

A large, light gray silhouette of the state of Florida is positioned in the upper right. Overlaid on the left side of the map are several stylized human figures. Four of these figures are teal and are arranged in a line, holding hands. One figure is white and is positioned below the teal figures, appearing to be part of the map's outline. The overall design is clean and modern.

# Child Abuse Death Review Committee

Working to eliminate preventable  
child abuse and neglect deaths in Florida

**ANNUAL REPORT**  
DECEMBER 2023

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## EXECUTIVE SUMMARY

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### Florida's Child Abuse Death Review System

The Florida Child Abuse Death Review (CADR) System was established in Florida law in 1999. Section 383.402, Florida Statutes (F.S.), delineates CADR as a statewide multidisciplinary, multiagency, epidemiological child abuse death assessment and prevention system. State and local CADR committees are directed by statute to identify gaps, deficiencies, or problems in the delivery of services to children and their families, recommend changes needed to better support the safe and healthy development of children, and implement those changes to the extent possible.

The goal of the CADR System is to work to eliminate preventable child fatalities in Florida by improving CADR members' collective understanding of the complexities of child maltreatment and leveraging data and evidence-based knowledge to support current and future prevention strategies. This statistical report is submitted annually to the Governor, President of the Florida Senate, and Speaker of the Florida House of Representatives.

### 2022 Data: Case Review Analysis

In 2023, local CADR committees reviewed 237 child fatalities that occurred in 2022. Analysis of the case review data revealed that children under the age of five have the highest number of child deaths reported to the Florida Department of Children and Families' (DCF) Florida Abuse Hotline and continue to be at the greatest risk for preventable child death. The three leading causes of preventable child death in 2022, identified by CADR are listed below in order of greatest to least incidence.

1. **Sleep-Related Infant Death** is the leading cause of preventable child death in Florida and is often the result of unsafe sleep practices. Sleep-related infant deaths represent 41.0% of 2022 child fatalities reviewed by the CADR System. Of this total, infants four months of age and younger constitute 76.9% of all 2022 sleep-related fatalities. Infants placed to sleep on adult beds, couches, and other soft surfaces, as well as infants sharing a sleep surface with another child and/or adult, are at significant risk of suffocation and sleep-related death.
2. **Drowning** is the second leading cause of preventable child death, representing 25.3% of all child fatalities reviewed by the CADR System. Children five years of age and younger make up 86.7% of all 2022 drowning-related fatalities reviewed by the CADR System. Ineffective physical barriers and inadequate supervision continue to be primary contributing factors to drowning incidents in young children. Inadequate supervision can include caregivers who are present but distracted, as well as caregivers who are not within visible and audible range when a child is in or near water.
3. **Inflicted Trauma**<sup>1</sup> is the third leading cause of preventable child death, representing 10.1% of child fatalities reviewed by the CADR System. Children five years of age and younger represented 45.8% of these fatalities, whereas the remaining inflicted trauma

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1 Inflicted trauma may include cases involving accidental, non-accidental, and self-inflicted trauma.

incidents were found in children 6-10 years of age (16.7%) and 11 years and older (37.5%). Inflicted trauma cases consist of fatalities involving the use of bodily force, firearms, and other weapons.

## Prevention Recommendations

The following prevention recommendations developed by the State CADR Committee provide an overview of strategies and approaches intended to address preventable child fatalities in Florida (complete details of these recommendations are in Section Eight):

- Promote 2022 updated American Academy of Pediatrics (AAP) guidelines regarding safe sleep practices for infants.
- Ensure all local CADR committees and other entities reviewing child fatalities consistently report hazardous consumer products to the U.S. Consumer Product Safety Commission (CPSC), dating back to deaths occurring on or after January 1, 2021.
- Reevaluate Florida's child and adolescent suicide review model.
- Develop and submit recommendations to the National Center for Fatality Review and Prevention (NCFRP) regarding potential changes to the National Fatality Review-Case Reporting System (NFR-CRS) to incorporate fields that would better contribute to a deeper understanding of child fatalities in Florida.
- Continue efforts to relay timely information to caregivers and community supports regarding the safety of children.
- Continue to support and encourage the development and evaluation of pilot projects and initiatives focused on community-based child fatality prevention.

