSE AND NEGLECT

The circumstances involved in most child abuse and neglect deaths are multidimensional and require a data driven multi-system review to identify successful prevention and intervention strategies. Careful analysis of the causes and contributing factors across years of data will produce recommendations for changes in law, policy and practice that will promote a true public health approach to the prevention of child maltreatment, and the reduction of preventable child deaths due to abuse and neglect.

METHOD

This report is based on data obtained from:

- Department of Children and Families records reviewed related to investigation, ongoing case work activity, supervision, risk assessment, treatment and safety planning
- Department of Children and Families Internal Fatality Review Reports
- Child Protection Team records
- Law enforcement reports and documents from the Medical Examiner
- Analysis of three years of Florida data from the National Child Death Review Case Reporting System
- Literature review on the topics of child maltreatment, risk and safety assessment, pediatric best practices, and injury and fatality prevention
- *Review of Child Fatalities Reported to the Florida Department of Children and Families, Casey Family Programs, October 2013*
- Recommendations from both the state and local committees

OVERVIEW OF CHILD DEATH DATA

In Florida, the estimated 2013 population of children aged 0-17 was 4.06 million. Of these children, approximately 1.09 million children were under five years old and 211,231 children were less than one year old.

In 2013, the all-cause death rate for children aged 0-17 was 51.8 deaths per 100,000 child population (Florida Community Health Assessment Resource Tool Set Department of Health [Florida CHARTS], 2014). The 2013 verified child maltreatment death rate was 2.6 per 100,000 child population, which represented 5% of the Florida resident child deaths in 2013.

The following table provides a summary of the number and rates of all-cause and verified child maltreatment deaths among children in Florida for 2011, 2012 and 2013.

| Child Deaths: All-Causes and Maltreatments Florida, 2011- 2013 | | | | |
|--|---------------------------|---|--------------------------------------|--|
| Year | Child Deaths (All Causes) | Child Death Rate per 100,000 Child Population | Child Maltreatment Deaths (Verified) | Child Maltreatment Death Rate (Verified)per 100,000 Child Population |
| 2011 | 2,191 | 54.8 | 136 | 3.4 |
| 2012 | 2,046 | 50.8 | 127 | 3.2 |
| 2013 | 2,105 | 51.8 | 107 | 2.6 |

The above table is based on data available as of August 28, 2014. Population estimates used to calculate annual death rates were obtained from Florida CHARTS at <http://www.floridacharts.com/FLQUERY/Population/PopulationRpt.aspx>

FINDINGS: TREND ANALYSIS BASED ON THREE YEARS OF DATA

The Florida Department of Health entered into a data agreement with the National Center for the Review and Prevention of Child Deaths and began utilizing its Child Death Review Case Reporting System beginning with the reviews of 2011 child deaths. The following data summaries, graphs, and charts in this report are based on reviews of the Florida child abuse and neglect deaths that occurred from 2011 through 2013.

Causes of Death

Abuse and neglect are two broad categories of child deaths comprised from many specific manners of child maltreatment.

As defined by Section 39.01, Florida Statutes:

“Neglect” occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired.

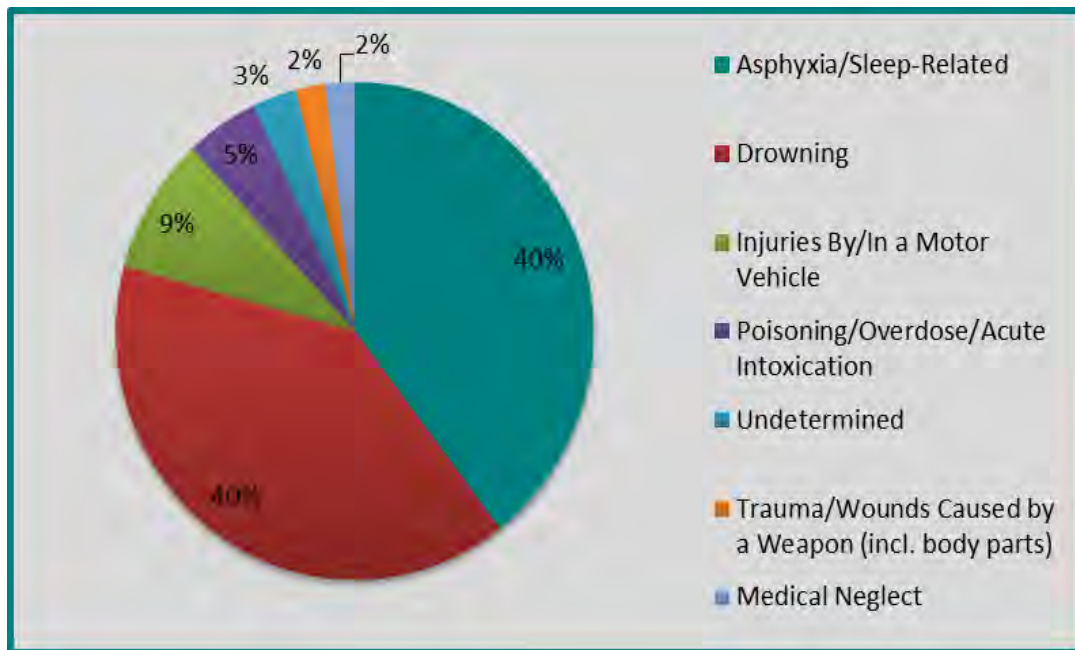
The neglect category consistently represents a majority of Florida’s verified child maltreatment deaths during the 2011-2013 period. The proportion of Florida child maltreatment deaths that are due to neglect is similar to the U.S proportion. In 2012, neglect was reported to be a primary component in 70% of U.S. child maltreatment deaths (Children’s Bureau, 2013). [Note: The U.S. neglect and abuse percentages are reported as categories; national data reports classify child maltreatment deaths as due to abuse alone, neglect alone, or a combination of both abuse and neglect (Children’s Bureau, 2013).]

The following table and graph displays the primary causes of child neglect deaths in Florida for 2011, 2012, and 2013. During the 2011-2013 period, the primary causes of death among child neglect deaths were asphyxia/suffocation, which includes asphyxia/suffocation in bed or other sleep-related environment, and drowning. In 2013, the ranks of these two causes tied at 40% each to represent the causes of over half (80%) of the child neglect deaths. While the proportions of most causes of neglect deaths stayed relatively consistent during the 2011-2013 period, there was a significant increase in the proportion of neglect deaths due to asphyxia/suffocation in bed or other sleep-related environment from Year 2012 to Year 2013.

Primary Causes of Child Neglect Deaths: Florida, 2011-2013

| | 2011 | | 2012 | | 2013 | |
|---|--------|---------|--------|---------|--------|---------|
| | Counts | Percent | Counts | Percent | Counts | Percent |
| Drowning | 33 | 36% | 37 | 49% | 26 | 40% |
| Asphyxia/Sleep-Related | 30 | 33% | 19 | 25% | 26 | 40% |
| Injuries By/In a Motor Vehicle | 9 | 10% | 8 | 11% | 6 | 9% |
| Poisoning/Overdose/Acute Intoxication | 4 | 4% | 3 | 4% | 3 | 5% |
| Undetermined | 0 | 0% | 0 | 0% | 2 | 3% |
| Medical Neglect | 8 | 9% | 2 | 3% | 1 | 2% |
| Trauma/Wounds Caused by a Weapon (incl. body parts) | 5 | 5% | 3 | 4% | 1 | 2% |
| Fall/Crush | 1 | 1% | 1 | 1% | 0 | 0% |
| Fire/Burn/Electrocution | 0 | 0% | 2 | 3% | 0 | 0% |
| Exposure | 2 | 2% | 0 | 0% | 0 | 0% |
| Animal Bite/Attack | 0 | 0% | 1 | 1% | 0 | 0% |

Child Neglect Deaths by Primary Causes of Death: Florida, 2013



As defined by Section 39.01, Florida Statutes:

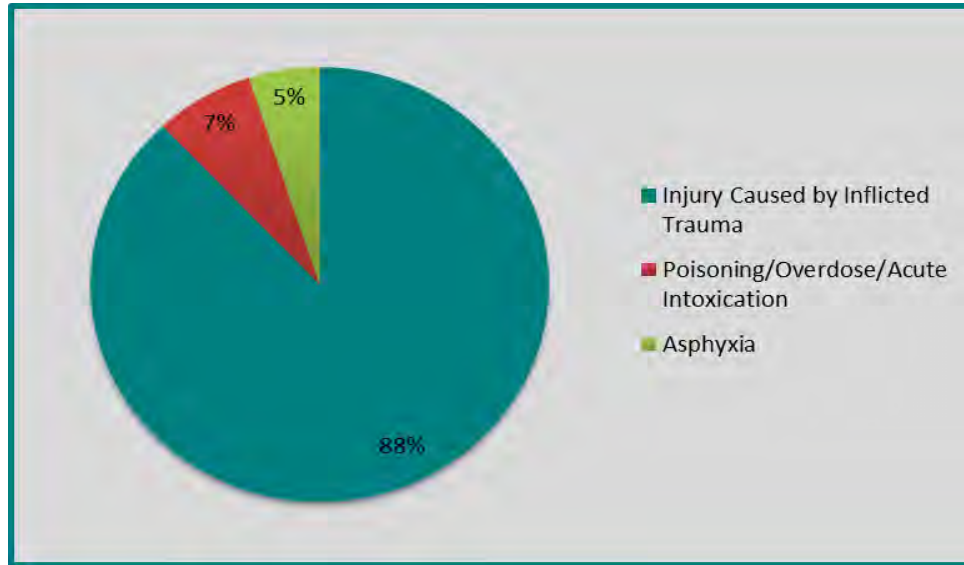
“Abuse” means any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

Child maltreatment deaths due to abuse represented slightly over one-third of all child maltreatment deaths between 2011 and 2013. National reports state that for 2011 and 2012, abuse was a primary component in 48% and 44% of U.S. child maltreatment deaths respectively (Children’s Bureau, 2012, 2013). [Note: The Children Bureau’s Child Maltreatment reports classify child maltreatment deaths as due to abuse alone, neglect alone, or a combination of both abuse and neglect (Children’s Bureau, 2012, 2013).]

In Florida, the primary cause of child abuse deaths is injury inflicted by trauma. In 2013, injuries caused by inflicted trauma represent 88% of the child abuse deaths in Florida.

| Primary Causes of Child Abuse Deaths: Florida, 2011-2013 | | | | | | |
|--|-------|---------|-------|---------|-------|---------|
| | 2011 | | 2012 | | 2013 | |
| | Count | Percent | Count | Percent | Count | Percent |
| Injury Caused by Inflicted Trauma | 41 | 93% | 39 | 76% | 37 | 88% |
| Poisoning/Overdose/Acute Intoxication | 2 | 5% | 2 | 4% | 3 | 7% |
| Asphyxia | 1 | 2% | 3 | 6% | 2 | 5% |
| Drowning | 0 | 0% | 4 | 8% | 0 | 0% |
| Abandoned Newborn | 0 | 0% | 1 | 2% | 0 | 0% |
| Fire/Burn/Electrocution | 0 | 0% | 1 | 2% | 0 | 0% |
| Injuries by or in Motor Vehicles | 0 | 0% | 1 | 2% | 0 | 0% |

Child Abuse Deaths by Primary Cause of Death: Florida, 2013



Age at Death

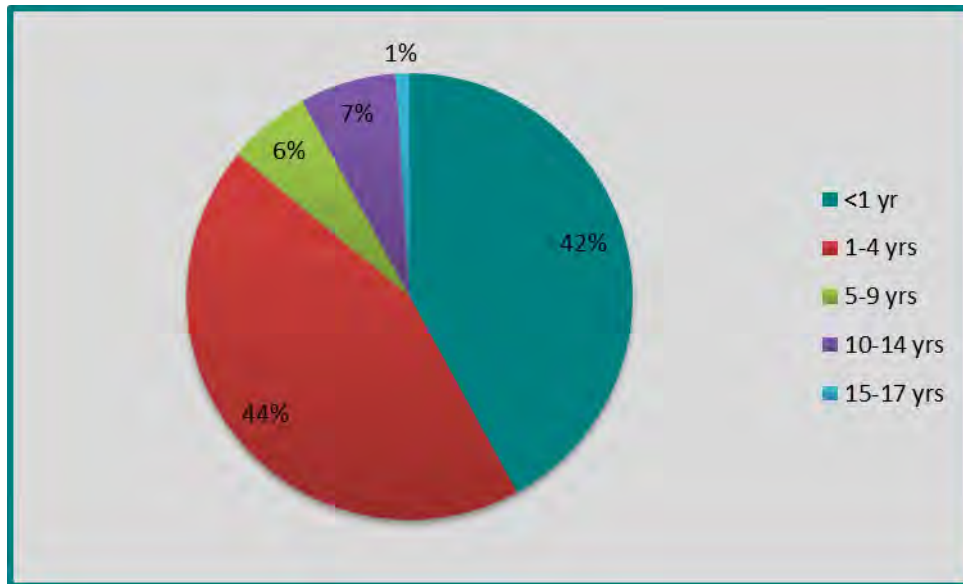
Children less than 1 year old have higher rates of child maltreatment compared to older children (Centers for Disease Control and Prevention [CDC], 2014a). Children less than 4 years old are more likely to experience “severe injury and death” from child abuse than older children (CDC, 2014b).

In 2012, children less than 1 year old accounted for 44% of maltreatment deaths among U.S. children (Children’s Bureau, 2013). Between 2011 and 2013, maltreatment deaths of children less than 1 year old represented approximately 40% of the child maltreatment deaths among Florida children. During this same period, children less than one year old had higher age-specific rates of maltreatment deaths compared to children aged 1-17 years old. The death rates for children less than 1 year old were nearly four times higher than the death rate for children aged 1-4 years old, which had the second highest rates among children.

| Child Maltreatment Deaths by Age Group: Florida, 2011 -2013 | | | | | | |
|---|-------|------------------------|-------|------------------------|-------|------------------------|
| | 2011 | | 2012 | | 2013 | |
| | Count | Death Rate per 100,000 | Count | Death Rate per 100,000 | Count | Death Rate per 100,000 |
| < 1 | 54 | 24.2 | 51 | 24.4 | 45 | 21.3 |
| 1 – 4 | 58 | 6.9 | 49 | 5.6 | 47 | 5.3 |
| 5 – 9 | 7 | 0.6 | 16 | 1.5 | 6 | 0.5 |
| 10–14 | 15 | 1.3 | 7 | 0.6 | 8 | 0.7 |
| 15 - 17 | 2 | 0.3 | 4 | 0.6 | 1 | 0.1 |

Note: Population estimates used to calculate age-specific death rates were obtained from Florida CHARTS at <http://www.floridacharts.com/FLQUERY/Population/PopulationRpt.aspx>.

Distribution of Child Maltreatment Deaths by Age Group: Florida, 2013



Child Gender and Race

For the Florida child maltreatment deaths that occurred during the 2011-2013 period, the majority of the deaths involved male children. During that time, male children in Florida had higher rates of child maltreatment deaths compared to Florida female children as displayed in the following table. This mirrors the higher rates of child maltreatment deaths for males seen in national statistics (Children’s Bureau, 2013).

| Child Maltreatment Deaths by Child Gender: Florida, 2011 -2013 | | | | | | |
|--|-------|-------------------------|-------|-------------------------|-------|-------------------------|
| | 2011 | | 2012 | | 2013 | |
| | Count | Death Rate per 100,000* | Count | Death Rate per 100,000* | Count | Death Rate per 100,000* |
| Females | 54 | 2.8 | 49 | 2.5 | 44 | 2.2 |
| Males | 82 | 4.0 | 78 | 3.8 | 63 | 3.0 |

Note: Population estimates used to calculate gender-specific death rates were obtained from Florida CHARTS at <http://www.floridacharts.com/FLQUERY/Population/PopulationRpt.aspx>.

Between 2011 and 2013, the majority of the children who died from maltreatment in Florida were white, followed by black children, and children classified as other (i.e., multi-race, American Indian, Asian). However, during this period, black children had the highest rate of child maltreatment deaths per 100,000 compared to white and other race children. This is similar to racial disparities in maltreatment deaths between black and white children that are seen at the national level. For example, the 2012 U.S. mortality rate for non-Hispanic black

children was 4.7 per 100,000 child population compared to 1.6 deaths per 100,000 per child population among non-Hispanic White children (Children’s Bureau, 2013).

It is important to note that this Florida data set is incomplete as it does not include specific breakdowns in either race or ethnicity, or consider other mitigating factors. Processes to collect this data for future reports will be assessed.

Age and Relationship of Caregiver(s) Responsible

As defined by Section 39.01, Florida Statutes, “Caregiver” means the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child’s welfare. “Other person responsible for a child’s welfare” includes the child’s legal guardian or foster parent; an employee of any school, public or private child day care center, residential home, institution, facility, or agency; a law enforcement officer employed in any facility, service, or program for children that is operated or contracted by the Department of Juvenile Justice; or any other person legally responsible for the child’s welfare in a residential setting; and also includes an adult sitter or relative entrusted with a child’s care.

Persons who were primarily responsible for the welfare of the children at the time of the maltreatment resulting in death, hereafter known as “Caregivers Responsible”, may have been classified as such due to direct (e.g., abuse) or indirect actions (e.g., failure to seek medical treatment for a child or failure to protect from harmful acts or environments).