## SECTION ONE: 2023 CADR BACKGROUND

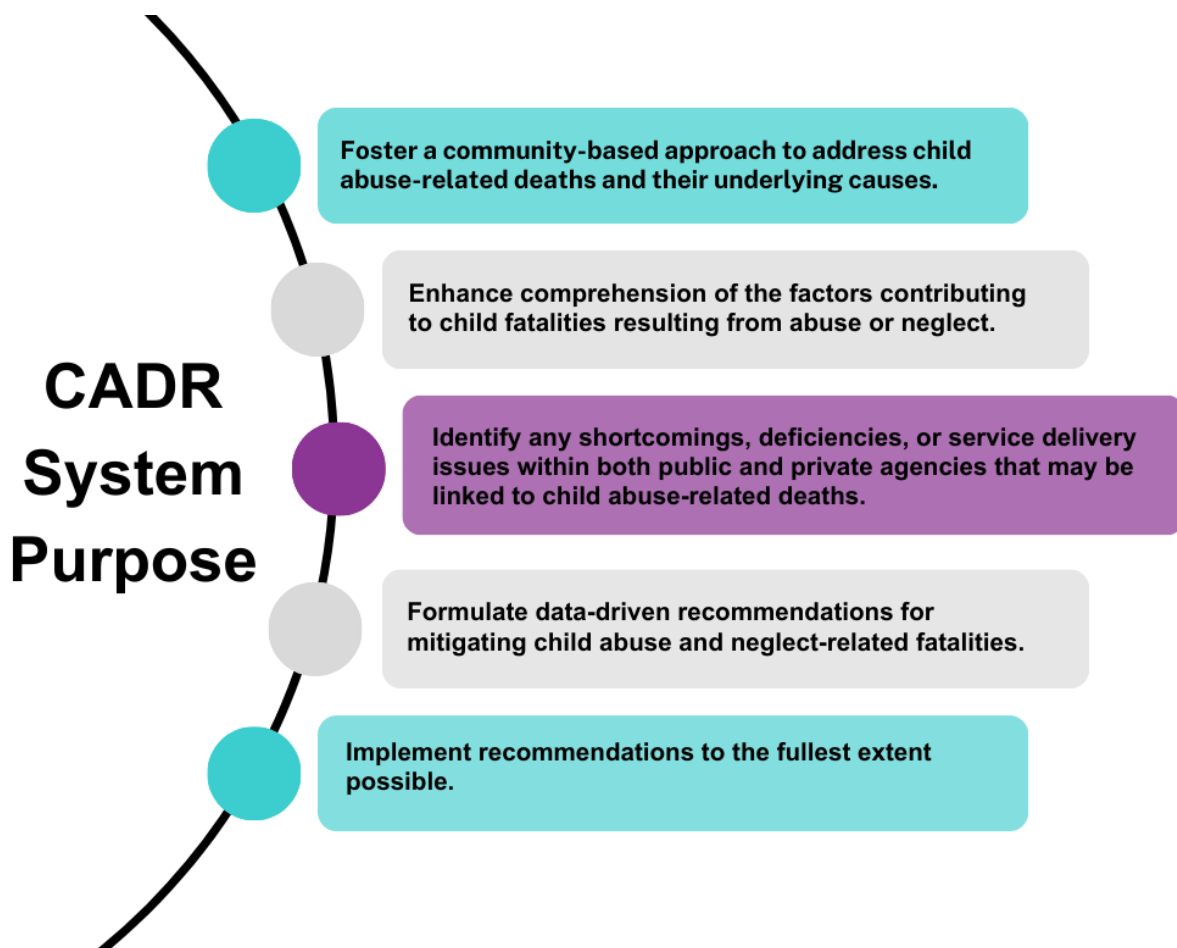
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### System Description

The Florida Department of Health (Department), Division of Children’s Medical Services, Bureau of Child Protection and Special Technologies, CADR Unit, administers this system, which utilizes local CADR committees to conduct comprehensive evaluations of the circumstances surrounding child fatalities reported to DCF’s Florida Abuse Hotline and accepted for investigation. These committees employ a public health approach to meticulously examine child fatality cases with reported suspicions of abuse or neglect. Subsequently, the State CADR Committee aggregates and analyzes data from these local reviews to produce an annual statistical report.

### Statutory Authority

The CADR System operates under the legal framework of Section 383.402, F.S., as detailed in Appendix A.



## State CADR Committee

The State CADR Committee oversees the activities of local committees and engages in a comprehensive analysis of statewide data. This analysis informs evaluations of the adequacy of existing laws, rules, training programs, and services. Recommendations for necessary changes are developed to reduce the incidence of child abuse-related deaths. Strategies are devised, and partnerships are forged at both the state and local levels to implement these changes.

The State CADR Committee comprises seven agency-specific representatives appointed by the respective agency heads and 12 representatives appointed by the Department's State Surgeon General. These 12 members represent various disciplines dedicated to the well-being of children and families. Members of the State CADR Committee, as outlined in Appendix B, serve staggered two-year terms. Reappointment is permitted, but members may not exceed three consecutive terms. The committee selects a chairperson from among its members to serve a two-year term. The agencies responsible for appointing members to the State CADR Committee are:

- Florida Department of Health
- Florida Department of Legal Affairs
- Florida Department of Children and Families
- Florida Department of Law Enforcement
- Florida Department of Education
- Florida Prosecuting Attorneys Association, Inc.
- Florida Medical Examiners Commission, with the requirement that the representative be a forensic pathologist

In addition to the above members, the State Surgeon General appoints the following individuals based on recommendations from the Department and the agencies listed above, ensuring diverse representation:

- The Department's Statewide Child Protection Team Medical Director
- A public health nurse
- A mental health professional specializing in children or adolescents
- A DCF employee responsible for supervising family services counselors, with 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 experienced in working with child abuse victims and perpetrators
- A paraprofessional trained in patient resources employed in a child abuse prevention program
- A law enforcement officer with a minimum of five years of experience in children's issues

- A representative from a Florida Domestic Violence organization
- A representative from a private provider of programs addressing child abuse and neglect prevention
- A substance abuse treatment professional

## **Local CADR Committees**

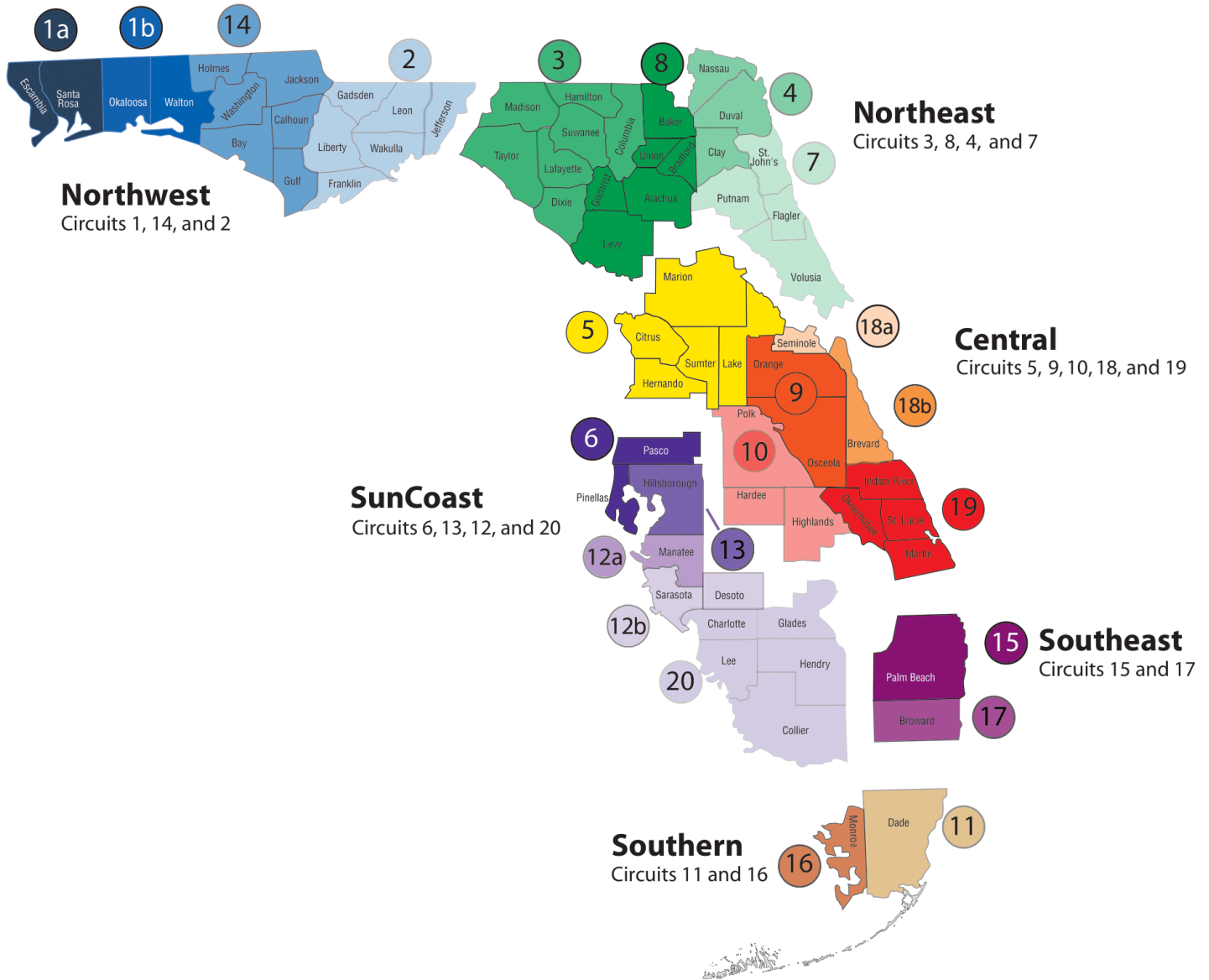
Local CADR committees are responsible for reviewing all closed cases involving alleged child abuse and neglect deaths reported to the DCF Florida Abuse Hotline, then present relevant information to the State CADR Committee. Comprising members from various community agencies within Florida's judicial circuits, local CADR committees share a common interest in promoting, safeguarding, and improving the well-being of children. Details about local CADR committee membership can also be found in Appendix B.

County Health Department Directors, designated as CADR Health Officers, appoint, convene, and support these committees. At a minimum, representatives from the following organizations are appointed by CADR Health Officers:

- The State Attorney's Office
- The Medical Examiner's Office
- The local DCF Child Protective Investigations Unit
- The Department's Child Protection Team
- Community-based care lead agency
- State, county, or local law enforcement agencies
- School district
- A mental health treatment provider
- A certified domestic violence center
- A substance abuse treatment provider
- Any other members specified in guidelines developed by the State CADR Committee

Due to the strong partnership between the Department and DCF within the CADR System, local CADR committees are structured to align with both Florida's Judicial Circuits and the six DCF regions across the state, as illustrated below.\*

**Figure 1: Map of Local CADR Committees and DCF Regions**



\*Local CADR committees across Florida align with Judicial Circuits; however, Circuits 1, 12, and 18 each have two distinct local CADR committees.



## SECTION TWO: METHOD

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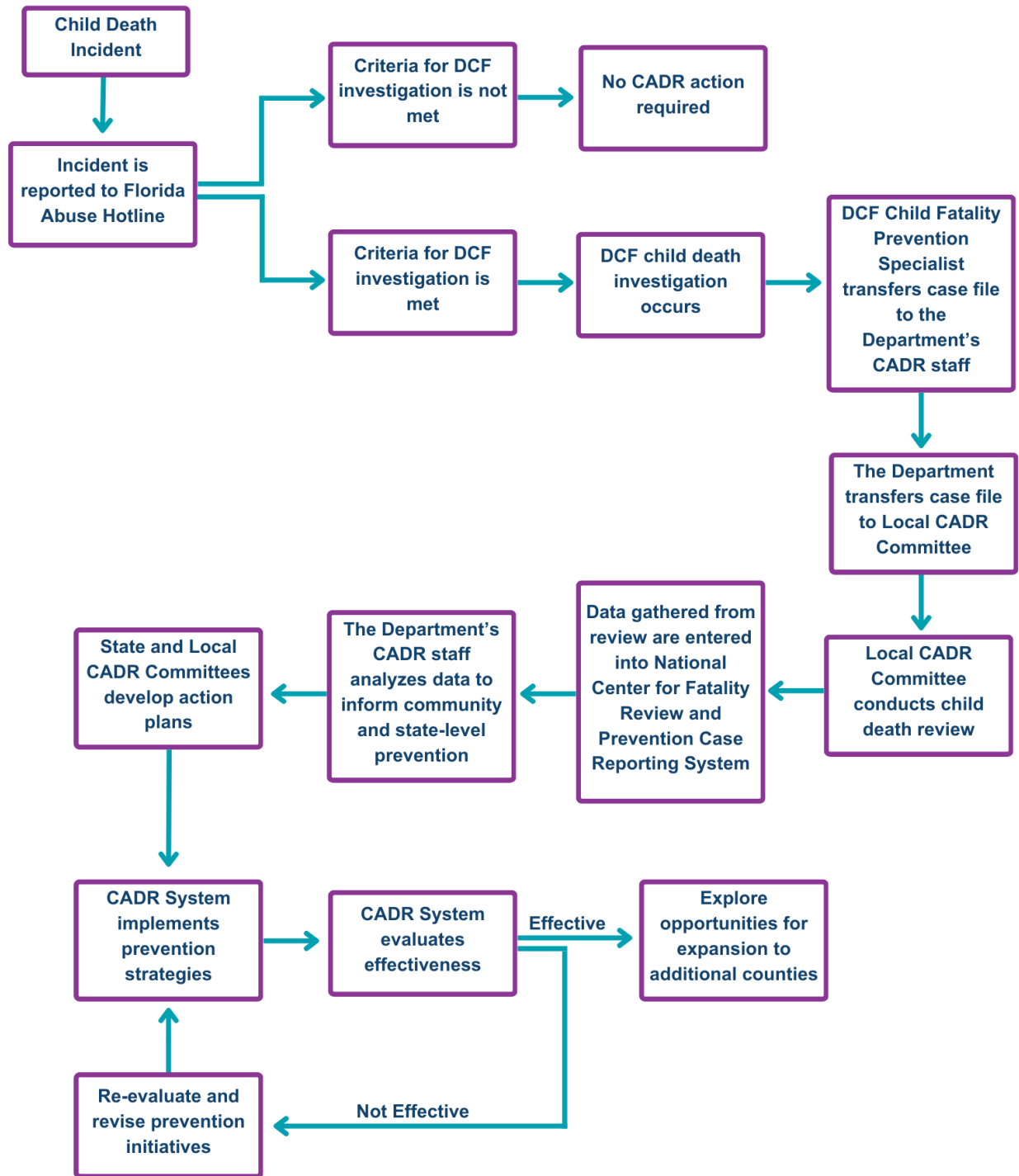
### CADR Process Overview