As displayed in the following table, the majority of the caregivers responsible for children who died from child maltreatment between 2011 and 2013 were between the ages of 25 and 34 years old. The 18-24 years old age group was the second largest during the same period.

| Caregiver Responsible for Child at Time of Incident by Age Group: Florida, 2011-2013 | | | | | | |
|---|-------|---------|-------|---------|-------|---------|
| | 2011 | | 2012 | | 2013 | |
| | Count | Percent | Count | Percent | Count | Percent |
| < 18 | 7 | 4% | 2 | 1% | 2 | 2% |
| 18 – 24 | 55 | 31% | 48 | 31% | 42 | 32% |
| 25 – 34 | 76 | 42% | 68 | 44% | 61 | 46% |
| 35 – 39 | 10 | 6% | 16 | 10% | 9 | 7% |
| 40 – 44 | 13 | 7% | 7 | 5% | 5 | 4% |
| 45 – 49 | 4 | 2% | 5 | 3% | 7 | 5% |
| 50 – 59 | 10 | 6% | 4 | 3% | 5 | 4% |
| > 60 | 5 | 3% | 3 | 2% | 1 | 1% |

The following table displays types of relationships between the caregiver responsible and the child maltreatment victims who died between 2011 and 2013. For Florida child maltreatment deaths in this period, the primary caregivers responsible were the biological parents. In 2013, the biological parents represented nearly 75% of the caregivers responsible for children who

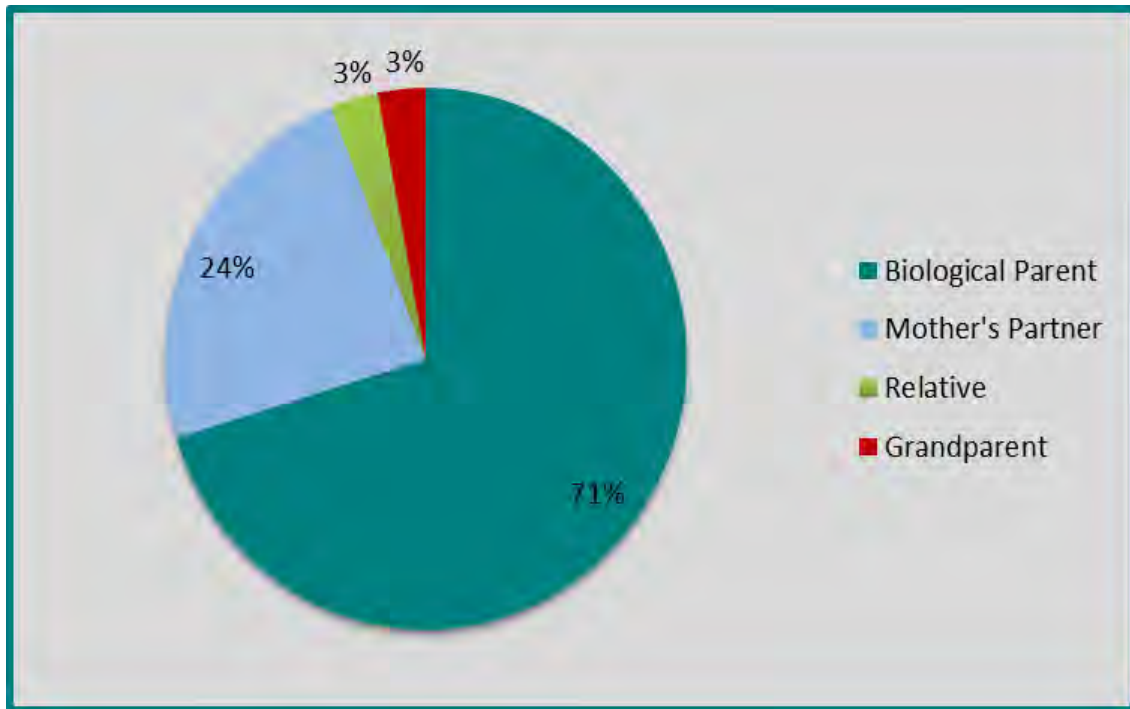
died from maltreatment. A national report states that in 2012, 80% of child maltreatment deaths in the U.S. involved the biological parent (Children’s Bureau, 2013).

Between 2011 and 2013, the second most frequent category for caregivers responsible was the mother’s partner.

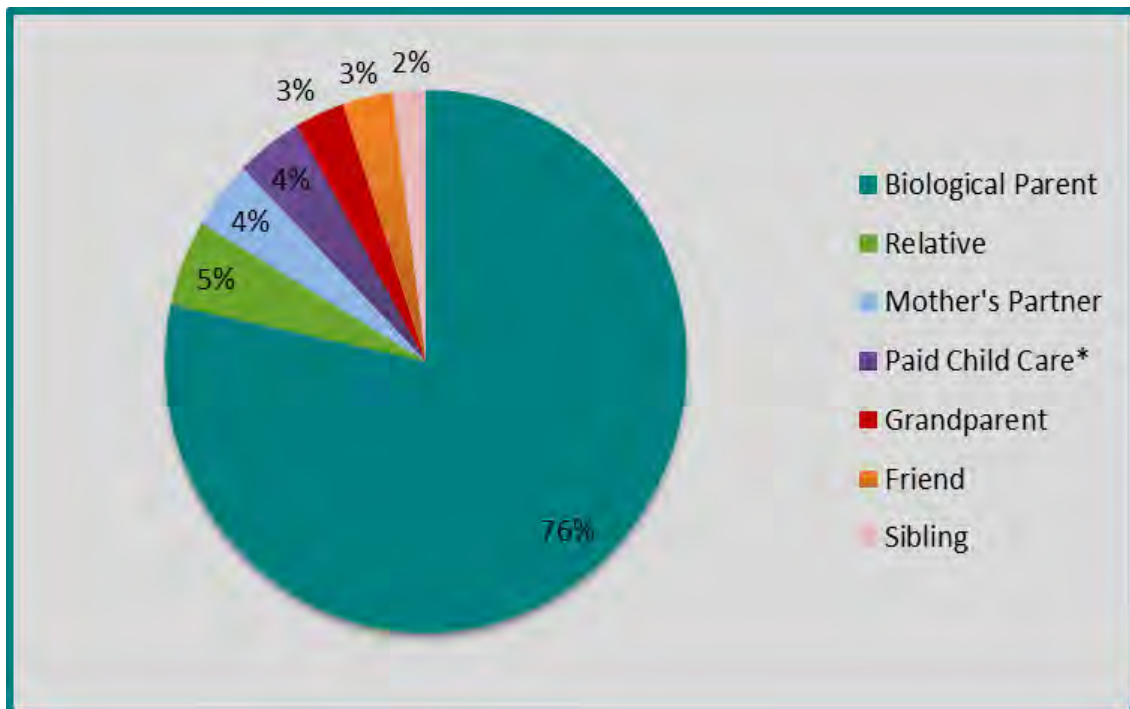
| Relationship of Caregiver to Child at Time of Death: Florida, 2011-2013 (* see note below table) | | | | | | |
|---|-------|---------|-------|---------|-------|---------|
| | 2011 | | 2012 | | 2013 | |
| | Count | Percent | Count | Percent | Count | Percent |
| Biological Parent | 123 | 68% | 114 | 75% | 99 | 74% |
| Mother's Partner | 18 | 10% | 12 | 8% | 13 | 10% |
| Other Relative | 9 | 5% | 3 | 2% | 6 | 5% |
| Grandparent | 7 | 4% | 6 | 4% | 4 | 3% |
| Friend | 4 | 2% | 4 | 3% | 3 | 2% |
| Sibling | 4 | 2% | 0 | 0% | 2 | 2% |
| Institutional Staff | 0 | 0% | 2 | 1% | 2 | 2% |
| Foster Parent | 2 | 1% | 1 | 1% | 1 | 1% |
| Father's Partner | 2 | 1% | 0 | 0% | 1 | 1% |
| Licensed Childcare Worker | 3 | 2% | 1 | 1% | 1 | 1% |
| Babysitter | 3 | 2% | 3 | 2% | 1 | 1% |
| Adoptive Parent | 2 | 1% | 1 | 1% | 0 | 0% |
| Step Parent | 1 | 1% | 4 | 3% | 0 | 0% |
| Other | 2 | 1% | 2 | 1% | 0 | 0% |

*Note: Data includes counts and percentages for caregivers responsible who are designated to have caused or contributed to a child’s death due to abuse and neglect. A caregiver responsible can be classified as causing and contributing to a child’s death. A caregiver responsible may be also be counted more than once if designated to responsible for multiple deaths (e.g., more than one child in a family).

Relationship of Caregiver to Child for Abuse; 2013



Relationship of Caregiver to Child for Neglect; 2013



* Note: The Paid Child Care category includes licensed childcare workers, institutional staff and babysitters.

Child and Family Risk Factors

In the publication, *New Directions in Child Abuse and Neglect Research* (Institute of Medicine and National Research Council, 2014), the following risk factors were associated with child maltreatment:

- Becoming a parent at a young age
- Poor parenting skills
- Domestic violence
- Substance abuse
- Mental health problems/disorders
- Children with medical, behavioral, and developmental problems
- Income near or below the poverty level
- Social isolation
- Complex and changeable family structures

The presence of multiple and interacting factors can impact a parent's ability to be a nurturing caregiver, putting a child at greater risk for abuse and neglect.

PREVENTION RECOMMENDATIONS

- Partner agencies involved in child safety should continue to support public awareness and education initiatives targeted at prevention campaigns specific to drowning in residential pools and bath tubs and examine other prevention strategies.
- Partner agencies involved in child safety should continue to support public awareness and education initiatives targeted at promoting safe sleep practices.
- The State Child Abuse Death Review Committee, in conjunction with program experts, should perform a critical appraisal/review of the type and level (including an examination of curricula) of domestic violence and substance abuse training (whether academy, pre-service, in-service) provided to law enforcement and child welfare personnel throughout Florida.
- Local DCF offices, contracted, and sub-contracted case management providers, should develop formal partnerships and referral processes with local certified domestic violence centers to enhance the safety of families experiencing domestic violence and establish Memoranda of Understanding (MOUs) with those agencies including law enforcement agencies, state attorney's offices, courts and local probation offices to increase the level of perpetrator accountability.
- The 2015 Florida Legislature should consider the continued investment in prevention programs that have been proven to be successful in improving the health, safety and well-being of Florida's children.

- The quality of the final work product produced by the State Child Abuse Death Review Committee is largely dependent upon the individual case reviews conducted at the local committee level. To ensure a comprehensive and thorough review, the local committee must have the active, candid and critical participation of all parties involved in every aspect of the child's death investigation. Some local committees have reported an unwillingness of crucial stakeholders to participate and a lack of candor or critical analysis by others involved in the review process. It has been reported that this is due in large part to the audio recording requirement as contained in Section 383.412(3) (a), Florida Statutes 2014. The recording requirements of the statute may adversely affect the quality and quantity of information generated during the case review process. Therefore, the State Committee believes that in order to fully comply with its statutory mandate to "achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse" the legislature should consider repealing the recording provision of Section 383.412(3) (a), Florida Statutes.
- The Child Abuse Death Review Committee should develop a multi-year plan related to the top 3 causes of child abuse and neglect deaths with short and long term goals. The committee should determine applicable data elements needed from local teams, and provide ongoing analysis to establish a foundational framework for prevention.

IN SUMMARY

Historically, the State Child Abuse Death Review Committee was legislatively mandated to review the deaths of children when the Department of Children and Families investigation resulted in verified findings of child abuse or neglect. The scope of this report is consistent with that mandate.

During the 2014 legislative session, the review criteria were expanded to include all cases of child death reported to the Department of Children and Families Abuse Hotline. Going forward, the State Committee will analyze the data provided by the local committees with a focus on multi-year trends. This will improve the State Committee's ability to craft strategic prevention and education strategies to eliminate preventable child deaths.

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Appendix

Definitions

❖ Cases That Meet the Criteria for Review

In accordance with *section 383.401, Florida Statutes*, the Committee must conduct detailed reviews of the facts and circumstances surrounding child abuse and neglect deaths in which the Florida Abuse hotline within the DCF accepted a report of abuse or neglect and verified it.

- Verified: a preponderance of credible evidence exists to determine that the specific harm or threat of harm was a result of abuse, abandonment or neglect
- Not Substantiated: there is credible evidence, but it does not meet the standard of being a “preponderance” to support the harm or threat of harm
- No Indicators: no credible evidence to support a finding

❖ Cause of Death

As used in this report, the term cause of death refers to the underlying cause of death. The underlying cause of death is the disease or injury/action initiating the sequence of events that leads directly to death or the circumstances of the accident or violence that produced the fatal injury.

❖ Manner of Death

This is one of the five general categories (Accident, Homicide, Suicide, Undetermined and Natural) that are found on the death certificate. It is the responsibility of the medical examiner to certify the cause and manner of death. The cause and manner of death are the certifying medical examiner's opinions, based on an accumulation of information pertaining to the circumstances surrounding the death, in conjunction with the autopsy findings and other ancillary procedures. The term 'cause of death' is defined as "the injury, disease, or combination of the two responsible for initiating the train of physiological events, whether brief or prolonged, which produced the fatal termination". The length of time between the injury that led to death and the actual death has no bearing on the certification of the cause of death. For example, if a child is the victim of a near drowning, survives for a period of time, and dies of a natural disease process such as pneumonia that is determined to be a complication of the near drowning, the cause of death is still certified as complications of the episode of near drowning, even if the death occurred weeks, months or even years later.

The term 'manner of death' refers to whether a death was a natural one or an accident, suicide or homicide, or in occasional cases, undetermined. The manner of death determined by the medical examiner is sometimes a source of confusion. The manner of death of 'homicide,' when used by a forensic pathologist refers to a death that resulted from an intentional act committed by one individual and directed at another (death at the hands of another). A homicidal manner of death may also refer to a death that resulted from criminal negligence or wanton disregard for the well-

being of another. The certification of a death as a homicide does not necessarily imply legal culpability. On the other hand, the certification of a death as natural, accidental or undetermined by the medical examiner does not prohibit criminal prosecution if the death resulted from or was contributed to by negligence, neglect and/or substance abuse on the part of the caregiver.

The cause and/or manner of an individual's death are certified as 'undetermined' if the death is unexplained by postmortem examination, laboratory studies, scene investigation and medical history. A certification of a death as 'undetermined' most frequently results when insufficient information is available to the medical examiner for classification with a reasonable degree of medical certainty. The State Committee has noticed an alarming increase in child deaths that are certified by Florida medical examiners as cause and/or manner of death undetermined. The State Committee feels that it is crucial to emphasize the importance of a thorough multidisciplinary investigation in all child deaths. In particular, the Committee emphasizes the importance of the utilization of doll re-enactments and the prompt testing of caregivers for substance abuse in appropriate cases to further its goal of identifying risk factors for preventing future avoidable child deaths.

❖ **Caregiver**

Means the parent, legal custodian, permanent guardian, adult household member or other person responsible for a child's welfare, which included foster parent, and employee of any private school, public or private child day care center, residential home, institution, facility, or agency, or any other person legally responsible for the child's welfare in a residential setting; and also includes an adult sitter or adult relative entrusted with a child's care *sections 39.01 (10) and (46), Florida Statutes.*

Guidelines for the State Committee

A large, light gray silhouette of the state of Florida is positioned in the background. Overlaid on the map are several stylized human figures. Four teal-colored figures are arranged in a line across the upper portion of the state, holding hands. A single white figure is positioned in the lower right portion of the state, also holding hands with the teal figures. A vertical teal bar is located to the left of the main title text.

Child Abuse Death Review Committee

Working to eliminate preventable
child abuse and neglect deaths in Florida

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CHAPTER I

PURPOSE OF CHILD ABUSE DEATH REVIEW COMMITTEES

1.1 Background and Description

The Florida Child Abuse Death Review Committee was established by statute in s. 383.402, F.S., in 1999. The committee is established within the Department of Health, and utilizes state and local multidisciplinary committees to review the facts and circumstances of all child deaths reported as suspected abuse or neglect and accepted by the Florida Abuse Hotline Information System within the Department of Children and Families (DCF). The major purpose of the committees is to make and implement data-driven recommendations for changes to law, rules and policies, as well as develop practice standards that support the safe and healthy development of children and reduce preventable deaths.

1.2 Mission Statement

Through systemic review and analysis of child deaths, identify and implement prevention strategies to eliminate child abuse and neglect deaths.

1.3 Operating Principle

A public health approach to child maltreatment is needed to address the range of conditions that place children at risk of harm. The circumstances involved in most child abuse and neglect deaths are multidimensional and require a data driven systemic review to identify successful prevention and intervention strategies.

1.4 Goal

The goal of Child Abuse Death Review Committee is to improve our understanding of the causes and contributing factors of deaths resulting from child abuse and neglect, to influence policies and programs to improve child health, safety and protection; and to eliminate preventable child deaths.

1.5 Objectives

- Develop a system and protocol for uniform collection of child abuse and neglect death data statewide, utilizing existing data-collection systems to the greatest extent possible
- Identify needed changes in legislation, policy and practices, and expand efforts in child health and safety to prevent child abuse and neglect deaths
- Improve communication and linkages among agencies and enhance coordination of efforts

CHAPTER 2

STATE REVIEW COMMITTEE MEMBERSHIP AND DUTIES

2.1 Introduction

This chapter describes the general standards for the State Child Abuse Death Review Committee membership, and outlines general duties and responsibilities of committee members.

2.2 Statutory Membership

The State Child Abuse Death Review Committee is composed of representatives of the following departments, agencies or organizations:

- Department of Health - The Department of Health representative serves as the state committee coordinator.
- Department of Legal Affairs
- Department of Children and Families
- Department of Law Enforcement
- Department of Education
- Florida Prosecuting Attorneys Association
- Florida Medical Examiners Commission, whose representative must be a Forensic Pathologist

In addition, the State Surgeon General is responsible for appointing the following members based on recommendations from the Department of Health and affiliated agencies, and ensuring that the Committee represents to the greatest possible extent, the regional, gender, and ethnic diversity of the state:

- The Statewide Medical Director for Child Protection
- A public health nurse
- A mental health professional who treats children or adolescents
- An employee of the Department of Children and Families who supervises family services counselors and who has at least five years of experience in child protective investigations
- A medical director of a child protection Committee
- A member of a child advocacy organization
- A social worker who has experience in working with victims and perpetrators of child abuse
- A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program
- A law enforcement officer who has at least five years of experience in children's issues
- A representative of the Florida Coalition Against Domestic Violence
- A representative from a private provider of programs on preventing child abuse and neglect

2.3 Term of Membership

The State Surgeon General appoints the members of the State Child Abuse Death Review Committee for staggered two (2) year terms. It is important that all appointees attend Child Abuse Death Review Meetings.

Agency representatives who leave their agency during their term must notify the agency head, and the DOH Child Abuse Death Review Committee Coordinator. The agency appointment expires upon the

effective date of the member's departure from the agency and the State Surgeon General will request that the agency appoint a new member.

State Surgeon General appointees who resign from their current position must notify the DOH Child Abuse Death Review Committee Coordinator. At the discretion of the Surgeon General, they may remain on the state Committee provided they are still active in their appointed discipline and continue to be employed in the specific job category where indicated. All appointees who leave their employment and otherwise cease to be active in their designated discipline must notify the Chair of the State Committee and the DOH Death Review Committee Coordinator.

All replacements to the state Committee will serve the remainder of the term for the appointee they replace.

2.4 Consultants

The Department of Health may hire staff or consultants to assist the review committee in performing its duties. Consultants must be able to provide important information, experience, and expertise to the Committee. They may not use their participation on the Committee to discover, identify, acquire or use information for any purpose other than the stated purpose of conducting approved child abuse death review activities.

2.5 Election of State Chairperson

The chairperson of the State Child Abuse Death Review Committee is elected for a two (2) year term by a majority vote of the members of the State Child Abuse Death Review Committee. Members of the committee with investigatory responsibilities are not eligible to serve as chairperson. The State Child Abuse Death Review Committee Chairperson may appoint ad hoc committees as necessary to carry out the duties of the Committee.

2.6 Reimbursement

Members of the state Committee serve without compensation but are entitled to reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061, F.S., and to the extent that funds are available. Consultants can be reimbursed reasonable expenses to the extent that funds are available. Requests for funding must be reviewed and approved by the Child Death Review Committee Coordinator.