The CADR process includes numerous essential steps, guiding CADR stakeholders from the initial child fatality incident through the execution of state and community-level prevention initiatives. Local CADR committees receive strong encouragement to adopt a holistic, community-wide approach in addressing the root causes and contributing factors behind child maltreatment-related deaths. Moreover, the committees are urged to proactively implement identified strategies to the fullest extent possible. It is crucial to acknowledge that local CADR committees explore solutions beyond the confines of the child welfare system when identifying and executing prevention strategies.

The flowchart presented in Figure 2 delineates the intricate, multiagency CADR process. This visual representation serves as a framework that embodies the collective commitment to building upon the insights gained and advancing the endeavors of CADR. The CADR System remains unwavering in ensuring that all decision-making is underpinned by relevant data, enabling informed and impactful choices.

The method and process in Florida aims to enhance child safety, deepen the understanding of child abuse and neglect, and drive systemic improvements to protect children and support families effectively.

Figure 2: Multiagency CADR Process



## SECTION THREE: DATA

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### Case Review Statistics

This report includes information on closed child fatality cases with an element of suspected maltreatment, which were reviewed and entered into the NFR-CRS (Appendix C) by September 5, 2023. There were 237 child fatality review cases available for analysis which are included in this report. Cases that remain open to DCF for investigation were not available for review and thus, are not included in this report.

Judicial circuits continue to experience a backlog of cases impacting data made available for CADR; specifically, cases of inflicted trauma and child homicide. To address case review delays, local CADR committees are responsible for developing a plan to complete the review of backlogged cases following the completion of the annual reporting year's cases.

Child maltreatment findings are based on the following criteria:

- **Verified** – A preponderance of the credible evidence results in a determination that the specific harm or threat of harm was the result of abuse, abandonment, or neglect.
- **Not Substantiated** – There is credible evidence, which does not meet the standard of being a preponderance, to support that the specific harm was the result of abuse, abandonment, or neglect.
- **No Indicators** – There is no credible evidence to support the allegations of abuse, abandonment, or neglect.

References are made to unknown and missing data in certain graphs, charts, and tables throughout this section of the report.

- **Unknown** – A value selected in the NFR-CRS when the answer to a given question is not known, despite efforts by the local CADR committee to obtain the information.
- **Missing** – Questions that were not answered when a child fatality case was entered into the NFR-CRS, result in a missing data value.

## Child Death Trends

Counts and rates of all causes of child death derived from Vital Statistics and verified child maltreatment deaths from CADR are displayed in Table 1.

In 2022, the all-cause death rate for children aged 0-17 was 51.7 deaths per 100,000 child population (Florida CHARTS, 2023). This rate has fluctuated annually over the last 12 years and does not indicate a particular trend or pattern. Every year, over 2,000 Florida children die; of these deaths, a proportion are reported to and investigated by DCF and reviewed by CADR, of which some are found to be maltreatment related. In 2022, 471 of the total child deaths in the state were investigated by DCF; 64 of these investigated deaths were determined to be verified maltreatment cases.

Table 1: Child Deaths: All Causes and Maltreatments, Florida, 2011-2022						
Year	Resident Child Deaths All Causes	Resident Child Death Rate per 100,000 Population	Total Cases (Child Deaths Reported to Hotline)	Verified Child Maltreatment Deaths	Cases Pending (DCF)**	Cases Pending (Local Review)***
2011	2,191	54.2	428	136	-	-
2012	2,046	50.9	411	129	-	-
2013	2,105	52.5	436	137	-	-
2014	2,131	52.9	445	156	-	-
2015	2,249	55.4	473	123	-	-
2016	2,217	54.1	463	110	-	-
2017	2,236	54.1	462	113	-	-
2018	2,128	50.7	440	118	2	4
2019	2,107	49.7	398	91	3	17
2020	2,107	49.2	446	103	8	48
2021	2,227	51.6	449	58	60	73
<b>2022</b>	<b>2,272*</b>	<b>51.7</b>	<b>471</b>	<b>64</b>	<b>187</b>	<b>47</b>

\*2022 Vital Statistics death data are provisional and subject to change.

\*\*Cases Pending (DCF) includes cases that are still open for investigation or recently closed.

\*\*\*Cases Pending (Local Review) includes cases available, but are not yet reviewed.

## 2022 Case Status Summary

Table 2 details the distribution of 2022 child fatalities assigned to each local CADR committee, including child fatalities reported to the Florida Abuse Hotline, cases that were not available for review, cases awaiting review, and cases reviewed and analyzed as of September 5, 2023.

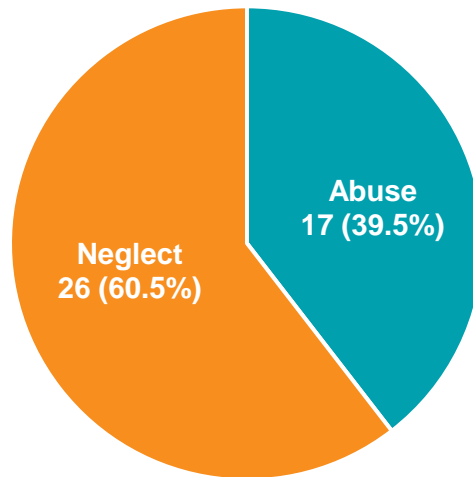
Table 2: Case Review Status of Child Deaths by Local CADR Committees				
Circuit	Total Cases (Child Deaths Reported to Hotline)	Cases Not Available for Review (Open Investigation/Case in Processing)	Cases Closed by DCF	Cases Completed and Available for Annual Report
1a	11	1	10	10
1b	7	0	7	7
2	6	2	4	0
3	8	8	0	0
4	36	33	3	0
5	41	0	41	34
6	27	16	11	9
7	21	21	0	0
8	6	6	0	0
9	37	1	36	36
10	44	1	43	37
11	40	8	32	23
12a	8	1	7	7
12b	4	2	2	2
13	37	12	25	25
14	10	5	5	5
15	23	16	7	7
16	0	0	0	0
17	36	21	15	15
18a	20	10	10	1
18b	10	0	10	5
19	19	10	9	7
20	20	13	7	7
<b>Total</b>	<b>471</b>	<b>187</b>	<b>284</b>	<b>237</b>

By the end of 2022, 471 child fatalities were reported to the Florida Abuse Hotline. Of these fatality cases:

- 284 were closed by DCF.
  - Of these, 282 cases were available for review, and 237 reviews were completed (84.0%).
  - The remaining 47 cases were scheduled for review after September 5, 2023. Data included in this report apply only to the 237 reviewed cases. Findings may change once all available cases of child fatalities for 2022 are reviewed.

- 187 were still open for investigation or recently closed, therefore case information was unavailable for review by September 5, 2023.
  - Consideration will be given toward supplemental analyses of the remaining 2022 fatalities (187) upon case closure and review.
- Of the 43 verified maltreatment deaths reviewed, 26 (60.5%) were the result of neglect, and 17 (39.5%) were the result of abuse (Figure 3).

**Figure 3: Verified Maltreatment Deaths by Type of Maltreatment (n=43)**



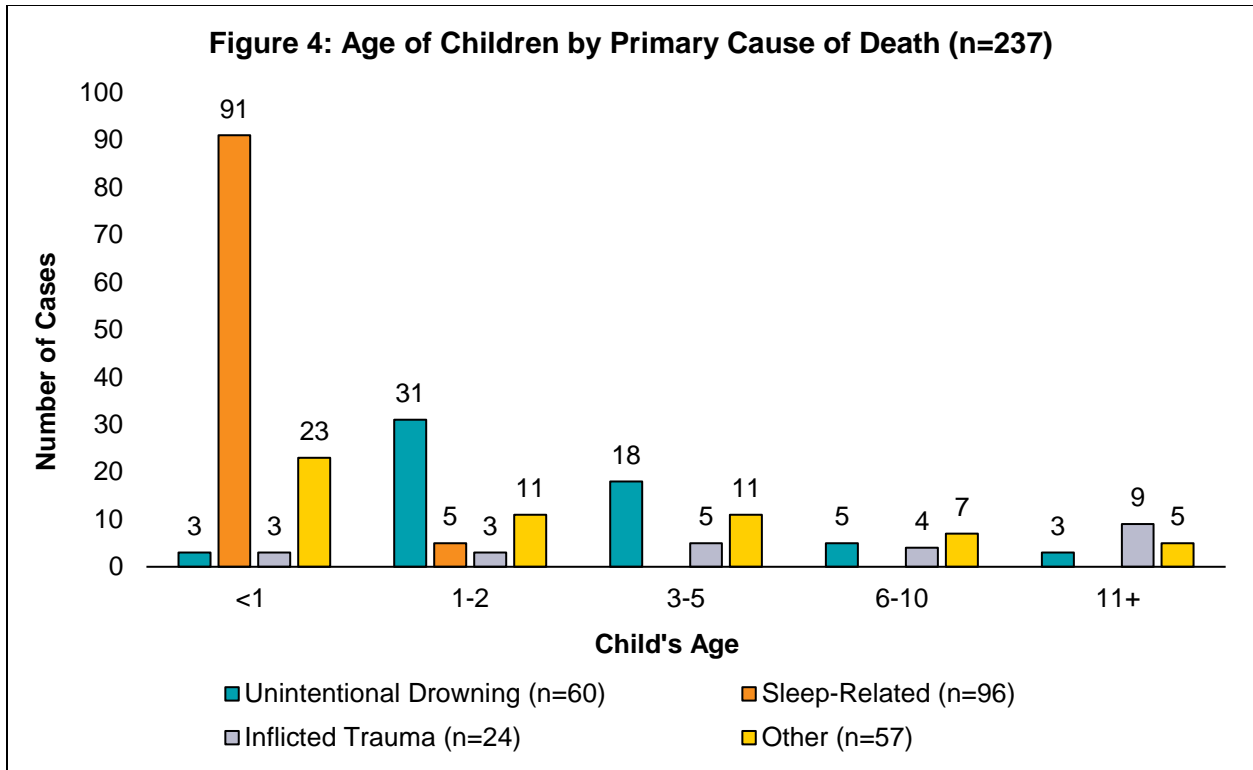
## Child Demographic Characteristics

### Child's Age

Children aged five and under comprised the majority of all fatalities, representing 204 of 237 (86.1%) cases.