2.7 Terminating State Committee Membership

A member or a consultant of the State Child Abuse Death Review Committee may resign at any time. A written resignation shall be submitted to the Child Death Review Committee Coordinator. Should action be required, a letter shall be addressed to the State Surgeon General who will either make a new appointment or contact the agency head requesting the designation of a new representative.

2.8 State Review Committee Duties

Chairperson

- Chair Committee meetings
- Ensure that the Committee operates according to guidelines and protocols
- Ensure that all new Committee members and ad hoc members sign a confidentiality agreement

Department of Health Committee Coordinator

- Send meeting notices to committee members
- Submit child abuse death review data to the State Committee for review and analysis.
- Department of Health, Death Review Coordinator for the State CADR or designee
- Maintain current roster and bibliography of members, attendance records and minutes

All Committee Members

- Develop a standard protocol for the uniform collection of data that uses existing and tested data collection systems to the greatest extent possible
- Provide training to cooperating agencies, individuals and local child abuse death review committees on the use of the child abuse death data system
- Prepare an annual statistical report on the incidence and causes of child deaths reported to the child abuse hotline in the state during the prior calendar year. This report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1 of each year. The report must include recommendations for state and local action, including specific policy, procedural, regulatory, or statutory changes, and any other recommended preventative action
- Encourage and assist in developing the local child abuse death review committees and provide consultation on individual cases to local committees upon request
- Develop guidelines, standards and protocols, including a protocol for data collection for local child abuse death review committees and provide training technical assistance to local committees upon request
- Provide training on the dynamics and impact of domestic violence, substance abuse or mental health disorders when there is a co-occurrence of child abuse. Training shall be provided by the Florida Coalition Against Domestic Violence, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise
- Develop guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities and social service agencies
- Study the adequacy of laws, rules, training and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes
- Educate the public regarding the incidence and causes of child abuse death, and the ways to prevent such deaths
- Provide continuing education for professionals who investigate, treat and prevent child abuse or neglect
- Recommend, when appropriate, the review of the death certificate of a child who is suspected to have died of abuse or neglect

CHAPTER 3

MAINTAINING AN EFFECTIVE COMMITTEE

3.1 Conducting an Effective Meeting

The work of the Committee requires regular attendance and participation by all Committee members. Regularly scheduled meetings allow Committee members to make long-term plans and allow for better attendance. Members should become acquainted with protocol for data collection and analysis and come prepared to present their agencies' information and perspectives.

Each member agrees to keep meeting discussions and information regarding specific child abuse and neglect deaths confidential. Confidentiality is essential for each agency to fully participate in the meetings. Committee members are reminded of the following by the Chairperson.

- The review Committee is not an investigative body
- All participants agree to keep Committee discussions relating to specific child abuse deaths confidential
- Meeting minutes will not indicate any case specific information
- The purpose of the Committee is to improve services and agency practices by identifying issues and trends related to child abuse deaths and provide recommendations to address these issues and prevent other child deaths

Each professional brings to the review Committee a unique perspective, professional knowledge and expertise. Each member must acknowledge and respect the professional role of each participating agency.

This reference provides guidelines for the development, implementation, and management of the State Child Abuse Death Review Committee and will be reviewed bi-annually or more often if necessary. Revisions will be distributed to all committee members and posted to the Child Abuse Death Review website.

3.2 Focus on Prevention

The key to good prevention is implementation at the local level. Review Committee members can provide leadership by serving as catalysts for community action. Prevention efforts can range from simply changing one agency practice or policy or setting up more complex interventions for high-risk parents.

The State Committee should work with local committees and community programs involved in child death, safety and protection. Some communities have child safety coalitions, prevention coalitions or active citizen advocacy groups. Connect state and local Committee findings to ensure results. Assist these groups in accessing state and national resources in the prevention areas targeted by their communities.

CHAPTER 4

COMMITTEE OPERATING PROCEDURES

4.1 Obtaining Data from Local Committee Reviews

The Chairperson should work closely with the local committees and the state CADR Committee designee to ensure receipt of data from local committees.

Additionally, any meeting notes that directly relate to a specific child must also be secured and separate from general meeting notes.

4.2 Record Keeping and Retention

All records (e.g., completed data forms with attachments, copies of agency department files) must be maintained in a secure area.

All correspondence, public records requests, letters, and communications with the State Chairperson or other Committee members must be copied to Florida Department of Health Child Abuse Death Review Coordinator.

- Pursuant to State of Florida Department of State Record Retention Schedule #34 the State Child Abuse Death Review Committee shall retain a permanent copy of each annual report, either electronically or written.
- State of Florida Department of State Record Retention Schedule #35 addresses copies of documents received from third parties (e.g. individuals, entities, and government agencies) by the State and Local Child Abuse Death Review Committees pursuant to the review of child abuse deaths and for the preparation of the annual incidence and causes of death report required by Section 383.402, F.S. Record copies must be maintained for a period of one year from the date of publication of the annual report. Permission must be obtained from the Florida Department of Health State Child Abuse Death Review Coordinator prior to the destruction of any record
- Documents produced by the State or Local Child Abuse Death Review Committee (e.g., the data form, death summary report, or listing of records reviewed, etc.) must be maintained pursuant to State of Florida Department of State Record Retention Schedule GS1-S, item #338 for a period of five years. Permission must be obtained from the Florida Department of Health State Child Abuse Death Review Coordinator prior to the destruction of any record.
- Committee members must adhere to s. 286.011, F.S. (Florida's Government in the Sunshine Law), and can only communicate with one another about any committee business during a properly noticed meeting

4.3 Child Abuse Death Review Case Reporting System

The State Child Abuse Death Review Committee utilizes the national Child Death Review Case Reporting System to record and track data from child death reviews. The System Guide provides instructions for completing the data form. The Child Death Review Case Reporting System Case Report must be completed on all child abuse deaths reviewed. The committee coordinator should review the data form to ensure that all information is accurate and that the case review is complete.

CHAPTER 5

CONFIDENTIALITY AND ACCESS TO INFORMATION

5.1 Introduction

As provided in section 383.412, Florida Statutes., all information and records that are confidential or exempt under Florida's public records laws shall retain that status throughout the child abuse death review process, including, but not limited to the following:

- Information that reveals the identity of the siblings, surviving family members, or others living in home of a deceased child
- Portions of meetings of the state or local child death review committees at which confidential, exempt information is discussed
- Recordings of closed meetings

Pursuant to section 383.412, Florida Statutes, , a person who violates the confidentiality provisions of this statute is guilty of a first degree misdemeanor. Violation of confidentiality provisions by committee members should be referred to the representative agency/organization for appropriate action,

Specific questions regarding confidentiality of child abuse death review information should be directed to the Department of Health, Child Abuse Death Review Committee Coordinator. The Coordinator will seek advice on the issue, as needed, from the Department of Health Office of General Counsel

5.2 Confidentiality Statements

Any person who may have access to any information or records regarding review of a child abuse death is required to sign a statement of confidentiality. Persons who may have access to this information shall include state and local Committee chairpersons, state and local Committee members, administrative and support staff for the state and local Committees who open or handle mail, birth or death certificates, records, or any other components required in the preparation of a child abuse death review case.

Each child abuse and neglect death review Committee shall maintain a file with signed copies of the member's confidentiality statement. Other confidentiality statements must be obtained for non-Committee member participants, as needed, on a case-by-case basis. These should be maintained in the local Committee's file.

5.3 Protecting Family Privacy

A member or consultant of the State Child Abuse Death Review Committee shall not contact, interview, or obtain information by request or subpoena from a member of the deceased child's family. This does not apply to a member or consultant who makes such contact as part of his or her other official duties. Such member or consultant shall make no reference to his/her role or duties with the Child Abuse Death Review Committee.

5.4 Document Storage and Security

All information, records and documents for child abuse death review cases shall be stored in locked files. Persons who have access to the locked files or information contained therein shall be required to sign a confidentiality statement.

Copies of documents provided for Committee meetings shall not be taken from Committee meetings. At the conclusion of the Committee meeting, the copies shall be collected and destroyed.

Data about the circumstances surrounding the death of a child is entered into the Child Abuse Death Review Data System from the Child Abuse Death Review Data Form. This secure database is used to generate summary or management reports and statistical summaries or analyses.

5.5 Media Relations and Public Records Request

Public record requests or other media inquiries should be referred to the Florida Department of Health Child Abuse Death Review Committee Coordinator.

CHAPTER 6

CHILD ABUSE DEATH REVIEW ANNUAL REPORT

6.1 Guidelines for Report

The State Child Abuse Death Review Committee is required to provide an annual report to the Governor, President of the Senate and Speaker of the House of Representatives by October 1st. The report will summarize information gathered by the local committees resulting from their review of specific cases meeting statutory review criteria. The report will contain the following sections.

A) Background

- Program Description
- Statutory Authority
- Program Purpose
- Membership of the State Committee
- Local Child Abuse Death Review Committees

B) Hypothesis: Elimination of child deaths due to abuse and neglect

C) Method

- Overview of Child Death Data
- Department of Health Data on all Children Ages 0 through 17 years

D) Findings-Trend Analysis Based on Three Years of Data

- Causes of Death (Abuse & Neglect)
- Age at Death
- Gender and Race
- Age and Relationship of Caregiver(s) Responsible
- Child and Family Risk Factors

E) Conclusions

F) Prevention Recommendations

G) Summary



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Term ends: 12/31/15

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Term ends: 12/31/16

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Paraprofessional in patient resources, child abuse prevention program

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Term ends: 12/31/15

Law Enforcement Officer

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Term ends: 12/31/16

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Child Death Review Case Reporting System

Case Report - Version 3.0

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 the Review & Prevention of Child Deaths 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 to understand the importance of data collection and bring the 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 multiple responses as represented by a square; and (3) Those in which users enter text. This last type is indicated by the words '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. A question 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.

This edition is Version 3.0, effective October 2013. 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 the Review & Prevention of Child Deaths. This form was first developed in 2004 by a work group of over 26 persons, representing 18 states and the Maternal and Child Bureau of HRSA/HHS. Many of the Sudden and Unexpected Infant Deaths (SUID) variables were identified in consultation with national SUID experts, in partnership with the CDC Division of Reproductive Health.

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

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The programming work to support the development of Version 3.0 was generously funded in-kind by Vantage Systems, Inc.

CASE NUMBER

| | | |
|--|---|--|
| _____/_____/_____/_____ State / County or Team Number / Year of Review / Sequence of Review | Case Type: <input type="radio"/> Death <input type="radio"/> Near death/serious injury <input type="radio"/> Not born alive | Death Certificate Number: Birth Certificate Number: ME/Coroner Number: Date CDRT Notified of Death: |
|--|---|--|

A. CHILD INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|-----------------------|---------------------------|---------------------------|--------------------------|-----------------------------------|---------------------------|---------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|---------------------------|---------------------------|--------------------------|--|--|--|--------------------------|------------------------------|---|--|---|
| 1. Child's name: First: _____ Middle: _____ Last: _____ <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Date of birth: <input type="checkbox"/> U/K ____/____/_____ mm dd yyyy | 3. Date of death: <input type="checkbox"/> U/K ____/____/_____ mm dd yyyy | 4. Age: <input type="radio"/> Years <input type="radio"/> Months <input type="radio"/> Days <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> U/K | 5. Race, check all that apply: <input type="checkbox"/> U/K <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander, specify: _____ <input type="checkbox"/> Asian, specify: _____ <input type="checkbox"/> American Indian, Tribe: _____ <input type="checkbox"/> Alaskan Native, Tribe: _____ | 6. Hispanic or Latino origin? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | 7. Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Residence address: <input type="checkbox"/> U/K Street: _____ Apt. _____ City: _____ State: _____ Zip: _____ County: _____ | | | 9. Type of residence: <input type="radio"/> Parental home <input type="radio"/> Relative home <input type="radio"/> Jail/detention <input type="radio"/> Licensed group home <input type="radio"/> Living on own <input type="radio"/> Other, specify: _____ <input type="radio"/> Licensed foster home <input type="radio"/> Shelter <input type="radio"/> Relative foster home <input type="radio"/> Homeless <input type="radio"/> U/K | | 10. New residence in past 30 days? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Residence overcrowded? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | 12. Child ever homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | 13. Number of other children living with child: _____ <input type="checkbox"/> U/K | 14. Child's weight: <input type="checkbox"/> U/K <input type="radio"/> Pounds/ounces _____ <input type="radio"/> Grams/kilograms _____ | 15. Child's height: <input type="checkbox"/> U/K <input type="radio"/> Feet/inches _____ <input type="radio"/> Cm _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Highest education level: <input type="radio"/> N/A <input type="radio"/> Drop out <input type="radio"/> None <input type="radio"/> HS graduate <input type="radio"/> Preschool <input type="radio"/> College <input type="radio"/> Grade K-8 <input type="radio"/> Other, specify: _____ <input type="radio"/> Grade 9-12 <input type="radio"/> U/K <input type="radio"/> Home schooled, K-8 <input type="radio"/> Home schooled, 9-12 | | 17. Child's work status: <input type="radio"/> N/A <input type="radio"/> Employed <input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> U/K <input type="radio"/> Not working <input type="radio"/> U/K | 18. Did child have problems in school? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Academic <input type="checkbox"/> Behavioral <input type="checkbox"/> Truancy <input type="checkbox"/> Expulsion <input type="checkbox"/> Suspensions <input type="checkbox"/> U/K <input type="checkbox"/> Other, specify: _____ | | 19. Child's health insurance, check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> State plan <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Child had disability or chronic illness? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Physical, specify: _____ <input type="checkbox"/> Mental, specify: _____ <input type="checkbox"/> Sensory, specify: _____ <input type="checkbox"/> U/K If yes, was child receiving Children's Special Health Care Needs services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | 21. Child's mental health (MH): Child had received prior MH services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K Child was receiving MH services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K Child on medications for MH illness? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K Issues prevented child from receiving MH services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify: _____ | | 22. Child had history of substance abuse? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Alcohol <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> U/K <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter drugs | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Child had history of child maltreatment? If yes, check all that apply: <table border="0"><tr><td><u>As Victim</u></td><td><u>As Perpetrator</u></td><td><u>As Victim</u></td><td><u>As Perpetrator</u></td></tr><tr><td><input type="radio"/> N/A</td><td><input type="radio"/> N/A</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Physical</td></tr><tr><td><input type="radio"/> Yes</td><td><input type="radio"/> Yes</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Neglect</td></tr><tr><td><input type="radio"/> No</td><td><input type="radio"/> No</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Sexual</td></tr><tr><td><input type="radio"/> U/K</td><td><input type="radio"/> U/K</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Emotional/psychological</td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/> U/K</td></tr></table> If yes, how was history identified: <input type="radio"/> Through CPS <input type="radio"/> Other sources | | | <u>As Victim</u> | <u>As Perpetrator</u> | <u>As Victim</u> | <u>As Perpetrator</u> | <input type="radio"/> N/A | <input type="radio"/> N/A | <input type="checkbox"/> | <input type="checkbox"/> Physical | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="checkbox"/> | <input type="checkbox"/> Neglect | <input type="radio"/> No | <input type="radio"/> No | <input type="checkbox"/> | <input type="checkbox"/> Sexual | <input type="radio"/> U/K | <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> Emotional/psychological | | | <input type="checkbox"/> | <input type="checkbox"/> U/K | 24. Was there an open CPS case with child at time of death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | 27. Child had history of intimate partner violence? Check all that apply: <input type="checkbox"/> N/A <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> No <input type="checkbox"/> U/K |
| <u>As Victim</u> | <u>As Perpetrator</u> | <u>As Victim</u> | <u>As Perpetrator</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> N/A | <input type="radio"/> N/A | <input type="checkbox"/> | <input type="checkbox"/> Physical | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="checkbox"/> | <input type="checkbox"/> Neglect | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> No | <input type="radio"/> No | <input type="checkbox"/> | <input type="checkbox"/> Sexual | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> U/K | <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> Emotional/psychological | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 25. Was child ever placed outside of the home prior to the death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 26. Were any siblings placed outside of the home prior to this child's death? <input type="radio"/> N/A <input type="radio"/> Yes, # _____ <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. Child had delinquent or criminal history? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Assaults <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Robbery <input type="checkbox"/> Drugs <input type="checkbox"/> U/K | | 29. Child spent time in juvenile detention? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | 32. If child over age 12, what was child's gender identity? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 30. Child acutely ill during the two weeks before death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 31. Was any parent a first generation immigrant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, country of origin: _____ | | 33. If child over age 12, what was child's sexual orientation? <input type="radio"/> Heterosexual <input type="radio"/> Bisexual <input type="radio"/> Gay <input type="radio"/> Questioning <input type="radio"/> Lesbian <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | |

COMPLETE FOR ALL INFANTS UNDER ONE YEAR

| | | | | |
|--|--|--|---|---|
| 34. Gestational age: <input type="checkbox"/> U/K _____ # weeks | 35. Birth weight: <input type="checkbox"/> U/K <input type="radio"/> Grams/kilograms _____ <input type="radio"/> Pounds/ounces _____/_____ | 36. Multiple birth? <input type="radio"/> Yes, # _____ <input type="radio"/> No <input type="checkbox"/> U/K | 37. Including the deceased infant, how many pregnancies did the birth mother have? # _____ <input type="checkbox"/> U/K | 38. Including the deceased infant, how many live births did the birth mother have? # _____ <input type="checkbox"/> U/K |
|--|--|--|---|---|

| | |
|---|--|
| 39. Not including the deceased infant, number of children birth mother still has living? # _____ <input type="checkbox"/> U/K | 40. Prenatal care provided during pregnancy of deceased infant? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> U/K If yes, number of prenatal visits: # _____ <input type="checkbox"/> U/K If yes, month of first prenatal visit? Specify 1-9 ____ <input type="checkbox"/> U/K |
|---|--|

| | |
|--|---|
| 41. During pregnancy, did mother (check all that apply): <u>Yes No U/K</u> <input type="radio"/> <input type="radio"/> <input type="radio"/> Have medical complications/infections? <input type="radio"/> <input type="radio"/> <input type="radio"/> Experience intimate partner violence? <input type="radio"/> <input type="radio"/> <input type="radio"/> Use illicit drugs? <input type="checkbox"/> Infant born drug exposed? <input type="radio"/> <input type="radio"/> <input type="radio"/> Misuse OTC or prescription drugs? <input type="radio"/> <input type="radio"/> <input type="radio"/> Have heavy alcohol use? <input type="checkbox"/> Infant born with fetal alcohol effects or syndrome? | If yes, medical complications/infections, check all that apply: <input type="checkbox"/> Acute/chronic lung disease <input type="checkbox"/> Hemoglobinopathy <input type="checkbox"/> Previous infant 4000+ grams <input type="checkbox"/> Anemia <input type="checkbox"/> High MSAFP <input type="checkbox"/> Previous infant preterm/small for gestation <input type="checkbox"/> Cardiac disease <input type="checkbox"/> Hydramnios/oligohydramnios <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Incompetent cervix <input type="checkbox"/> PROM <input type="checkbox"/> Chronic hypertension <input type="checkbox"/> Low MSAFP <input type="checkbox"/> Renal disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Other infectious disease <input type="checkbox"/> Rh sensitization <input type="checkbox"/> Eclampsia <input type="checkbox"/> Pregnancy-related hypertension <input type="checkbox"/> Uterine bleeding <input type="checkbox"/> Genital herpes <input type="checkbox"/> Preterm labor <input type="checkbox"/> Other, specify: _____ |
|--|---|

| | |
|--|---|
| 42. Were there access or compliance issues related to prenatal care? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> U/K <input type="checkbox"/> Lack of money for care <input type="checkbox"/> Cultural differences <input type="checkbox"/> Limitations of health insurance coverage <input type="checkbox"/> Religious objections to care <input type="checkbox"/> Multiple health insurance, not coordinated <input type="checkbox"/> Language barriers <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Referrals not made <input type="checkbox"/> No phone <input type="checkbox"/> Specialist needed, not available | If yes, check all that apply: <input type="checkbox"/> Multiple providers, not coordinated <input type="checkbox"/> Unwilling to obtain care <input type="checkbox"/> Lack of child care <input type="checkbox"/> Intimate partner would not allow care <input type="checkbox"/> Lack of family/social support <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Services not available <input type="checkbox"/> U/K <input type="checkbox"/> Distrust of health care system |
|--|---|

| 43. Did mother smoke in the 3 months before pregnancy? <input type="radio"/> Yes If yes, _____ Avg # cigarettes/day <input type="radio"/> No (20 cigarettes in pack) <input type="checkbox"/> U/K <input type="checkbox"/> U/K quantity | 44. Did mother smoke at any time during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> U/K | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Trimester 1</th> <th style="text-align: center;">Trimester 2</th> <th style="text-align: center;">Trimester 3</th> </tr> <tr> <td style="text-align: center;">If yes, _____</td> <td style="text-align: center;">If yes, _____</td> <td style="text-align: center;">If yes, _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> Avg # cigarettes/day (20 cigarettes in pack) U/K quantity | Trimester 1 | Trimester 2 | Trimester 3 | If yes, _____ | If yes, _____ | If yes, _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|---|--|-------------|-------------|-------------|---------------|---------------|---------------|--------------------------|--------------------------|--------------------------|
| Trimester 1 | Trimester 2 | Trimester 3 | | | | | | | | | |
| If yes, _____ | If yes, _____ | If yes, _____ | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |

| | | |
|---|--|--|
| 45. Infant ever breastfed? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> U/K | 46. Was mother injured during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> U/K If yes, describe: _____ | 47. Did infant have abnormal metabolic newborn screening results? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> U/K If yes, was abnormality a fatty acid oxidation error, such as MCAD? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> U/K If yes, describe: _____ If other abnormalities, describe: _____ |
|---|--|--|

| | |
|--|---|
| 48. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply): <input type="checkbox"/> Infection <input type="checkbox"/> Cyanosis <input type="checkbox"/> Allergies <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Abnormal growth, weight gain/loss <input type="checkbox"/> Cardiac abnormalities <input type="checkbox"/> Apnea <input type="checkbox"/> Metabolic disorders <input type="checkbox"/> Other, specify: _____ | 49. In the 72 hours prior to death, did the infant have any of the following? Check all that apply: <input type="checkbox"/> Fever <input type="checkbox"/> Vomiting <input type="checkbox"/> Apnea <input type="checkbox"/> Excessive sweating <input type="checkbox"/> Choking <input type="checkbox"/> Cyanosis <input type="checkbox"/> Lethargy/sleeping more than usual <input type="checkbox"/> Diarrhea <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Fussiness/excessive crying <input type="checkbox"/> Stool changes <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Decrease in appetite <input type="checkbox"/> Difficulty breathing |
|--|---|

| | | | |
|--|--|---|---|
| 50. In the 72 hours prior to death, was the infant injured? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> U/K If yes, describe cause and injuries: _____ | 51. In the 72 hours prior to death, was the infant given any vaccines? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> U/K If yes, list name(s) of vaccines: _____ | 52. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription and over-the-counter medications and home remedies. <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> U/K If yes, list name and last dose given: _____ | 53. What did the infant have for his/her last meal? Check all that apply: <input type="checkbox"/> Breast milk <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Formula, type: _____ <input type="checkbox"/> Baby food, type: _____ <input type="checkbox"/> Cereal, type: _____ <input type="checkbox"/> U/K |
|--|--|---|---|

B. PRIMARY CAREGIVER(S) INFORMATION

| 1. Primary caregiver(s): Select only one each in columns one and two. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">One</th> <th style="text-align: center;">Two</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Self, go to Section C</td> <td style="text-align: center;"><input type="radio"/> Grandparent</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Biological parent</td> <td style="text-align: center;"><input type="radio"/> Sibling</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Adoptive parent</td> <td style="text-align: center;"><input type="radio"/> Other relative</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Stepparent</td> <td style="text-align: center;"><input type="radio"/> Friend</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Foster parent</td> <td style="text-align: center;"><input type="radio"/> Institutional staff</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Mother's partner</td> <td style="text-align: center;"><input type="radio"/> Other, specify: _____</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Father's partner</td> <td style="text-align: center;"><input type="radio"/> U/K</td> </tr> </table> | One | Two | <input type="radio"/> Self, go to Section C | <input type="radio"/> Grandparent | <input type="radio"/> Biological parent | <input type="radio"/> Sibling | <input type="radio"/> Adoptive parent | <input type="radio"/> Other relative | <input type="radio"/> Stepparent | <input type="radio"/> Friend | <input type="radio"/> Foster parent | <input type="radio"/> Institutional staff | <input type="radio"/> Mother's partner | <input type="radio"/> Other, specify: _____ | <input type="radio"/> Father's partner | <input type="radio"/> U/K | 2. Caregiver(s) age in years: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">One</th> <th style="text-align: center;">Two</th> </tr> <tr> <td style="text-align: center;">_____ # Years</td> <td style="text-align: center;">_____ # Years</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> U/K</td> </tr> </table> | One | Two | _____ # Years | _____ # Years | <input type="checkbox"/> | <input type="checkbox"/> U/K | 4. Caregiver(s) employment status: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">One</th> <th style="text-align: center;">Two</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Employed</td> <td style="text-align: center;"><input type="radio"/> Unemployed</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> On disability</td> <td style="text-align: center;"><input type="radio"/> Stay-at-home</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Retired</td> <td style="text-align: center;"><input type="radio"/> U/K</td> </tr> </table> | One | Two | <input type="radio"/> Employed | <input type="radio"/> Unemployed | <input type="radio"/> On disability | <input type="radio"/> Stay-at-home | <input type="radio"/> Retired | <input type="radio"/> U/K | 5. Caregiver(s) income: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">One</th> <th style="text-align: center;">Two</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/> High</td> <td style="text-align: center;"><input type="radio"/> Medium</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Low</td> <td style="text-align: center;"><input type="radio"/> U/K</td> </tr> </table> | One | Two | <input type="radio"/> High | <input type="radio"/> Medium | <input type="radio"/> Low | <input type="radio"/> U/K |
|--|---|-----|---|-----------------------------------|---|-------------------------------|---------------------------------------|--------------------------------------|----------------------------------|------------------------------|-------------------------------------|---|--|---|--|---------------------------|--|-----|-----|---------------|---------------|--------------------------|------------------------------|---|-----|-----|--------------------------------|----------------------------------|-------------------------------------|------------------------------------|-------------------------------|---------------------------|--|-----|-----|----------------------------|------------------------------|---------------------------|---------------------------|
| One | Two | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Self, go to Section C | <input type="radio"/> Grandparent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Biological parent | <input type="radio"/> Sibling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Adoptive parent | <input type="radio"/> Other relative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Stepparent | <input type="radio"/> Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Foster parent | <input type="radio"/> Institutional staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Mother's partner | <input type="radio"/> Other, specify: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Father's partner | <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One | Two | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ # Years | _____ # Years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One | Two | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Employed | <input type="radio"/> Unemployed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> On disability | <input type="radio"/> Stay-at-home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Retired | <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One | Two | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> High | <input type="radio"/> Medium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Low | <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 6. Caregiver(s) education: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">One</th> <th style="text-align: center;">Two</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/> < High school</td> <td style="text-align: center;"><input type="radio"/> High school</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> College</td> <td style="text-align: center;"><input type="radio"/> Post graduate</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> U/K</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | One | Two | <input type="radio"/> < High school | <input type="radio"/> High school | <input type="radio"/> College | <input type="radio"/> Post graduate | <input type="radio"/> U/K | <input type="checkbox"/> | 7. Do caregiver(s) speak English? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">One</th> <th style="text-align: center;">Two</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Yes</td> <td style="text-align: center;"><input type="radio"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> U/K</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> If no, language spoken: _____ | One | Two | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> U/K | <input type="checkbox"/> | 8. Caregiver(s) on active military duty? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">One</th> <th style="text-align: center;">Two</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Yes</td> <td style="text-align: center;"><input type="radio"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> U/K</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> If yes, specify branch: _____ | One | Two | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> U/K | <input type="checkbox"/> | 9. Caregiver(s) receive social services in the past twelve months? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">One</th> <th style="text-align: center;">Two</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> No</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> U/K</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> If yes, check all that apply: <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> Food stamps <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K | One | Two | <input type="radio"/> Yes | <input type="checkbox"/> | <input type="radio"/> No | <input type="checkbox"/> | <input type="radio"/> U/K | <input type="checkbox"/> |
|--|-------------------------------------|-----|-------------------------------------|-----------------------------------|-------------------------------|-------------------------------------|---------------------------|--------------------------|--|-----|-----|---------------------------|--------------------------|---------------------------|--------------------------|---|-----|-----|---------------------------|--------------------------|---------------------------|--------------------------|---|-----|-----|---------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| One | Two | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> < High school | <input type="radio"/> High school | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> College | <input type="radio"/> Post graduate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> U/K | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One | Two | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Yes | <input type="radio"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> U/K | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One | Two | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Yes | <input type="radio"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> U/K | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One | Two | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Yes | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> No | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> U/K | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>10. Caregiver(s) have substance abuse history?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> <input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> <input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> <input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> <input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> <input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> | <p>11. Caregiver(s) ever victim of child maltreatment?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> Ever in foster care or adopted</p> | <p>12. Caregiver(s) ever perpetrator of maltreatment?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> CPS prevention services</p> <p><input type="checkbox"/> <input type="checkbox"/> Family preservation services</p> <p><input type="checkbox"/> <input type="checkbox"/> Children ever removed</p> | <p>13. Caregiver(s) have disability or chronic illness?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Mental, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Sensory, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>If mental illness, was caregiver receiving MH services?</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> |
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| <p>14. Caregiver(s) have prior child deaths?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> | <p>If yes, cause(s): Check all that apply:</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other # _____</p> <p>Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> | <p>15. Caregiver(s) have history of intimate partner violence?</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Yes, as victim</p> <p><input type="checkbox"/> <input type="checkbox"/> Yes, as perpetrator</p> <p><input type="checkbox"/> <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> | <p>16. Caregiver(s) have delinquent/criminal history?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Assaults</p> <p><input type="checkbox"/> <input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> <input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> |
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C. SUPERVISOR INFORMATION

| | | |
|--|--|--|
| <p>1. Did child have supervision at time of incident leading to death?</p> <p><input type="radio"/> Yes, answer 2-15</p> <p><input type="radio"/> No, not needed given developmental age or circumstances, go to Sect. D</p> <p><input type="radio"/> No, but needed, answer 3-15</p> <p><input type="radio"/> Unable to determine, try to answer 3-15</p> | <p>2. How long before incident did supervisor last see child? Select one:</p> <p><input type="radio"/> Child in sight of supervisor</p> <p><input type="radio"/> Minutes _____ <input type="radio"/> Days _____</p> <p><input type="radio"/> Hours _____ <input type="radio"/> U/K</p> | <p>3. Is person a primary caregiver as listed in previous section?</p> <p><input type="radio"/> Yes, caregiver one, go to 15</p> <p><input type="radio"/> Yes, caregiver two, go to 15</p> <p><input type="radio"/> No</p> |
|--|--|--|

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

Biological parent Foster parent Grandparent Friend Institutional staff, go to 15 Other, specify:

Adoptive parent Mother's partner Sibling Acquaintance Babysitter

Stepparent Father's partner Other relative Hospital staff, go to 15 Licensed child care worker U/K

| | | | |
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| <p>5. Supervisor's age in years:</p> <p>_____ <input type="checkbox"/> U/K</p> | <p>6. Supervisor's sex:</p> <p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K</p> | <p>7. Does supervisor speak English?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If no, language spoken:</p> | <p>8. Supervisor on active military duty?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, specify branch:</p> |
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|--|--|---|---|
| <p>9. Supervisor has substance abuse history?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> U/K</p> | <p>10. Supervisor has history of child maltreatment?</p> <p><u>As Victim</u> <u>As Perpetrator</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> Ever in foster care/adopted</p> <p><input type="checkbox"/> CPS prevention services</p> <p><input type="checkbox"/> Family preservation services</p> <p><input type="checkbox"/> Children ever removed</p> | <p>11. Supervisor has disability or chronic illness?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical, specify:</p> <p><input type="checkbox"/> Mental, specify:</p> <p><input type="checkbox"/> Sensory, specify:</p> <p><input type="checkbox"/> U/K</p> <p>If mental illness, was supervisor receiving MH services?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p> | <p>12. Supervisor has prior child deaths?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> Other # _____</p> <p>Other, specify:</p> <p><input type="checkbox"/> U/K</p> |
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| 13. Supervisor has history of intimate partner violence? <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> No <input type="checkbox"/> U/K | 14. Supervisor has delinquent or criminal history? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K If yes, check all that apply: <input type="checkbox"/> Assaults <input type="checkbox"/> Drugs <input type="checkbox"/> U/K <input type="checkbox"/> Robbery <input type="checkbox"/> Other, specify: | 15. At time of incident was supervisor impaired? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Drug impaired <input type="checkbox"/> Absent <input type="checkbox"/> Alcohol impaired <input type="checkbox"/> Impaired by illness, specify: <input type="checkbox"/> Asleep <input type="checkbox"/> Impaired by disability, specify: <input type="checkbox"/> Distracted <input type="checkbox"/> Other, specify: |
|--|--|---|

D. INCIDENT INFORMATION

| | | | | |
|---|---|---|---|--|
| 1. Date of incident event: <input type="radio"/> Same as date of death <input type="radio"/> If different than date of death: ____/____/____ <input type="radio"/> U/K <small>(mm/dd/yyyy)</small> | 2. Approximate time of day that incident occurred? <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> U/K Hour, specify 1-12 ____ | 3. Interval between incident and death: <input type="checkbox"/> U/K <input type="checkbox"/> Minutes ____ <input type="checkbox"/> Weeks ____ <input type="checkbox"/> Hours ____ <input type="checkbox"/> Months ____ <input type="checkbox"/> Days ____ <input type="checkbox"/> Years ____ | | |
| 4. Place of incident, check all that apply: <input type="checkbox"/> Child's home <input type="checkbox"/> Licensed group home <input type="checkbox"/> School <input type="checkbox"/> Sidewalk <input type="checkbox"/> Sports area <input type="checkbox"/> Relative's home <input type="checkbox"/> Licensed child care center <input type="checkbox"/> Place of work <input type="checkbox"/> Roadway <input type="checkbox"/> Other recreation area <input type="checkbox"/> Friend's home <input type="checkbox"/> Licensed child care home <input type="checkbox"/> Indian reservation <input type="checkbox"/> Driveway <input type="checkbox"/> Hospital <input type="checkbox"/> Licensed foster care home <input type="checkbox"/> Unlicensed child care home <input type="checkbox"/> Military installation <input type="checkbox"/> Other parking area <input type="checkbox"/> Other, specify: <input type="checkbox"/> Relative foster care home <input type="checkbox"/> Farm <input type="checkbox"/> Jail/detention facility <input type="checkbox"/> State or county park <input type="checkbox"/> U/K | | | 5. Type of area: <input type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural <input type="radio"/> Frontier <input type="radio"/> U/K | |
| 6. Incident state: _____ | 7. Incident county: _____ | 8. Was 911 or local emergency called? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | 9. CPR performed before EMS arrived? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | 10. At time of incident leading to death, had child used drugs or alcohol? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K |
| 11. EMS to scene? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | 12. Child's activity at time of incident, check all that apply: <input type="checkbox"/> Sleeping <input type="checkbox"/> Working <input type="checkbox"/> Driving/vehicle occupant <input type="checkbox"/> U/K <input type="checkbox"/> Playing <input type="checkbox"/> Eating <input type="checkbox"/> Other, specify: | | 13. Total number of deaths at incident event: ____ Children, ages 0-18 <input type="radio"/> U/K ____ Adults | |

E. INVESTIGATION INFORMATION

| 1. Death referred to: <input type="radio"/> Medical examiner <input type="radio"/> Coroner <input type="radio"/> Not referred <input type="radio"/> U/K | 2. Person declaring official cause and manner of death: <input type="radio"/> Medical examiner <input type="radio"/> Mortician <input type="radio"/> Coroner <input type="radio"/> Other, specify: <input type="radio"/> Hospital physician <input type="radio"/> Other physician <input type="radio"/> U/K | 3. Autopsy performed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, conducted by: <input type="radio"/> Forensic pathologist <input type="radio"/> Other physician <input type="radio"/> Pediatric pathologist <input type="radio"/> Other, specify: <input type="radio"/> General pathologist <input type="radio"/> Unknown pathologist <input type="radio"/> U/K If no, because parents or caregivers objected? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------------------------------|---------------------------------|---------------------------------|--|--|---|---|--|---|---|---|---|--|--|---|--|---|---|---|---|---|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|---|--|--|---|--|--|
| 4. For infants , if autopsy performed, were the following assessed in the autopsy? <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Yes</u> <u>No</u> <u>U/K</u></th> <th style="text-align: left;"><u>Yes</u> <u>No</u> <u>U/K</u></th> <th style="text-align: left;"><u>Yes</u> <u>No</u> <u>U/K</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Exam of general appearance and development</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Microscopic exam of:</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Weights of the:</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Metabolic screening</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Brain and meninges</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Brain</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Genetic testing</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Heart</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Heart</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Routine toxicology for ethanol, sedatives, and/or stimulants</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Lung</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Lungs</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Toxicology for <i>suspected</i> drugs if investigation suggests exposure</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Airways</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Liver</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Vitreous testing as an adjunct to other investigation results</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Liver</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Kidneys</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Radiograph-single</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Sampled tissue of:</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Thymus</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Radiograph-complete skeletal series</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Kidney</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Spleen</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> CAT scan</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Spleen</td> <td></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Microbiology</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Thymus</td> <td></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> In situ exam with removal & dissection of:</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Bone or costochondral tissue</td> <td></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Brain</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Endocrine organs</td> <td></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Neck structures</td> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Sections of gastrointestinal tract</td> <td></td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/> Thoracoabdominal organs</td> <td></td> <td></td> </tr> </tbody> </table> | | | <u>Yes</u> <u>No</u> <u>U/K</u> | <u>Yes</u> <u>No</u> <u>U/K</u> | <u>Yes</u> <u>No</u> <u>U/K</u> | <input type="radio"/> <input type="radio"/> <input type="radio"/> Exam of general appearance and development | <input type="radio"/> <input type="radio"/> <input type="radio"/> Microscopic exam of: | <input type="radio"/> <input type="radio"/> <input type="radio"/> Weights of the: | <input type="radio"/> <input type="radio"/> <input type="radio"/> Metabolic screening | <input type="radio"/> <input type="radio"/> <input type="radio"/> Brain and meninges | <input type="radio"/> <input type="radio"/> <input type="radio"/> Brain | <input type="radio"/> <input type="radio"/> <input type="radio"/> Genetic testing | <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart | <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart | <input type="radio"/> <input type="radio"/> <input type="radio"/> Routine toxicology for ethanol, sedatives, and/or stimulants | <input type="radio"/> <input type="radio"/> <input type="radio"/> Lung | <input type="radio"/> <input type="radio"/> <input type="radio"/> Lungs | <input type="radio"/> <input type="radio"/> <input type="radio"/> Toxicology for <i>suspected</i> drugs if investigation suggests exposure | <input type="radio"/> <input type="radio"/> <input type="radio"/> Airways | <input type="radio"/> <input type="radio"/> <input type="radio"/> Liver | <input type="radio"/> <input type="radio"/> <input type="radio"/> Vitreous testing as an adjunct to other investigation results | <input type="radio"/> <input type="radio"/> <input type="radio"/> Liver | <input type="radio"/> <input type="radio"/> <input type="radio"/> Kidneys | <input type="radio"/> <input type="radio"/> <input type="radio"/> Radiograph-single | <input type="radio"/> <input type="radio"/> <input type="radio"/> Sampled tissue of: | <input type="radio"/> <input type="radio"/> <input type="radio"/> Thymus | <input type="radio"/> <input type="radio"/> <input type="radio"/> Radiograph-complete skeletal series | <input type="radio"/> <input type="radio"/> <input type="radio"/> Kidney | <input type="radio"/> <input type="radio"/> <input type="radio"/> Spleen | <input type="radio"/> <input type="radio"/> <input type="radio"/> CAT scan | <input type="radio"/> <input type="radio"/> <input type="radio"/> Spleen | | <input type="radio"/> <input type="radio"/> <input type="radio"/> Microbiology | <input type="radio"/> <input type="radio"/> <input type="radio"/> Thymus | | <input type="radio"/> <input type="radio"/> <input type="radio"/> In situ exam with removal & dissection of: | <input type="radio"/> <input type="radio"/> <input type="radio"/> Bone or costochondral tissue | | <input type="radio"/> <input type="radio"/> <input type="radio"/> Brain | <input type="radio"/> <input type="radio"/> <input type="radio"/> Endocrine organs | | <input type="radio"/> <input type="radio"/> <input type="radio"/> Neck structures | <input type="radio"/> <input type="radio"/> <input type="radio"/> Sections of gastrointestinal tract | | <input type="radio"/> <input type="radio"/> <input type="radio"/> Thoracoabdominal organs | | |
| <u>Yes</u> <u>No</u> <u>U/K</u> | <u>Yes</u> <u>No</u> <u>U/K</u> | <u>Yes</u> <u>No</u> <u>U/K</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Exam of general appearance and development | <input type="radio"/> <input type="radio"/> <input type="radio"/> Microscopic exam of: | <input type="radio"/> <input type="radio"/> <input type="radio"/> Weights of the: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Metabolic screening | <input type="radio"/> <input type="radio"/> <input type="radio"/> Brain and meninges | <input type="radio"/> <input type="radio"/> <input type="radio"/> Brain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Genetic testing | <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart | <input type="radio"/> <input type="radio"/> <input type="radio"/> Heart | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Routine toxicology for ethanol, sedatives, and/or stimulants | <input type="radio"/> <input type="radio"/> <input type="radio"/> Lung | <input type="radio"/> <input type="radio"/> <input type="radio"/> Lungs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Toxicology for <i>suspected</i> drugs if investigation suggests exposure | <input type="radio"/> <input type="radio"/> <input type="radio"/> Airways | <input type="radio"/> <input type="radio"/> <input type="radio"/> Liver | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Vitreous testing as an adjunct to other investigation results | <input type="radio"/> <input type="radio"/> <input type="radio"/> Liver | <input type="radio"/> <input type="radio"/> <input type="radio"/> Kidneys | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Radiograph-single | <input type="radio"/> <input type="radio"/> <input type="radio"/> Sampled tissue of: | <input type="radio"/> <input type="radio"/> <input type="radio"/> Thymus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Radiograph-complete skeletal series | <input type="radio"/> <input type="radio"/> <input type="radio"/> Kidney | <input type="radio"/> <input type="radio"/> <input type="radio"/> Spleen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> CAT scan | <input type="radio"/> <input type="radio"/> <input type="radio"/> Spleen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Microbiology | <input type="radio"/> <input type="radio"/> <input type="radio"/> Thymus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> In situ exam with removal & dissection of: | <input type="radio"/> <input type="radio"/> <input type="radio"/> Bone or costochondral tissue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Brain | <input type="radio"/> <input type="radio"/> <input type="radio"/> Endocrine organs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Neck structures | <input type="radio"/> <input type="radio"/> <input type="radio"/> Sections of gastrointestinal tract | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Thoracoabdominal organs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Toxicology screen? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Negative <input type="checkbox"/> Cocaine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Too high prescription drug, specify: <input type="checkbox"/> Other, specify: <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Opiates <input type="checkbox"/> Too high over-the-counter drug, specify: <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. For infants , histology conducted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, were there abnormal tissue samples? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If abnormal, describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. For infants , microbiology conducted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, were there abnormal results? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If abnormal, check all that apply: <input type="checkbox"/> Bacteria, specify: <input type="checkbox"/> Other, specify: <input type="checkbox"/> Virus, specify: <input type="checkbox"/> Fungi, specify: <input type="checkbox"/> U/K | 8. For infants , other pathology conducted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, were there abnormal results? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If abnormal, describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. For infants , blood chemistry conducted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, were there abnormal results? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If abnormal, describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 10. X-rays taken? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, were there abnormal results? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If abnormal, describe: | 11. Describe any significant findings not addressed above: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|-----------------------|-----------------------|----|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|-----------------------|-----------------------|---|
| 12. Was there agreement between the cause of death listed on the pathology report and on the death certificate? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, describe the differences: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Was a death scene investigation performed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, which of the following death scene investigation components were completed? <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th style="text-align: left;">U/K</th> <th></th> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>CDC's SUIDI Reporting Form or jurisdictional equivalent</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Narrative description of circumstances</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Scene photos</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Scene recreation with doll</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Scene recreation without doll</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Witness interviews</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> | Yes | No | U/K | | Yes | No | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | CDC's SUIDI Reporting Form or jurisdictional equivalent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Narrative description of circumstances | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene photos | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene recreation with doll | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene recreation without doll | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Witness interviews | <input type="radio"/> | <input type="radio"/> | 14. Agencies that conducted a scene investigation, check all that apply: <input type="checkbox"/> Medical examiner <input type="checkbox"/> Fire investigator <input type="checkbox"/> Coroner <input type="checkbox"/> EMS <input type="checkbox"/> ME investigator <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Coroner investigator <input type="checkbox"/> Other, specify: <input type="checkbox"/> Law enforcement <input type="checkbox"/> U/K |
| Yes | No | U/K | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | CDC's SUIDI Reporting Form or jurisdictional equivalent | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Narrative description of circumstances | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene photos | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene recreation with doll | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene recreation without doll | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Witness interviews | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Was a CPS record check conducted as a result of death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Did any investigation find evidence of prior abuse? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, from what source? Check all that apply: <input type="checkbox"/> From x-rays <input type="checkbox"/> U/K <input type="checkbox"/> From autopsy <input type="checkbox"/> From CPS review <input type="checkbox"/> From law enforcement | 17. CPS action taken because of death? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, highest level of action taken because of death: <input type="radio"/> Report screened out and not investigated <input type="radio"/> Unsubstantiated <input type="radio"/> Inconclusive <input type="radio"/> Substantiated If yes, services or actions resulting, check all that apply: <input type="checkbox"/> Voluntary services offered <input type="checkbox"/> Voluntary services provided <input type="checkbox"/> Court ordered services provided <input type="checkbox"/> Voluntary out of home placement <input type="checkbox"/> Court ordered out of home placement <input type="checkbox"/> Children removed <input type="checkbox"/> Parental rights terminated <input type="checkbox"/> U/K | 18. If death occurred in licensed setting (see D4), indicate action taken: <input type="radio"/> No action <input type="radio"/> License suspended <input type="radio"/> License revoked <input type="radio"/> Investigation ongoing <input type="radio"/> Other, specify: <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

| | |
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| 1. Official manner of death from the death certificate: <input type="radio"/> Natural <input type="radio"/> Accident <input type="radio"/> Suicide <input type="radio"/> Homicide <input type="radio"/> Undetermined <input type="radio"/> Pending <input type="radio"/> 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. <input type="radio"/> <u>From an injury (external cause). Select one & answer F5:</u> <input type="radio"/> Motor vehicle and other transport, go to G1 <input type="radio"/> Fire, burn, or electrocution, go to G2 <input type="radio"/> Drowning, go to G3 <input type="radio"/> Asphyxia, go to G4 <input type="radio"/> Weapon, including body part, go to G6 <input type="radio"/> Animal bite or attack, go to G7 <input type="radio"/> Fall or crush, go to G8 <input type="radio"/> Poisoning, overdose or acute intoxication, go to G9 <input type="radio"/> Exposure, go to G10 <input type="radio"/> Undetermined. If under age one, go to G5 & G12 If over age one, go to G12 <input type="radio"/> Other cause, go to G12 <input type="radio"/> U/K, go to G12 <input type="radio"/> <u>From a medical cause. Select one:</u> <input type="radio"/> Asthma, go to G11 <input type="radio"/> Cancer, specify and go to G11 <input type="radio"/> Cardiovascular, specify and go to G11 <input type="radio"/> Congenital anomaly, specify and go to G11 <input type="radio"/> HIV/AIDS, go to G11 <input type="radio"/> Influenza, go to G11 <input type="radio"/> Low birth weight, go to G11 <input type="radio"/> Malnutrition/dehydration, go to G11 <input type="radio"/> Neurological/seizure disorder, go to G11 <input type="radio"/> Pneumonia, specify and go to G11 <input type="radio"/> Prematurity, go to G11 <input type="radio"/> SIDS, go to G5 <input type="radio"/> Other infection, specify and go to G11 <input type="radio"/> Other perinatal condition, specify & go to G11 <input type="radio"/> Other medical condition, specify & go to G11 <input type="radio"/> Undetermined. If under age one, go to G5 & G11. If over age one, go to G11. <input type="radio"/> U/K. If under age one, go to G5 & G11. If over age one, go to G11. <input type="radio"/> <u>Undetermined if injury or medical cause. go to G12: go to G12.</u> <input type="radio"/> <u>If under age one, go to G5 & G12.</u> |
|---|---|

3. Enter the following information exactly as written on the death certificate:

Immediate Cause (final disease or condition resulting in death):

a.

Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death:

b.

c.

d.

4. Enter other significant conditions contributing to death but not an underlying cause(s) listed in F3 exactly as written on the death certificate:

5. If external cause in F2, describe how injury occurred exactly as written on the death certificate:

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 If passenger, relationship of driver to child:
 Front seat Biological parent
 Back seat Adoptive parent
 Truck bed Stepparent
 Other, specify: Foster parent
 U/K Mother's partner
 On bicycle Father's partner
 Pedestrian Grandparent
 Walking Sibling
 Boarding/blading Other relative
 Other, specify: Friend
 U/K Other, specify:
 U/K U/K

c. Causes of incident, check all that apply:
 Speeding over limit Back/front over
 Unsafe speed for conditions Flipover
 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 Racing, not authorized
 Poor weather Other driver error, specify:
 Poor visibility Other, specify:
 Drugs or alcohol use Other, specify:
 Fatigue/sleeping U/K
 Medical event, specify: U/K

d. Collision type:
 Child *not* in/on a vehicle, but struck by vehicle Other event, specify:
 Child in/on a vehicle, struck by other vehicle U/K
 Child in/on a vehicle that struck other vehicle U/K
 Child in/on a vehicle that struck person/object U/K

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

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

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

| <u>Child as driver</u> | <u>Child's driver</u> | <u>Driver of other primary vehicle</u> | <u>Child as driver</u> | <u>Child's driver</u> | <u>Driver of other primary vehicle</u> | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was violating graduated licensing rules: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nighttime driving curfew |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Passenger restrictions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driving without required supervision |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other violations, specify: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | U/K |

Age of Driver Age of Driver

<16 years
 16 to 18 years old
 19 to 21 years old
 22 to 29 years old
 30 to 65 years old
 >65 years old
 U/K age

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:

h. Total number of occupants in vehicles:
 In child's vehicle, **including child**:
 N/A, child was not in a vehicle
 Total number of occupants: _____ U/K
 Number of teens, ages 14-21: _____ U/K
 Total number of deaths: _____ U/K
 Total number of teen deaths: _____ U/K
 In other primary vehicle involved in incident:
 N/A, incident was a single vehicle crash
 Total number of occupants: _____ U/K
 Number of teens, ages 14-21: _____ U/K
 Total number of deaths: _____ U/K
 Total number of teen deaths: _____ U/K

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

| | <u>Not Needed</u> | <u>Needed, none present</u> | <u>Present, used correctly</u> | <u>Present, used incorrectly</u> | <u>Present, not used</u> | <u>U/K</u> |
|-------------------------------|-----------------------|-----------------------------|--------------------------------|----------------------------------|--------------------------|-----------------------|
| Airbag | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lap belt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shoulder belt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child seat* | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Belt positioning booster seat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Helmet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other, specify: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

2. FIRE, BURN, OR ELECTROCUTION

| <p>a. Ignition, heat or electrocution source:</p> <input type="radio"/> Matches <input type="radio"/> Heating stove <input type="radio"/> Lightning <input type="radio"/> Other explosives <input type="radio"/> Cigarette lighter <input type="radio"/> Space heater <input type="radio"/> Oxygen tank <input type="radio"/> Appliance in water <input type="radio"/> Utility lighter <input type="radio"/> Furnace <input type="radio"/> Hot cooking water <input type="radio"/> Other, specify: <input type="radio"/> Cigarette or cigar <input type="radio"/> Power line <input type="radio"/> Hot bath water <input type="radio"/> Candles <input type="radio"/> Electrical outlet <input type="radio"/> Other hot liquid, specify: <input type="radio"/> Cooking stove <input type="radio"/> Electrical wiring <input type="radio"/> Fireworks <input type="radio"/> U/K | | | | <p>b. Type of incident:</p> <input type="radio"/> Fire, go to c <input type="radio"/> Scald, go to r <input type="radio"/> Other burn, go to t <input type="radio"/> Electrocution, go to s <input type="radio"/> Other, specify and go to t <input type="radio"/> U/K, go to t | | <p>c. For fire, child died from:</p> <input type="radio"/> Burns <input type="radio"/> Smoke inhalation <input type="radio"/> Other, specify: <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------------------------|--|--|---|--|---|-------------------------------|--------------------------------------|--|--|-------------------|-------|-----|--|--|--------------------------|--------------------------|--------------------------|--|--|--------------------------|--------------------------|--------------------------|------------------------------------|--|--------------------------|--------------------------|--------------------------|------------------------------|--|--------------------------|--------------------------|--------------------------|
| <p>d. Material first ignited:</p> <input type="radio"/> Upholstery <input type="radio"/> Mattress <input type="radio"/> Christmas tree <input type="radio"/> Clothing <input type="radio"/> Curtain <input type="radio"/> Other, specify: <input type="radio"/> U/K | | <p>e. Type of building on fire:</p> <input type="radio"/> N/A <input type="radio"/> Single home <input type="radio"/> Duplex <input type="radio"/> Apartment <input type="radio"/> Trailer/mobile home <input type="radio"/> Other, specify: <input type="radio"/> U/K | | <p>f. Building's primary construction material:</p> <input type="radio"/> Wood <input type="radio"/> Steel <input type="radio"/> Brick/stone <input type="radio"/> Aluminum <input type="radio"/> Other, specify: <input type="radio"/> U/K | | <p>g. Fire started by a person?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, person's age _____ Does person have a history of setting fires? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>h. Did anyone attempt to put out fire?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>i. Did escape or rescue efforts worsen fire?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>j. Did any factors delay fire department arrival?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>k. Were barriers preventing safe exit?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Locked door <input type="checkbox"/> Window grate <input type="checkbox"/> Locked window <input type="checkbox"/> Blocked stairway <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | <p>l. Was building a rental property?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>o. Was sprinkler system present?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, was it working? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>m. Were building/rental codes violated?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe in narrative. | | <p>n. Were proper working fire extinguishers present?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>p. Were smoke detectors present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <table border="1"> <thead> <tr> <th rowspan="2">If yes, what type?</th> <th rowspan="2">If yes, functioning properly?</th> <th colspan="3">If not functioning properly, reason:</th> </tr> <tr> <th>Missing batteries</th> <th>Other</th> <th>U/K</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Removable batteries</td> <td><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Non-removable batteries</td> <td><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hardwired</td> <td><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> U/K</td> <td><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Other, specify: _____</p> <p>If yes, was there an adequate number present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | | If yes, what type? | If yes, functioning properly? | If not functioning properly, reason: | | | Missing batteries | Other | U/K | <input type="checkbox"/> Removable batteries | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Non-removable batteries | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Hardwired | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> U/K | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what type? | If yes, functioning properly? | If not functioning properly, reason: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Missing batteries | Other | U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Removable batteries | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Non-removable batteries | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Hardwired | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> U/K | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>q. Suspected arson?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>r. For scald, was hot water heater set too high?</p> <input type="radio"/> N/A <input type="radio"/> Yes, temp. setting: _____ <input type="radio"/> No <input type="radio"/> U/K | | <p>s. For electrocution, what cause:</p> <input type="radio"/> Electrical storm <input type="radio"/> Faulty wiring <input type="radio"/> Wire/product in water <input type="radio"/> Child playing with outlet <input type="radio"/> Other, specify: <input type="radio"/> U/K | | <p>t. Other, describe in detail:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