As shown in Figure 4:

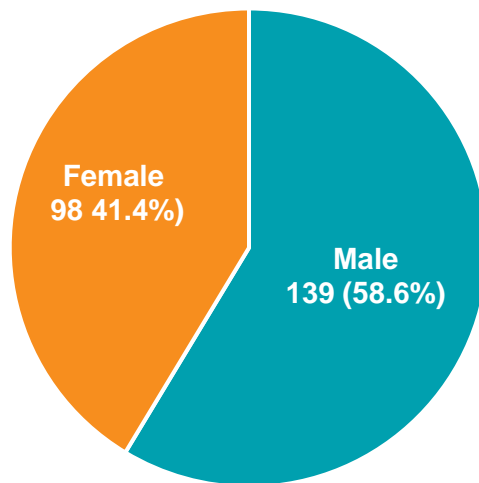
- Among unintentional drowning deaths, 52 of 60 (86.7%) were children five years of age and younger. Most of these deaths (70.0%) occurred in children between ages 1-3 years old.
- Among sleep-related deaths, 91 of 96 (94.8%) were children less than one and most of these incidents (76.9%) occurred in infants four months and younger.
- 23 of 57 (40.4%) child deaths attributed to other causes occurred in children younger than one year.



**Child's Sex**

Figure 5 shows the distribution of sex in the 237 reviewed cases. Males were disproportionately represented among child fatalities, accounting for 58.6% of all reviewed cases.

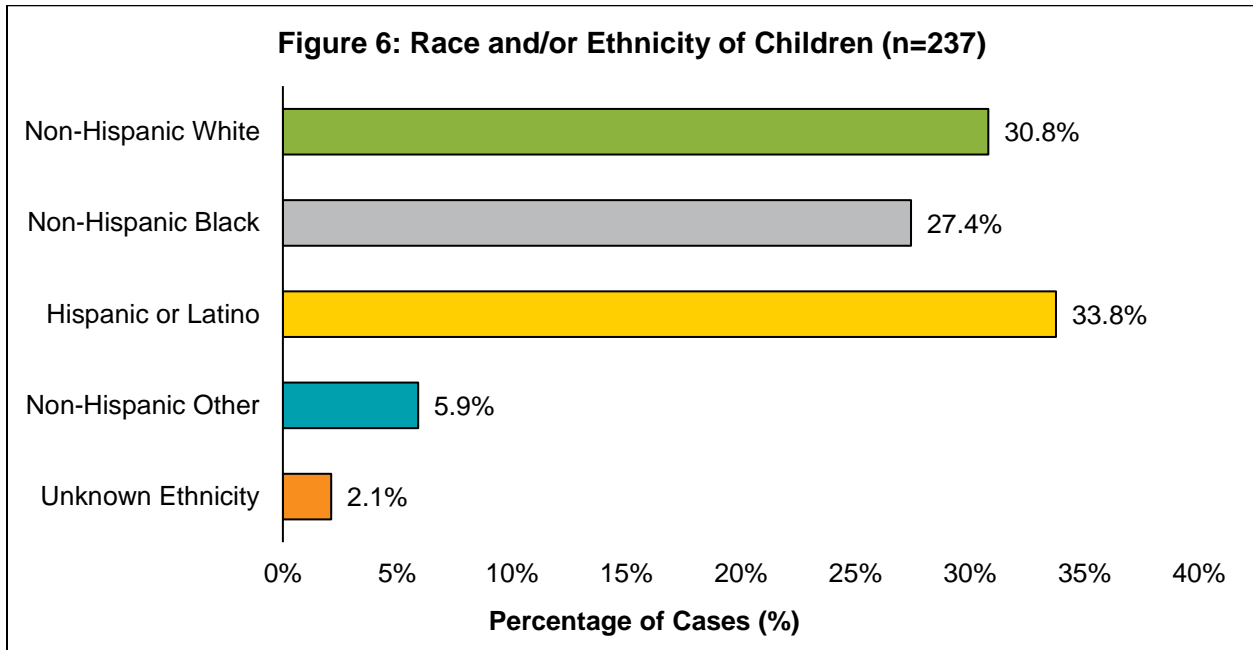
**Figure 5: Child's Sex (n=237)**



## Race and Ethnicity of Child

As displayed in Figure 6, 73 of 237 (30.8%) children were non-Hispanic white, and 65 (27.4%) were non-Hispanic Black.

Children of Hispanic or Latino ethnicity represent 80 (33.8%) total cases, whereas 14 (5.9%) were non-Hispanic other, and 5 (2.1%) were of unknown ethnicity. Non-Hispanic other can include Alaska Native, American Indian, Asian, Native Hawaiian, Pacific Islander, or multiple races.



### Key Points of 2022 Child Demographic Characteristics Data

- 50.6% of all child fatality incidents received by CADR were less than 1 year old.
- 58.6% of all child fatality incidents received by CADR were classified as male.
- 30.8% of all child fatality incidents received by CADR were identified as non-Hispanic white, whereas 27.4% were identified as non-Hispanic black. Children of Hispanic or Latino ethnicity constituted 33.8% of all cases.



## Location of Child Deaths

The incident county refers to the county where the incident that led to the death took place, which may be different from the child's residence county or the county where the child was declared deceased. The distribution of cases by incident county is shown in Table 3.

Table 3: County of Death Incident (n=237)					
Incident County (Circuit)*	Leading Cause of Death Category				Total
	Unintentional Drowning	Sleep- Related	Inflicted Trauma	Other	
Bay (14)	0	2	1	1	4
Brevard (18a)	0	1	0	0	1
Broward (17)	5	6	2	2	15
Charlotte (20)	0	1	0	1	2
Citrus (5)	1	4	0	1	6
DeSoto (12b)	1	1	0	0	2
Escambia (1a)	0	5	1	1	7
Hardee (10)	0	2	0	1	3
Hernando (5)	1	1	2	2	6
Highlands (3)	2	2	1	1	6
Hillsborough (13)	7	9	1	8	25
Indian River (19)	0	0	1	0	1
Lake (5)	1	6	0	6	13
Lee (20)	2	2	0	1	5
Manatee (12a)	3	4	0	0	7
Marion (16)	2	3	1	2	8
Miami-Dade (11)	7	5	3	8	23
Okaloosa (1b)	1	3	0	0	4
Okeechobee (19)	1	0	0	0	1
Orange (9)	6	9	3	6	24
Osceola (9)	8	1	2	1	12
Palm Beach (15)	3	2	0	2	7
Pasco (6)	0	1	2	1	4
Pinellas (6)	0	3	1	1	5
Polk (10)	3	16	1	8	28
Saint Lucie (19)	2	2	1	0	5
Santa Rosa (1a)	0	2	0	1	3
Seminole (18b)	2	2	1	0	5
Sumter (5)	0	0	0	1	1
Walton (1b)	2	1	0	0	3
Washington (14)	0	0	0	1	1
<b>Total</b>	<b>60</b>	<b>96</b>	<b>24</b>	<b>57</b>	<b>237</b>

\*Table 3 does not depict all 67 Florida counties, as it only comprises reviewed cases available for this annual report. Thus, counties with cases that have not been closed or reviewed are excluded.

Of the top three primary cause of death categories:

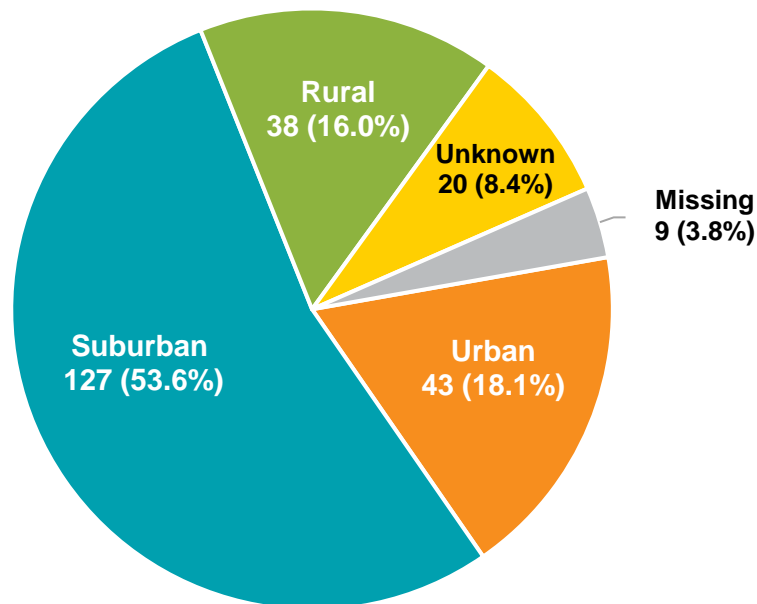
- 46 of 96 (47.9%) of all sleep-related deaths occurred in five counties: Polk (16), Orange (9), Hillsborough (9), Lake (6), and Broward (6); Polk County accounted for 16.7% of these cases.
- 33 of 60 (55.0%) of unintentional drowning deaths occurred in five counties: Osceola (8), Miami-Dade (7), Hillsborough (7), Orange (6), and Broward (5); Osceola County accounted for 13.3% of these cases.
- All 24 deaths due to inflicted trauma occurred across 16 counties: Miami-Dade (3), Orange (3), Pasco (2), Osceola (2), Hernando (2), Broward (2), Bay (1), Escambia (1), Highlands (1), Hillsborough (1), Indian River (1), Marion (1), Pinellas (1), Polk (1), Saint Lucie (1), and Seminole (1).

### Incident Area Type

Figure 7 displays the type of area where child death incidents occurred. Of the 237 cases reviewed, 127 (53.6%) took place in suburban areas. The remaining incidents included 43 (18.1%) that occurred in urban areas and 38 (16.0%) in rural areas.

Suburban is defined as a residential district located on the outskirts of a city. Urban is defined as a large city or densely populated area. A rural area is a community with low population densities and can include agricultural and recreational land.

**Figure 7: Type of Area Where Incident Occurred (n=237)**

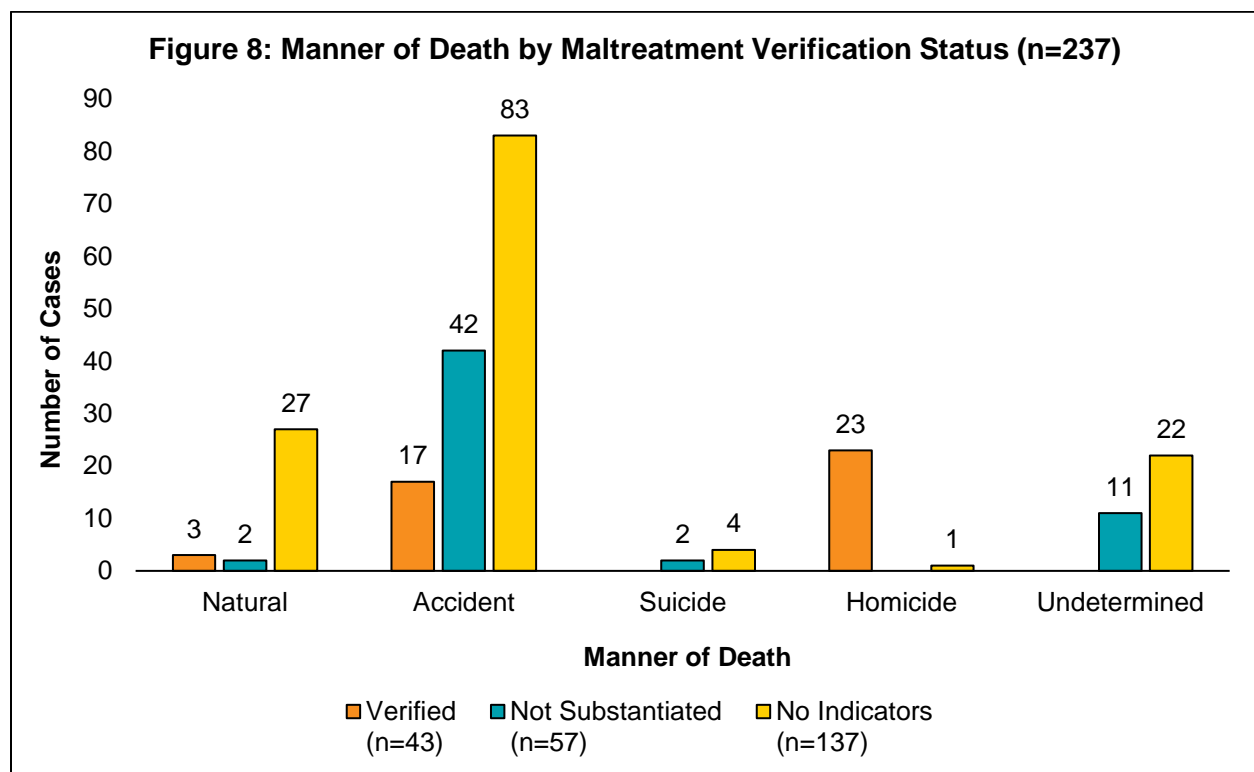


## Official Manner of Death

Child fatality reviews document the official manner and cause of death as recorded on the child's death certificate, as well as the maltreatment verification finding that results from DCF investigation.