3. DROWNING

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| <p>a. Where was child last seen before drowning? Check all that apply:</p> <input type="checkbox"/> In water <input type="checkbox"/> In yard <input type="checkbox"/> On shore <input type="checkbox"/> In bathroom <input type="checkbox"/> On dock <input type="checkbox"/> In house <input type="checkbox"/> Poolside <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | <p>b. What was child last seen doing before drowning?</p> <input type="radio"/> Playing <input type="radio"/> Tubing <input type="radio"/> Boating <input type="radio"/> Waterskiing <input type="radio"/> Swimming <input type="radio"/> Sleeping <input type="radio"/> Bathing <input type="radio"/> Other, specify: <input type="radio"/> Fishing <input type="radio"/> Surfing <input type="radio"/> U/K | | <p>c. Was child forcibly submerged?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>d. Drowning location:</p> <input type="radio"/> Open water, go to e <input type="radio"/> U/K, go to n <input type="radio"/> Pool, hot tub, spa, go to i <input type="radio"/> Bathtub, go to w <input type="radio"/> Bucket, go to x <input type="radio"/> Well/cistern/septic, go to n <input type="radio"/> Toilet, go to z <input type="radio"/> Other, specify and go to n | |
| <p>e. For open water, place:</p> <input type="radio"/> Lake <input type="radio"/> Quarry <input type="radio"/> River <input type="radio"/> Gravel pit <input type="radio"/> Pond <input type="radio"/> Canal <input type="radio"/> Creek <input type="radio"/> U/K <input type="radio"/> Ocean | | <p>f. For open water, contributing environmental factors:</p> <input type="radio"/> Weather <input type="radio"/> Drop off <input type="radio"/> Temperature <input type="radio"/> Rough waves <input type="radio"/> Current <input type="radio"/> Other, specify: <input type="radio"/> Riptide/undertow <input type="radio"/> U/K | | <p>g. If boating, type of boat:</p> <input type="radio"/> Sailboat <input type="radio"/> Commercial <input type="radio"/> Jet ski <input type="radio"/> Other, specify: <input type="radio"/> Motorboat <input type="radio"/> Canoe <input type="radio"/> Kayak <input type="radio"/> U/K <input type="radio"/> Raft | | <p>h. For boating, was the child piloting boat?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | |
| <p>i. For pool, type of pool:</p> <input type="radio"/> Above ground <input type="radio"/> In-ground <input type="radio"/> Hot tub, spa <input type="radio"/> Wading <input type="radio"/> U/K | | <p>j. For pool, child found:</p> <input type="radio"/> In the pool/hot tub/spa <input type="radio"/> On or under the cover <input type="radio"/> U/K | | <p>k. For pool, ownership is:</p> <input type="radio"/> Private <input type="radio"/> Public <input type="radio"/> U/K | | <p>l. Length of time owners had pool/hot tub/spa:</p> <input type="radio"/> N/A <input type="radio"/> >1yr <input type="radio"/> <6 months <input type="radio"/> U/K <input type="radio"/> 6m-1 yr | |

| | | |
|---|--|---|
| <p>m. Flotation device used?</p> <p><input type="radio"/> N/A If yes, check all that apply:</p> <p><input type="radio"/> Yes <input type="checkbox"/> Coast Guard approved <input type="checkbox"/> Not Coast Guard approved <input type="checkbox"/> U/K</p> <p><input type="radio"/> No <input type="checkbox"/> Jacket <input type="checkbox"/> Cushion <input type="checkbox"/> Lifesaving ring <input type="checkbox"/> Swim rings</p> <p><input type="radio"/> U/K If jacket: <input type="checkbox"/> Inner tube</p> <p>Correct size? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> Air mattress</p> <p>Worn correctly? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> Other, specify:</p> | | <p>n. What barriers/layers of protection existed to prevent access to water?</p> <p>Check all that apply:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Alarm, go to r</p> <p><input type="checkbox"/> Fence, go to o <input type="checkbox"/> Cover, go to s</p> <p><input type="checkbox"/> Gate, go to p <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Door, go to q</p> |
|---|--|---|

| | | | | |
|--|---|---|---|---|
| <p>o. Fence:</p> <p>Describe type:</p> <p>Fence height in ft _____</p> <p>Fence surrounds water on:</p> <p><input type="radio"/> Four sides <input type="radio"/> Two or less sides</p> <p><input type="radio"/> Three sides <input type="radio"/> U/K</p> | <p>p. Gate, check all that apply:</p> <p><input type="checkbox"/> Has self closing latch</p> <p><input type="checkbox"/> Has lock</p> <p><input type="checkbox"/> Is a double gate</p> <p><input type="checkbox"/> Opens to water</p> <p><input type="checkbox"/> U/K</p> | <p>q. Door, check all that apply:</p> <p><input type="checkbox"/> Patio door <input type="checkbox"/> Opens to water</p> <p><input type="checkbox"/> Screen door <input type="checkbox"/> Barrier between door and water</p> <p><input type="checkbox"/> Steel door</p> <p><input type="checkbox"/> Self-closing <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Has lock</p> | <p>r. Alarm, check all that apply:</p> <p><input type="checkbox"/> Door</p> <p><input type="checkbox"/> Window</p> <p><input type="checkbox"/> Pool</p> <p><input type="checkbox"/> Laser</p> <p><input type="checkbox"/> U/K</p> | <p>s. Type of cover:</p> <p><input type="radio"/> Hard</p> <p><input type="radio"/> Soft</p> <p><input type="radio"/> U/K</p> |
|--|---|---|---|---|

| | | | |
|---|---|--|--|
| <p>t. Local ordinance(s) regulating access to water?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, rules violated?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>u. How were layers of protection breached, check all that apply:</p> <p><input type="checkbox"/> No layers breached <input type="checkbox"/> Gap in fence <input type="checkbox"/> Door screen torn <input type="checkbox"/> Cover left off</p> <p><input type="checkbox"/> Gate left open <input type="checkbox"/> Damaged fence <input type="checkbox"/> Door self-closer failed <input type="checkbox"/> Cover not locked</p> <p><input type="checkbox"/> Gate unlocked <input type="checkbox"/> Fence too short <input type="checkbox"/> Window left open <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> Gate latch failed <input type="checkbox"/> Door left open <input type="checkbox"/> Window screen torn</p> <p><input type="checkbox"/> Gap in gate <input type="checkbox"/> Door unlocked <input type="checkbox"/> Alarm not working</p> <p><input type="checkbox"/> Climbed fence <input type="checkbox"/> Door broken <input type="checkbox"/> Alarm not answered <input type="checkbox"/> U/K</p> | | |
|---|---|--|--|

| | | | |
|--|---|--|---|
| <p>v. Child able to swim?</p> <p><input type="radio"/> N/A <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> U/K</p> | <p>w. For bathtub, child in a bathing aid?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, specify type:</p> | <p>x. Warning sign or label posted?</p> <p><input type="radio"/> N/A <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> U/K</p> | <p>y. Lifeguard present?</p> <p><input type="radio"/> N/A <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> U/K</p> |
|--|---|--|---|

| | | |
|--|--|---|
| <p>z. Rescue attempt made?</p> <p><input type="radio"/> N/A If yes, who? Check all that apply:</p> <p><input type="radio"/> Yes <input type="checkbox"/> Parent <input type="checkbox"/> Bystander</p> <p><input type="radio"/> No <input type="checkbox"/> Other child <input type="checkbox"/> Other, specify:</p> <p><input type="radio"/> U/K <input type="checkbox"/> Lifeguard <input type="checkbox"/> U/K</p> | <p>aa. Did rescuer(s) also drown?</p> <p><input type="radio"/> N/A <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, number of rescuers that drowned: _____</p> | <p>bb. Appropriate rescue equipment present?</p> <p><input type="radio"/> N/A <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> U/K</p> |
|--|--|---|

4. ASPHYXIA

| | |
|--|---|
| <p>a. Type of event:</p> <p><input type="radio"/> Suffocation, go to b</p> <p><input type="radio"/> Strangulation, go to c</p> <p><input type="radio"/> Choking, go to d</p> <p><input type="radio"/> Other, specify and go to e</p> <p><input type="radio"/> U/K, go to e</p> | <p>b. If suffocation/asphyxia, action causing event:</p> <p><input type="radio"/> Sleep-related (e.g. bedding, overlay, wedged) <input type="radio"/> Confined in tight space <input type="radio"/> Swaddled in tight blanket, but not sleep-related</p> <p><input type="radio"/> Covered in or fell into object, but not sleep-related <input type="radio"/> Refrigerator/freezer <input type="radio"/> Wedged into tight space, but not sleep-related</p> <p><input type="radio"/> Plastic bag <input type="radio"/> Toy chest <input type="radio"/> Asphyxia by gas, go to G9h</p> <p><input type="radio"/> Dirt/sand <input type="radio"/> Automobile <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Other, specify: <input type="radio"/> Trunk <input type="radio"/> U/K</p> <p><input type="radio"/> U/K <input type="radio"/> Other, specify: <input type="radio"/> U/K</p> |
|--|---|

| | | | |
|---|---|---|--|
| <p>c. If strangulation, object causing event:</p> <p><input type="radio"/> Clothing <input type="radio"/> Leash</p> <p><input type="radio"/> Blind cord <input type="radio"/> Electrical cord</p> <p><input type="radio"/> Car seat <input type="radio"/> Person, go to G6q</p> <p><input type="radio"/> Stroller <input type="radio"/> Automobile power window</p> <p><input type="radio"/> High chair or sunroof</p> <p><input type="radio"/> Belt <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Rope/string <input type="radio"/> U/K</p> | <p>d. If choking, object causing choking:</p> <p><input type="radio"/> Food, specify:</p> <p><input type="radio"/> Toy, specify:</p> <p><input type="radio"/> Balloon</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p> | <p>e. Was asphyxia an autoerotic event?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>g. History of seizures?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, # _____</p> <p>If yes, witnessed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> |
| | | <p>f. Was child participating in 'choking game' or 'pass out game'?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>h. History of apnea?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, # _____</p> <p>If yes, witnessed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> |
| | | <p>i. Was Heimlich Maneuver attempted?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | |

5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE

| | | |
|--|---|--|
| <p>a. Child overheated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, outside temp _____ degrees F</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Room too hot, temp _____ degrees F</p> <p><input type="checkbox"/> Too much bedding</p> <p><input type="checkbox"/> Too much clothing</p> | <p>b. History of seizures?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, # _____</p> <p>If yes, witnessed?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>c. History of apnea?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, # _____</p> <p>If yes, witnessed?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> |
|--|---|--|

d. For SIDS, go to Section H, page 12. For undetermined injury cause to infants also complete G12, page 12, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 11, then go to Section H.

6. WEAPON, INCLUDING PERSON'S BODY PART

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

| | | | |
|--|---|---|--|
| <p>h. Owner of fatal firearm:</p> <input type="radio"/> U/K, weapon stolen <input type="radio"/> Grandparent <input type="radio"/> Co-worker <input type="radio"/> U/K, weapon found <input type="radio"/> Sibling <input type="radio"/> Institutional staff <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Neighbor <input type="radio"/> Biological parent <input type="radio"/> Other relative <input type="radio"/> Rival gang member <input type="radio"/> Adoptive parent <input type="radio"/> Friend <input type="radio"/> Stranger <input type="radio"/> Stepparent <input type="radio"/> Acquaintance <input type="radio"/> Law enforcement <input type="radio"/> Foster parent <input type="radio"/> Child's boyfriend or girlfriend <input type="radio"/> Other, specify: <input type="radio"/> Mother's partner <input type="radio"/> Classmate <input type="radio"/> U/K <input type="radio"/> Father's partner | <p>i. Sex of fatal firearm owner:</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K | <p>j. Type of sharp object:</p> <input type="radio"/> Kitchen knife <input type="radio"/> Switchblade <input type="radio"/> Pocketknife <input type="radio"/> Razor <input type="radio"/> Hunting knife <input type="radio"/> Scissors <input type="radio"/> Other, specify: <input type="radio"/> U/K | <p>k. Type of blunt object:</p> <input type="radio"/> Bat <input type="radio"/> Club <input type="radio"/> Stick <input type="radio"/> Hammer <input type="radio"/> Rock <input type="radio"/> Household item <input type="radio"/> Other, specify: <input type="radio"/> U/K |
|--|---|---|--|

| <p>l. What did person's body part do? Check all that apply:</p> <input type="checkbox"/> Beat, kick or punch <input type="checkbox"/> Drop <input type="checkbox"/> Push <input type="checkbox"/> Bite <input type="checkbox"/> Shake <input type="checkbox"/> Strangle <input type="checkbox"/> Throw <input type="checkbox"/> Drown <input type="checkbox"/> Burn <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | <p>m. Did person using weapon have history of weapon-related offenses?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <p>n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes? <input type="radio"/> Yes, describe circumstances: <input type="radio"/> No <input type="radio"/> U/K</p> <p>o. Persons handling weapons at time of incident, check all that apply:</p> <table style="width:100%;"> <tr> <th style="text-align: left;">Fatal and/or Other weapon</th> <th style="text-align: left;">Fatal and/or Other weapon</th> </tr> <tr> <td><input type="checkbox"/> Self</td> <td><input type="checkbox"/> Friend</td> </tr> <tr> <td><input type="checkbox"/> Biological parent</td> <td><input type="checkbox"/> Acquaintance</td> </tr> <tr> <td><input type="checkbox"/> Adoptive parent</td> <td><input type="checkbox"/> Child's boyfriend or girlfriend</td> </tr> <tr> <td><input type="checkbox"/> Stepparent</td> <td><input type="checkbox"/> Classmate</td> </tr> <tr> <td><input type="checkbox"/> Foster parent</td> <td><input type="checkbox"/> Co-worker</td> </tr> <tr> <td><input type="checkbox"/> Mother's partner</td> <td><input type="checkbox"/> Institutional staff</td> </tr> <tr> <td><input type="checkbox"/> Father's partner</td> <td><input type="checkbox"/> Neighbor</td> </tr> <tr> <td><input type="checkbox"/> Grandparent</td> <td><input type="checkbox"/> Rival gang member</td> </tr> <tr> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Stranger</td> </tr> <tr> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/> Law enforcement officer</td> </tr> <tr> <td><input type="checkbox"/> Other relative</td> <td><input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K</td> </tr> </table> | Fatal and/or Other weapon | Fatal and/or Other weapon | <input type="checkbox"/> Self | <input type="checkbox"/> Friend | <input type="checkbox"/> Biological parent | <input type="checkbox"/> Acquaintance | <input type="checkbox"/> Adoptive parent | <input type="checkbox"/> Child's boyfriend or girlfriend | <input type="checkbox"/> Stepparent | <input type="checkbox"/> Classmate | <input type="checkbox"/> Foster parent | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Mother's partner | <input type="checkbox"/> Institutional staff | <input type="checkbox"/> Father's partner | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Rival gang member | <input type="checkbox"/> Sibling | <input type="checkbox"/> Stranger | <input type="checkbox"/> Spouse | <input type="checkbox"/> Law enforcement officer | <input type="checkbox"/> Other relative | <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | <p>p. Sex of person(s) handling weapon:</p> <p>Fatal weapon:</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K |
|---|---|--|---------------------------|---------------------------|-------------------------------|---------------------------------|--|---------------------------------------|--|--|-------------------------------------|------------------------------------|--|------------------------------------|---|--|---|-----------------------------------|--------------------------------------|--|----------------------------------|-----------------------------------|---------------------------------|--|---|--|--|
| Fatal and/or Other weapon | Fatal and/or Other weapon | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Self | <input type="checkbox"/> Friend | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Biological parent | <input type="checkbox"/> Acquaintance | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adoptive parent | <input type="checkbox"/> Child's boyfriend or girlfriend | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Stepparent | <input type="checkbox"/> Classmate | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Co-worker | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mother's partner | <input type="checkbox"/> Institutional staff | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Father's partner | <input type="checkbox"/> Neighbor | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Rival gang member | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Stranger | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Law enforcement officer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other relative | <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Other weapon:</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | |

q. Use of weapon at time, check all that apply:

| | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Self injury | <input type="checkbox"/> Argument | <input type="checkbox"/> Hunting | <input type="checkbox"/> Russian roulette | <input type="checkbox"/> Intervener assisting crime victim (Good Samaritan) |
| <input type="checkbox"/> Commission of crime | <input type="checkbox"/> Jealousy | <input type="checkbox"/> Target shooting | <input type="checkbox"/> Gang-related activity | |
| <input type="checkbox"/> Drive-by shooting | <input type="checkbox"/> Intimate partner violence | <input type="checkbox"/> Playing with weapon | <input type="checkbox"/> Self-defense | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> Random violence | <input type="checkbox"/> Hate crime | <input type="checkbox"/> Weapon mistaken for toy | <input type="checkbox"/> Cleaning weapon | |
| <input type="checkbox"/> Child was a bystander | <input type="checkbox"/> Bullying | <input type="checkbox"/> Showing gun to others | <input type="checkbox"/> Loading weapon | <input type="checkbox"/> U/K |

7. ANIMAL BITE OR ATTACK

| | | |
|--|--|--|
| <p>a. Type of animal:</p> <input type="radio"/> Domesticated dog <input type="radio"/> Insect <input type="radio"/> Domesticated cat <input type="radio"/> Other, specify: <input type="radio"/> Snake <input type="radio"/> Wild mammal, specify: <input type="radio"/> U/K | <p>b. Animal access to child, check all that apply:</p> <input type="checkbox"/> Animal on leash <input type="checkbox"/> Animal escaped from cage or leash <input type="checkbox"/> Animal caged or inside fence <input type="checkbox"/> Animal not caged or leashed <input type="radio"/> Child reached in <input type="checkbox"/> U/K <input type="radio"/> Child entered animal area <input type="radio"/> U/K | <p>c. Did child provoke animal?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, how? |
| <p>d. Animal has history of biting or attacking?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | |

8. FALL OR CRUSH

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|------------------------------------|---|--|------------------------------|--|---------------------------------|------------------------------|---------------------------------------|---------------------------------|--|---------------------------|--------------------------------|--|-------------------------------------|----------------------------|----------------------------|-------------------------------|---------------------------|
| <p>a. Type:</p> <input type="radio"/> Fall, go to b <input type="radio"/> Crush, go to h | <p>b. Height of fall:</p> <p>_____ feet</p> <p>_____ inches</p> <input type="checkbox"/> U/K | <p>c. Child fell from:</p> <table style="width:100%;"> <tr> <td><input type="radio"/> Open window</td> <td><input type="radio"/> Natural elevation</td> <td><input type="radio"/> Stairs/steps</td> <td><input type="radio"/> Moving object, specify:</td> <td><input type="radio"/> Animal, specify:</td> </tr> <tr> <td><input type="radio"/> Screen</td> <td><input type="radio"/> Man-made elevation</td> <td><input type="radio"/> Furniture</td> <td><input type="radio"/> Bridge</td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/> No screen</td> <td><input type="radio"/> Playground equipment</td> <td><input type="radio"/> Bed</td> <td><input type="radio"/> Overpass</td> <td></td> </tr> <tr> <td><input type="radio"/> U/K if screen</td> <td><input type="radio"/> Tree</td> <td><input type="radio"/> Roof</td> <td><input type="radio"/> Balcony</td> <td><input type="radio"/> U/K</td> </tr> </table> | <input type="radio"/> Open window | <input type="radio"/> Natural elevation | <input type="radio"/> Stairs/steps | <input type="radio"/> Moving object, specify: | <input type="radio"/> Animal, specify: | <input type="radio"/> Screen | <input type="radio"/> Man-made elevation | <input type="radio"/> Furniture | <input type="radio"/> Bridge | <input type="radio"/> Other, specify: | <input type="radio"/> No screen | <input type="radio"/> Playground equipment | <input type="radio"/> Bed | <input type="radio"/> Overpass | | <input type="radio"/> U/K if screen | <input type="radio"/> Tree | <input type="radio"/> Roof | <input type="radio"/> Balcony | <input type="radio"/> U/K |
| <input type="radio"/> Open window | <input type="radio"/> Natural elevation | <input type="radio"/> Stairs/steps | <input type="radio"/> Moving object, specify: | <input type="radio"/> Animal, specify: | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Screen | <input type="radio"/> Man-made elevation | <input type="radio"/> Furniture | <input type="radio"/> Bridge | <input type="radio"/> Other, specify: | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> No screen | <input type="radio"/> Playground equipment | <input type="radio"/> Bed | <input type="radio"/> Overpass | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> U/K if screen | <input type="radio"/> Tree | <input type="radio"/> Roof | <input type="radio"/> Balcony | <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | |

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

9. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

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

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

10. EXPOSURE

| | | | |
|--|---|--|--|
| <p>a. Circumstances, check all that apply:</p> <input type="checkbox"/> Abandonment <input type="checkbox"/> Left in car <input type="checkbox"/> Left in room <input type="checkbox"/> Submerged in water <input type="checkbox"/> Injured outdoors <input type="checkbox"/> Lost outdoors <input type="checkbox"/> Illegal border crossing <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | <p>b. Condition of exposure:</p> <input type="radio"/> Hyperthermia <input type="radio"/> Hypothermia <input type="radio"/> U/K <p>_____ Ambient temp, degrees F</p> | <p>c. Number of hours exposed:</p> <p>_____</p> <input type="checkbox"/> U/K | <p>d. Was child wearing appropriate clothing?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K |
|--|---|--|--|

11. MEDICAL CONDITION

| | | | |
|---|--|--|---|
| <p>a. How long did the child have the medical condition?</p> <input type="radio"/> In utero <input type="radio"/> Weeks <input type="radio"/> Since birth <input type="radio"/> Months <input type="radio"/> Hours <input type="radio"/> Years <input type="radio"/> Days <input type="radio"/> U/K | <p>b. Was death expected as a result of medical condition?</p> <input type="radio"/> N/A not previously diagnosed <input type="radio"/> Yes <input type="checkbox"/> But at a later date <input type="radio"/> No <input type="radio"/> U/K | <p>c. Was child receiving health care for the medical condition?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If yes, within 48 hours of the death?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <p>d. Were the prescribed care plans appropriate for the medical condition?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No, specify: <input type="radio"/> U/K |
| <p>e. Was child/family compliant with the prescribed care plans?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If no, what wasn't compliant? Check all that apply.</p> <input type="checkbox"/> Appointments <input type="checkbox"/> Medications, specify: <input type="checkbox"/> Medical equipment use, specify: <input type="checkbox"/> Therapies, specify: <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | <p>f. Was child up to date with American Academy of Pediatrics immunization schedule?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No, specify: <input type="radio"/> U/K | <p>g. Was medical condition associated with an outbreak?</p> <input type="radio"/> Yes, specify: <input type="radio"/> No <input type="radio"/> U/K |

h. Was environmental tobacco exposure a contributing factor in death?
 Yes
 No
 U/K

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

| | | |
|---|--|---|
| <input type="checkbox"/> Lack of money for care | <input type="checkbox"/> Language barriers | <input type="checkbox"/> Caregiver distrust of health care system |
| <input type="checkbox"/> Limitations of health insurance coverage | <input type="checkbox"/> Referrals not made | <input type="checkbox"/> Caregiver unskilled in providing care |
| <input type="checkbox"/> Multiple health insurance, not coordinated | <input type="checkbox"/> Specialist needed, not available | <input type="checkbox"/> Caregiver unwilling to provide care |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Multiple providers, not coordinated | <input type="checkbox"/> Caregiver's partner would not allow care |
| <input type="checkbox"/> No phone | <input type="checkbox"/> Lack of child care | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> Cultural differences | <input type="checkbox"/> Lack of family or social support | |
| <input type="checkbox"/> Religious objections to care | <input type="checkbox"/> Services not available | <input type="checkbox"/> U/K |

12. OTHER CAUSE, UNDETERMINED CAUSE OR UNKNOWN CAUSE

Specify cause, describe in detail:

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? Yes, go to H1a No, go to H1r U/K, go to H1r

| | | | |
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| <p>a. Incident sleep place:</p> <input type="radio"/> Crib <input type="radio"/> Playpen/other play structure If crib, type: but not portable crib <input type="radio"/> Not portable <input type="radio"/> Couch <input type="radio"/> Portable, e.g. pack-n-play <input type="radio"/> Chair <input type="radio"/> Unknown crib type <input type="radio"/> Floor <input type="radio"/> Bassinette <input type="radio"/> Car seat <input type="radio"/> Adult bed <input type="radio"/> Stroller <input type="radio"/> Waterbed <input type="radio"/> Other, specify: <input type="radio"/> Futon <input type="radio"/> U/K | <p>If adult bed, what type?</p> <input type="radio"/> Twin <input type="radio"/> Full <input type="radio"/> Queen <input type="radio"/> King <input type="radio"/> Other, specify: <input type="radio"/> U/K <hr/> If futon, <input type="radio"/> Bed position <input type="radio"/> U/K <input type="radio"/> Couch position | <p>b. Child put to sleep:</p> <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K | <p>c. Child found:</p> <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K |
| | | <p>e. Usual sleep position:</p> <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K | <p>f. Was there a crib, bassinette or port-a-crib in home for child?</p> <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No |

| | | |
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| <p>d. Usual sleep place:</p> <input type="radio"/> Crib <input type="radio"/> Playpen/other play structure If crib, type: but not portable crib <input type="radio"/> Not portable <input type="radio"/> Couch <input type="radio"/> Portable, e.g. pack-n-play <input type="radio"/> Chair <input type="radio"/> Unknown crib type <input type="radio"/> Floor <input type="radio"/> Bassinette <input type="radio"/> Car seat <input type="radio"/> Adult bed <input type="radio"/> Stroller <input type="radio"/> Waterbed <input type="radio"/> Other, specify: <input type="radio"/> Futon <input type="radio"/> U/K | <p>If adult bed, what type?</p> <input type="radio"/> Twin <input type="radio"/> Full <input type="radio"/> Queen <input type="radio"/> King <input type="radio"/> Other, specify: <input type="radio"/> U/K <hr/> If futon, <input type="radio"/> Bed position <input type="radio"/> U/K <input type="radio"/> Couch position | <p>g. Child in a new or different environment than usual?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify: |
| | | <p>h. Child last placed to sleep with a pacifier?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K |
| | | <p>i. Was child wrapped or swaddled in blanket?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe: |
| | | <p>j. Child exposed to second hand smoke?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, how often: <input type="radio"/> Frequently <input type="radio"/> U/K <input type="radio"/> Occasionally |

| | | | |
|---|--|---|---|
| <p>k. Child face when found:</p> <input type="radio"/> Down <input type="radio"/> Up <input type="radio"/> To left or right side <input type="radio"/> U/K | <p>l. Child neck when found:</p> <input type="radio"/> Hyperextended (head back) <input type="radio"/> Hypoextended (chin to chest) <input type="radio"/> Neutral <input type="radio"/> U/K | <p>m. Child's airway was:</p> <input type="radio"/> Unobstructed by person or object <input type="radio"/> Fully obstructed by person or object <input type="radio"/> Partially obstructed by person or object <input type="radio"/> U/K | <p>If fully or partially obstructed, what was obstructed?</p> <input type="checkbox"/> Nose <input type="checkbox"/> U/K <input type="checkbox"/> Mouth <input type="checkbox"/> Chest compressed |
|---|--|---|---|

| <p>n. Objects in child's sleep environment in relation to airway obstruction:</p> <p style="text-align: center;">If present, describe position of object:</p> <table border="1"> <thead> <tr> <th rowspan="2">Objects:</th> <th colspan="3">Present?</th> <th colspan="4">If present, did object obstruct airway?</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>U/K</th> <th>On top of child</th> <th>Under child</th> <th>Next to child</th> <th>Tangled around child</th> <th>U/K</th> </tr> </thead> <tbody> <tr><td>Adult(s)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other child(ren)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Animal(s)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Mattress</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Comforter, quilt, or other</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Thin blanket/flat sheet</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Pillow(s)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Cushion</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Boppy or U shaped pillow</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Sleep positioner (wedge)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Bumper pads</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Clothing</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Crib railing/side</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Wall</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Toy(s)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other(s), specify:</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> | Objects: | Present? | | | If present, did object obstruct airway? | | | | Yes | No | U/K | On top of child | Under child | Next to child | Tangled around child | U/K | Adult(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other child(ren) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Animal(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mattress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Comforter, quilt, or other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thin blanket/flat sheet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pillow(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cushion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Boppy or U shaped pillow | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sleep positioner (wedge) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bumper pads | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clothing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Crib railing/side | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wall | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toy(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other(s), specify: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>o. Caregiver/supervisor fell asleep while feeding child?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, type of feeding: <input type="radio"/> Bottle <input type="radio"/> U/K <input type="radio"/> Breast |
|--|-----------------------|---|-----------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|-----|----|-----|-----------------|-------------|---------------|----------------------|-----|----------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Objects: | | Present? | | | If present, did object obstruct airway? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | U/K | On top of child | Under child | Next to child | Tangled around child | U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other child(ren) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Animal(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mattress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comforter, quilt, or other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thin blanket/flat sheet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pillow(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cushion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Boppy or U shaped pillow | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sleep positioner (wedge) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bumper pads | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clothing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crib railing/side | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wall | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toy(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other(s), specify: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>p. Child sleeping in the same room as caregiver/supervisor at time of death?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>q. Child sleeping on same surface with person(s) or animal(s)?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> With adult(s): # _____ #U/K Adult obese: <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No <input type="checkbox"/> With other children: # _____ #U/K Children's ages: _____ <input type="checkbox"/> With animal(s): # _____ #U/K Type(s) of animal: _____ <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

r. Is there a scene re-creation photo available for upload? Yes No If yes, upload here. Only one photo allowed.
 Select photo that most describes child placement and relevant objects. Size must be less than 6 mb and in .jpg or .gif format.

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

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

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

a. Type of crime, check all that apply:

| | | | | |
|---|--|---|--|------------------------------|
| <input type="checkbox"/> Robbery/burglary | <input type="checkbox"/> Other assault | <input type="checkbox"/> Arson | <input type="checkbox"/> Illegal border crossing | <input type="checkbox"/> U/K |
| <input type="checkbox"/> Interpersonal violence | <input type="checkbox"/> Gang conflict | <input type="checkbox"/> Prostitution | <input type="checkbox"/> Auto theft | |
| <input type="checkbox"/> Sexual assault | <input type="checkbox"/> Drug trade | <input type="checkbox"/> Witness intimidation | <input type="checkbox"/> Other, specify: | |

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

TYPE OF ACT

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------|--------------------|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|---|-----------------------|--|-----------------------|---|-----------------------|-------------------------------------|
| <p>1. Did any act(s) of omission or commission cause and/or contribute to the death?</p> <p><input type="radio"/> Yes <input type="radio"/> No, go to Section J <input type="radio"/> Probable <input type="radio"/> U/K, go to Section J</p> <p>If yes/probable, were the act(s) either or both? Check all that apply:</p> <p><input type="checkbox"/> The direct cause of death <input type="checkbox"/> The contributing cause of death</p> | <p>2. What act(s) caused or contributed to the death?</p> <p>Check only one per column and describe in narrative.</p> <table border="0"> <tr> <td><u>Caused</u></td> <td><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Poor/absent supervision, go to 10</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Child abuse, go to 3</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Child neglect, go to 8</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Other negligence, go to 9</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Assault, not child abuse, go to 10</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Religious/cultural practices, go to 10</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Suicide, go to 27</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Medical misadventure, specify and go to 11</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Other, specify and go to 10</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K, go to 10</td> </tr> </table> | <u>Caused</u> | <u>Contributed</u> | <input type="radio"/> | <input type="radio"/> Poor/absent supervision, go to 10 | <input type="radio"/> | <input type="radio"/> Child abuse, go to 3 | <input type="radio"/> | <input type="radio"/> Child neglect, go to 8 | <input type="radio"/> | <input type="radio"/> Other negligence, go to 9 | <input type="radio"/> | <input type="radio"/> Assault, not child abuse, go to 10 | <input type="radio"/> | <input type="radio"/> Religious/cultural practices, go to 10 | <input type="radio"/> | <input type="radio"/> Suicide, go to 27 | <input type="radio"/> | <input type="radio"/> Medical misadventure, specify and go to 11 | <input type="radio"/> | <input type="radio"/> Other, specify and go to 10 | <input type="radio"/> | <input type="radio"/> U/K, go to 10 |
| <u>Caused</u> | <u>Contributed</u> | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Poor/absent supervision, go to 10 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Child abuse, go to 3 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Child neglect, go to 8 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Other negligence, go to 9 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Assault, not child abuse, go to 10 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Religious/cultural practices, go to 10 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Suicide, go to 27 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Medical misadventure, specify and go to 11 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Other, specify and go to 10 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> U/K, go to 10 | | | | | | | | | | | | | | | | | | | | | | |

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| <p>3. Child abuse, type. Check all that apply and describe in narrative.</p> <p><input type="checkbox"/> Physical, go to 4 <input type="checkbox"/> Emotional, specify and go to 10 <input type="checkbox"/> Sexual, specify and go to 10 <input type="checkbox"/> U/K, go to 10</p> | <p>4. Type of physical abuse, check all that apply:</p> <p><input type="checkbox"/> Abusive head trauma, go to 5 <input type="checkbox"/> Chronic Battered Child Syndrome, go to 7 <input type="checkbox"/> Beating/kicking, go to 7 <input type="checkbox"/> Scalding or burning, go to 7 <input type="checkbox"/> Munchausen Syndrome by Proxy, go to 7 <input type="checkbox"/> Other, specify and go to 7</p> <p><input type="checkbox"/> U/K, go to 7</p> | <p>5. For abusive head trauma, were there retinal hemorrhages? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>6. For abusive head trauma, was the child shaken? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, was there impact? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>7. Events(s) triggering physical abuse, check all that apply:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Crying <input type="checkbox"/> Toilet training <input type="checkbox"/> Disobedience <input type="checkbox"/> Feeding problems <input type="checkbox"/> Domestic argument <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K</p> |
|--|--|---|---|

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|--|---|---|---|--|-------------------------------|--|----------------------------------|------------------------------|--|--|--|--|---------------|--------------------|-----------------------|--|-----------------------|---|-----------------------|---|-----------------------|---------------------------|
| <p>8. Child neglect, check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Failure to protect from hazards, specify:</td> <td><input type="checkbox"/> Failure to seek/follow treatment, specify:</td> </tr> <tr> <td><input type="checkbox"/> Failure to provide necessities</td> <td><input type="checkbox"/> Emotional neglect, specify:</td> </tr> <tr> <td><input type="checkbox"/> Food</td> <td><input type="checkbox"/> Abandonment, specify:</td> </tr> <tr> <td><input type="checkbox"/> Shelter</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Other, specify:</td> <td></td> </tr> </table> | <input type="checkbox"/> Failure to protect from hazards, specify: | <input type="checkbox"/> Failure to seek/follow treatment, specify: | <input type="checkbox"/> Failure to provide necessities | <input type="checkbox"/> Emotional neglect, specify: | <input type="checkbox"/> Food | <input type="checkbox"/> Abandonment, specify: | <input type="checkbox"/> Shelter | <input type="checkbox"/> U/K | <input type="checkbox"/> Other, specify: | | <p>9. Other negligence:</p> <p><input type="radio"/> Vehicular <input type="radio"/> Other, specify: <input type="radio"/> U/K</p> | <p>10. Was act(s) of omission/commission:</p> <table border="0"> <tr> <td><u>Caused</u></td> <td><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Chronic with child</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Pattern in family or with perpetrator</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Isolated incident</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table> | <u>Caused</u> | <u>Contributed</u> | <input type="radio"/> | <input type="radio"/> Chronic with child | <input type="radio"/> | <input type="radio"/> Pattern in family or with perpetrator | <input type="radio"/> | <input type="radio"/> Isolated incident | <input type="radio"/> | <input type="radio"/> U/K |
| <input type="checkbox"/> Failure to protect from hazards, specify: | <input type="checkbox"/> Failure to seek/follow treatment, specify: | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Failure to provide necessities | <input type="checkbox"/> Emotional neglect, specify: | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Food | <input type="checkbox"/> Abandonment, specify: | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other, specify: | | | | | | | | | | | | | | | | | | | | | | |
| <u>Caused</u> | <u>Contributed</u> | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Chronic with child | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Pattern in family or with perpetrator | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Isolated incident | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | |

PERSON(S) RESPONSIBLE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------|---|--|--|--|-----------------------|---|-----------------------|--------------------------|---|---------------|--------------------|---------------|--------------------|---------------|--------------------|-----------------------|--------------------------------------|-----------------------|-----------------------------------|-----------------------|--|-----------------------|---|-----------------------|-------------------------------|-----------------------|---|-----------------------|---------------------------------------|-----------------------|--------------------------------------|-----------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|------------------------------|-----------------------|--|-----------------------|-------------------------------------|-----------------------|------------------------------------|-----------------------|---------------------------------------|-----------------------|--|-----------------------|---|-----------------------|---------------------------|-----------------------|--|-----------------------|--------------------------------|-----------------------|--|
| <p>11. Is person the caregiver or supervisor in previous section?</p> <table border="0"> <tr> <td><u>Caused</u></td> <td><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes, caregiver one, go to 24</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes, caregiver two, go to 24</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes, supervisor, go to 25</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> No</td> </tr> </table> | <u>Caused</u> | <u>Contributed</u> | <input type="radio"/> | <input type="radio"/> Yes, caregiver one, go to 24 | <input type="radio"/> | <input type="radio"/> Yes, caregiver two, go to 24 | <input type="radio"/> | <input type="radio"/> Yes, supervisor, go to 25 | <input type="radio"/> | <input type="radio"/> No | <p>12. 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.</p> <table border="0"> <tr> <td><u>Caused</u></td> <td><u>Contributed</u></td> <td><u>Caused</u></td> <td><u>Contributed</u></td> <td><u>Caused</u></td> <td><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Self, go to 24</td> <td><input type="radio"/></td> <td><input type="radio"/> Grandparent</td> <td><input type="radio"/></td> <td><input type="radio"/> Medical provider</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Biological parent</td> <td><input type="radio"/></td> <td><input type="radio"/> Sibling</td> <td><input type="radio"/></td> <td><input type="radio"/> Institutional staff</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Adoptive parent</td> <td><input type="radio"/></td> <td><input type="radio"/> Other relative</td> <td><input type="radio"/></td> <td><input type="radio"/> Babysitter</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Stepparent</td> <td><input type="radio"/></td> <td><input type="radio"/> Friend</td> <td><input type="radio"/></td> <td><input type="radio"/> Licensed child care worker</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Foster parent</td> <td><input type="radio"/></td> <td><input type="radio"/> Acquaintance</td> <td><input type="radio"/></td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Mother's partner</td> <td><input type="radio"/></td> <td><input type="radio"/> Child's boyfriend or girlfriend</td> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Father's partner</td> <td><input type="radio"/></td> <td><input type="radio"/> Stranger</td> <td><input type="radio"/></td> <td></td> </tr> </table> | <u>Caused</u> | <u>Contributed</u> | <u>Caused</u> | <u>Contributed</u> | <u>Caused</u> | <u>Contributed</u> | <input type="radio"/> | <input type="radio"/> Self, go to 24 | <input type="radio"/> | <input type="radio"/> Grandparent | <input type="radio"/> | <input type="radio"/> Medical provider | <input type="radio"/> | <input type="radio"/> Biological parent | <input type="radio"/> | <input type="radio"/> Sibling | <input type="radio"/> | <input type="radio"/> Institutional staff | <input type="radio"/> | <input type="radio"/> Adoptive parent | <input type="radio"/> | <input type="radio"/> Other relative | <input type="radio"/> | <input type="radio"/> Babysitter | <input type="radio"/> | <input type="radio"/> Stepparent | <input type="radio"/> | <input type="radio"/> Friend | <input type="radio"/> | <input type="radio"/> Licensed child care worker | <input type="radio"/> | <input type="radio"/> Foster parent | <input type="radio"/> | <input type="radio"/> Acquaintance | <input type="radio"/> | <input type="radio"/> Other, specify: | <input type="radio"/> | <input type="radio"/> Mother's partner | <input type="radio"/> | <input type="radio"/> Child's boyfriend or girlfriend | <input type="radio"/> | <input type="radio"/> U/K | <input type="radio"/> | <input type="radio"/> Father's partner | <input type="radio"/> | <input type="radio"/> Stranger | <input type="radio"/> | |
| <u>Caused</u> | <u>Contributed</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Yes, caregiver one, go to 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Yes, caregiver two, go to 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Yes, supervisor, go to 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Caused</u> | <u>Contributed</u> | <u>Caused</u> | <u>Contributed</u> | <u>Caused</u> | <u>Contributed</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Self, go to 24 | <input type="radio"/> | <input type="radio"/> Grandparent | <input type="radio"/> | <input type="radio"/> Medical provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Biological parent | <input type="radio"/> | <input type="radio"/> Sibling | <input type="radio"/> | <input type="radio"/> Institutional staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Adoptive parent | <input type="radio"/> | <input type="radio"/> Other relative | <input type="radio"/> | <input type="radio"/> Babysitter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Stepparent | <input type="radio"/> | <input type="radio"/> Friend | <input type="radio"/> | <input type="radio"/> Licensed child care worker | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Foster parent | <input type="radio"/> | <input type="radio"/> Acquaintance | <input type="radio"/> | <input type="radio"/> Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Mother's partner | <input type="radio"/> | <input type="radio"/> Child's boyfriend or girlfriend | <input type="radio"/> | <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> Father's partner | <input type="radio"/> | <input type="radio"/> Stranger | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|-----------------------|-----------------------|-----------------------|--|------------|-----------|------------|--|-----------------------|-----------------------|-----------------------|-----------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|--------------------------------------|-----------------------|-----------------------|-----------------------|---------------------------------|-----------------------|-----------------------|-----------------------|--------------------------------------|-----------------------|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|-----------------------|-------------------------------------|--|--|--|--|
| <p>13. Person's age in years:</p> <p><u>Caused</u> <u>Contributed</u></p> <p>_____ _____ # Years</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> | <p>14. Person's sex:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Male</p> <p><input type="radio"/> <input type="radio"/> Female</p> <p><input type="radio"/> <input type="radio"/> U/K</p> | <p>15. Does person speak English?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If no, language spoken:</p> | <p>16. Person on active military duty?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, specify branch:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>17. Person have history of substance abuse?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> <input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> <input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> <input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> <input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> <input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> | <p>18. Person have history of child maltreatment as victim?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ _____ # CPS referrals</p> <p>_____ _____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> Ever in foster care or adopted</p> | <p>19. Person have history of child maltreatment as a perpetrator?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ _____ # CPS referrals</p> <p>_____ _____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> CPS prevention services</p> <p><input type="checkbox"/> <input type="checkbox"/> Family preservation services</p> <p><input type="checkbox"/> <input type="checkbox"/> Children ever removed</p> | <p>20. Person have disability or chronic illness?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Mental, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Sensory, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>If mental illness, was person receiving MH services?</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>21. Person have prior child deaths?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> | <p>If yes, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other # _____</p> <p>Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> | <p>22. Person have history of intimate partner violence?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Yes, as victim</p> <p><input type="checkbox"/> <input type="checkbox"/> Yes, as perpetrator</p> <p><input type="checkbox"/> <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> | <p>23. Person have delinquent/criminal history?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Assaults</p> <p><input type="checkbox"/> <input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> <input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>24. At time of incident was person impaired?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Drug impaired</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol impaired</p> <p><input type="checkbox"/> <input type="checkbox"/> Asleep</p> <p><input type="checkbox"/> <input type="checkbox"/> Distracted</p> <p><input type="checkbox"/> <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> <input type="checkbox"/> Impaired by illness, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Impaired by disability, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify:</p> | <p>25. Does person have, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Prior history of similar acts</p> <p><input type="checkbox"/> <input type="checkbox"/> Prior arrests</p> <p><input type="checkbox"/> <input type="checkbox"/> Prior convictions</p> | <p>26. Legal outcomes in this death, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> No charges filed</p> <p><input type="checkbox"/> <input type="checkbox"/> Charges pending</p> <p><input type="checkbox"/> <input type="checkbox"/> Charges filed, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Charges dismissed</p> <p><input type="checkbox"/> <input type="checkbox"/> Confession</p> <p><input type="checkbox"/> <input type="checkbox"/> Plead, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Not guilty verdict</p> <p><input type="checkbox"/> <input type="checkbox"/> Guilty verdict, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Tort charges, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR SUICIDE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>27. For suicide, select yes, no or u/k for each question. Describe answers in narrative.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;"><u>Yes</u></td> <td style="width:25%; text-align: center;"><u>No</u></td> <td style="width:25%; text-align: center;"><u>U/K</u></td> <td style="width:25%;"></td> <td style="width:25%; text-align: center;"><u>Yes</u></td> <td style="width:25%; text-align: center;"><u>No</u></td> <td style="width:25%; text-align: center;"><u>U/K</u></td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>A note was left</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child had a history of self mutilation</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child talked about suicide</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>There is a family history of suicide</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Prior suicide threats were made</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a murder-suicide</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Prior attempts were made</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a suicide pact</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was completely unexpected</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a suicide cluster</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child had a history of running away</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | <u>Yes</u> | <u>No</u> | <u>U/K</u> | | <u>Yes</u> | <u>No</u> | <u>U/K</u> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | A note was left | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Child had a history of self mutilation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Child talked about suicide | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | There is a family history of suicide | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Prior suicide threats were made | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Suicide was part of a murder-suicide | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Prior attempts were made | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Suicide was part of a suicide pact | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Suicide was completely unexpected | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Suicide was part of a suicide cluster | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Child had a history of running away | | | | |
| <u>Yes</u> | <u>No</u> | <u>U/K</u> | | <u>Yes</u> | <u>No</u> | <u>U/K</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | A note was left | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Child had a history of self mutilation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Child talked about suicide | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | There is a family history of suicide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Prior suicide threats were made | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Suicide was part of a murder-suicide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Prior attempts were made | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Suicide was part of a suicide pact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Suicide was completely unexpected | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Suicide was part of a suicide cluster | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Child had a history of running away | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

28. 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:

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

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

| 1. Services: | <u>Provided</u> | <u>Offered but</u> | <u>Offered but</u> | <u>Should be</u> | <u>Needed but</u> | | <u>CDR review</u> |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Select one option per row: | <u>after death</u> | <u>refused</u> | <u>U/K if used</u> | <u>offered</u> | <u>not available</u> | <u>U/K</u> | <u>led to referral</u> |
| Bereavement counseling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| Debriefing for professionals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| Economic support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| Funeral arrangements | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| Emergency shelter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| Mental health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| Foster care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| Health care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| Legal services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| Family planning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| Other, specify: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

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

1. Could the death have been prevented? Yes, probably No, probably not 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

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

Briefly describe the initiatives:

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

| | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> N/A, no strategies | <input type="checkbox"/> Mental health | <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Advocacy organization | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> No one | <input type="checkbox"/> Schools | <input type="checkbox"/> Medical examiner | <input type="checkbox"/> Local community group | |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Hospital | <input type="checkbox"/> Coroner | <input type="checkbox"/> New coalition/task force | |
| <input type="checkbox"/> Social services | <input type="checkbox"/> Other health care providers | <input type="checkbox"/> Elected official | <input type="checkbox"/> Youth group | <input type="checkbox"/> 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? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No |
|----------------------------------|---|---|

4. Agencies at review, check all that apply:

| | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Medical examiner/coroner | <input type="checkbox"/> CPS | <input type="checkbox"/> Other health care | <input type="checkbox"/> Mental health | <input type="checkbox"/> Military |
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Other social services | <input type="checkbox"/> Fire | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Others, list: |
| <input type="checkbox"/> Prosecutor/district attorney | <input type="checkbox"/> Physician | <input type="checkbox"/> EMS | <input type="checkbox"/> Court | |
| <input type="checkbox"/> Public health | <input type="checkbox"/> Hospital | <input type="checkbox"/> Education | <input type="checkbox"/> Child advocate | |

5. Were the following data sources available at the review?

Check all that apply:

- CDC's SUIDI Reporting Form
- Jurisdictional equivalent of the CDC SUIDI Reporting Form
- Birth certificate - full form
- Death certificate
- Child's medical records or clinical history, including vaccinations
- Biological mother's obstetric and prenatal information
- Newborn screening results
- Law enforcement records
- Social service records
- Child protection agency records
- EMS run sheet
- Hospital records
- Autopsy/pathology reports
- Mental health records
- School records
- Substance abuse treatment records

6. 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:

7. Review meeting outcomes, check all that apply:

| | |
|--|---|
| <input type="checkbox"/> Review led to additional investigation | <input type="checkbox"/> Review led to the delivery of services |
| <input type="checkbox"/> Team disagreed with official manner of death. What did team believe manner should be? | <input type="checkbox"/> Review led to changes in agency policies or practices |
| <input type="checkbox"/> Team disagreed with official cause of death. What did team believe cause should be? | <input type="checkbox"/> Review led to prevention initiatives being implemented |
| <input type="checkbox"/> Because of the review, the official cause or manner of death was changed | <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> National |

8. Describe the factor(s) that directly contributed to this death:

9. Which of the factors that directly contributed to this death are modifiable?

10. List any recommendations to prevent deaths from similar causes or circumstances in the future:

11. What additional information would the team like to know about the death scene investigation?

12. What additional information would the team like to know about the autopsy?

M. NARRATIVE

Use this space to provide more detail on the circumstances of the death and to describe any other relevant information.
DO NOT INCLUDE IDENTIFIERS IN THE NARRATIVE.

Continue narrative if necessary on next page

N. FORM COMPLETED BY:

PERSON:
TITLE:
AGENCY:
PHONE:

EMAIL:
DATE COMPLETED:
DATA ENTRY COMPLETED FOR THIS CASE?

For State Program Use Only:
DATA QUALITY ASSURANCE COMPLETED BY STATE

NOTES



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
and with funding from the US Centers for Disease Control and Prevention, Division of Reproductive Health

Data Entry: <https://cdrdata.org>
www.childdeathreview.org
For help, email: info@childdeathreview.org
1-800-656-2434



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Update on Implementation of House Bill 7141

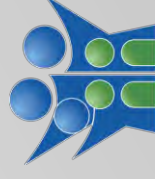
**House Children, Families & Seniors
Subcommittee**

February 4, 2015

Human Trafficking FFY 2013-14

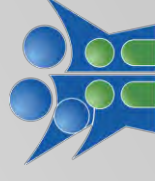
- 979 reports to Florida Abuse Hotline
- 755 victims
 - Approximately 15% were male victims

| DCF Region | Reports Received by Intake | Verified | Open |
|------------|----------------------------|----------|------|
| Central | 250 | 71 | 6 |
| Southeast | 236 | 58 | 7 |
| Suncoast | 200 | 16 | 3 |
| Southern | 144 | 32 | 13 |
| Northeast | 104 | 17 | 3 |
| Northwest | 45 | 3 | 1 |



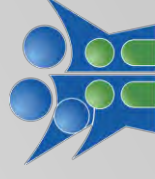
CS/CS/HB 7141: Key Elements

- Screening and assessment instruments
- Specialized intensive training
- Certification process for “safe houses” or “safe foster homes”
- Specialized treatment - residential treatment centers



CS/CS/HB 7141: Key Elements

- Community-wide responses
 - Participate in HT task forces
 - Draft local protocols and procedures
 - Assess services and identify gaps
- Statewide Council on Human Trafficking
- OPPAGA study



Screening and Assessment Instruments

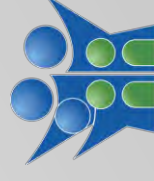
Law requires:

- Screening and assessment instruments for sexually exploited children to improve:
 - Identification
 - Service planning
 - Placement

Screening and Assessment Instruments

DCF Action:

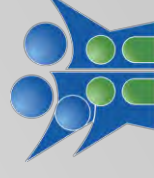
- Created Human Trafficking Screening Instrument (HTSI)
 - Will be validated by Department of Juvenile Justice (DJJ)
 - Will be used by DCF, DJJ and/or Community-Based Care lead agencies (CBCs)
 - Prevents duplication of effort
 - Ensures sharing of information among agencies



Screening and Assessment Instruments

DCF Action:

- Created Guided Placement Discussion tool
 - Current version to be vetted following roll-out of the screening assessment
- Assessment tool development is the next step
 - Identifying appropriate clinical staff
 - Requested final draft from Georgia of its assessment tool



Specialized Intensive Training

Law requires:

- Specialized intensive training of child protective investigators (CPIs) and case managers who handle cases involving sexually exploited children
- Assignment of human trafficking cases to these CPIs and case managers



Specialized Intensive Training

DCF Action:

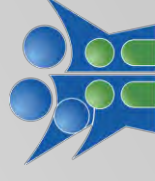
- Created specialized training
- Trained 300+ staff
 - CPIs
 - Hotline staff
 - CBCs
 - Guardians ad litem
 - Department of Health staff
 - Agency for Persons with Disabilities staff



Residential Placements

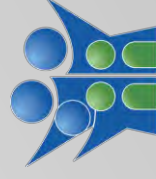
Law requires:

- Certification process for licensed “safe houses” or “safe foster homes”
- Inspection of “safe houses” and “safe foster homes” prior to certification and annually thereafter
- Specified training for foster parents seeking the “safe foster home” designation



Residential Placements

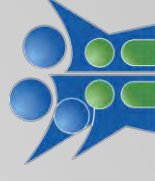
| Type of Placement | #of Facilities | Bed Totals | Population | Locations |
|--------------------|----------------|---------------------------|--------------------|------------------------------------|
| Safe Houses | 6 | 28 | Girls | Suncoast, Central, Southeast |
| Residential Campus | 2 | Varies Avg. 12-15 each | All Genders | Central |
| Safe Foster Homes | | 12 | All Genders | Southern |
| Totals | 8 | 50+ | All genders | Suncoast, Central, Southern |



Residential Placements

DCF Action:

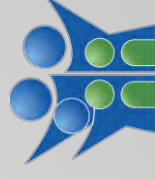
- Began rulemaking through internal workgroup
- Assigned Regional Human Trafficking Coordinator as lead for Community Workgroup January 2015
 - Scheduling Provider Meeting to discuss certification language and gain input
- Worked with providers to create foster parent training curricula
- Initiated discussions with external stakeholders about requirements for residential treatment centers
- Researched best practices for treatment intervention



Community-wide Response

Law requires:

- Assessment of service needs and system gaps
- Local protocols and procedures
- Case manager/case plan for all sexually exploited children residing in “safe houses” or “safe foster homes,” or served in residential treatment centers or hospitals
- Task force participation



Community-wide Response

DCF Action:

- Informed partners and stakeholders about new law, including CBCs and residential providers
 - Webinar on legislative updates
 - Specialized human trafficking training
- Engaged state-level partners
 - Agency for Persons with Disabilities
 - Department of Health
 - Department of Juvenile Justice
 - Attorney General’s Office
 - Agency for Health Care Administration



Community-wide Response

DCF Action:

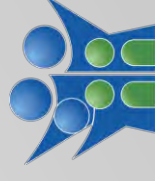
- Convened Statewide Service Array Workgroup
- Developed regional local response protocols with case management organizations
 - One Hope United designated full-time victim advocate housed with the Orange County specialized CPI unit
 - Detailed Circuit 4 protocol with FBI
- Initiated multidisciplinary staffings
 - DJJ, CBCs, Child Protection Team, law enforcement, schools, Agency for Persons with Disabilities, Guardian ad Litem



Community-wide Response

DCF Action:

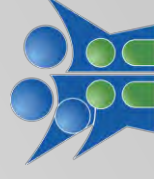
- Identified task forces in all circuits
 - Identified representatives from DJJ, DCF, Law Enforcement, Social Service providers and CBCs
- Provided technical support
 - Volusia County
 - Advisory board seats with Greater Orlando Human Trafficking Task Force (GOHTTF) and The Resource Center on Human Trafficking, Fort Myers



Statewide Council on Human Trafficking

Law requires:

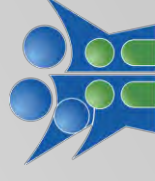
- Council to develop recommendations for comprehensive programs and services for victims, including recommendations for certification criteria for “safe houses” and “safe foster homes”
- DCF to help create and maintain list of human trafficking programs and services



Statewide Council on Human Trafficking

DCF Action:

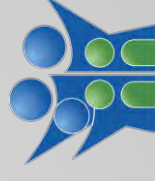
- Secretary Carroll participated as Vice Chair in the inaugural meeting August 18, 2014
 - Secretary Carroll was named chair of the Resources Subcommittee
 - First subcommittee meeting upcoming



OPPAGA Report

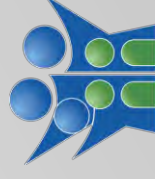
Law requires:

- Annual study on commercial sexual exploitation of children in Florida:
 - Prevalence
 - Services
 - Residential options for victims



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