Figure 8 displays the official manner of death for all child fatalities reviewed in this report.

- Of the 43 verified maltreatment deaths, 17 (40.5%) were classified as accidents, 23 (54.8%) were classified as homicides, and 2 (4.8%) were classified as a natural manner.
- Out of 57 not substantiated child deaths, 42 (73.7%) were classified as accidents, and 11 (19.3%) were an undetermined manner.
- Of the 137 child deaths with no indicators of maltreatment, 83 (60.6%) were classified as accidents, followed by 28 (20.3%) classified as a natural manner of death, and 22 (15.9%) classified as an undetermined manner.

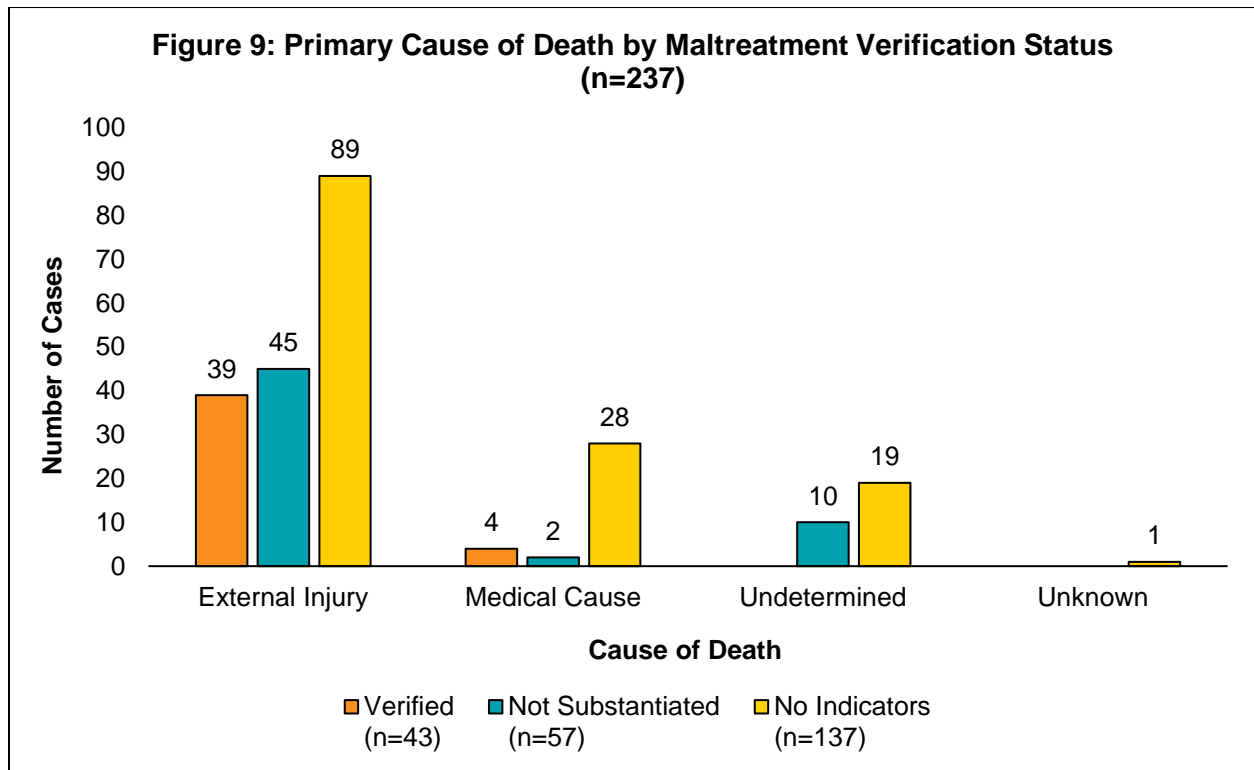


## Primary Cause of Death

The distribution of primary cause of death by maltreatment verification status is displayed in Figure 9.

- Among the 43 verified maltreatment fatalities, 39 (90.7%) were the result of an external injury, and three (9.3%) was due to a medical cause of death.

- Among the 57 maltreatment fatalities that were not substantiated, 45 (78.9%) were the result of an external injury, 10 (17.5%) were an undetermined cause, and 2 (3.5%) were determined to have a medical cause.
- Among the 137 deaths with no indicators, 89 (65.0%) were the result of an external injury, 28 (20.4%) were the result of a medical cause, 19 (13.9%) were undetermined, and one (0.7%) had an unknown cause of death.



The distribution of leading cause of death by manner of death is displayed in Figure 10.

- Unintentional drownings accounted for 60 of the 237 reviewed cases.
- Among the 96 sleep-related death cases, the manner of death was accidental in 62 (64.6%) cases, whereas 27 (28.1%) deaths were classified as undetermined and seven (7.3%) were due to a natural manner of death.
- Homicidal manner accounted for 20 (83.3%) of the 24 inflicted trauma cases. The remaining four cases of inflicted trauma (16.7%) were suicides.
- The remaining other cause of death category comprises deaths caused by other external injuries (not sleep-related, drowning, or inflicted trauma), medical conditions, and undetermined and unknown causes. The majority of these cases were identified as having a natural manner of death (43.9%), followed by accidental (35.1%), and undetermined (10.5%). The remaining six cases in this category included four (7.0%) homicides and two (3.5%) suicides.

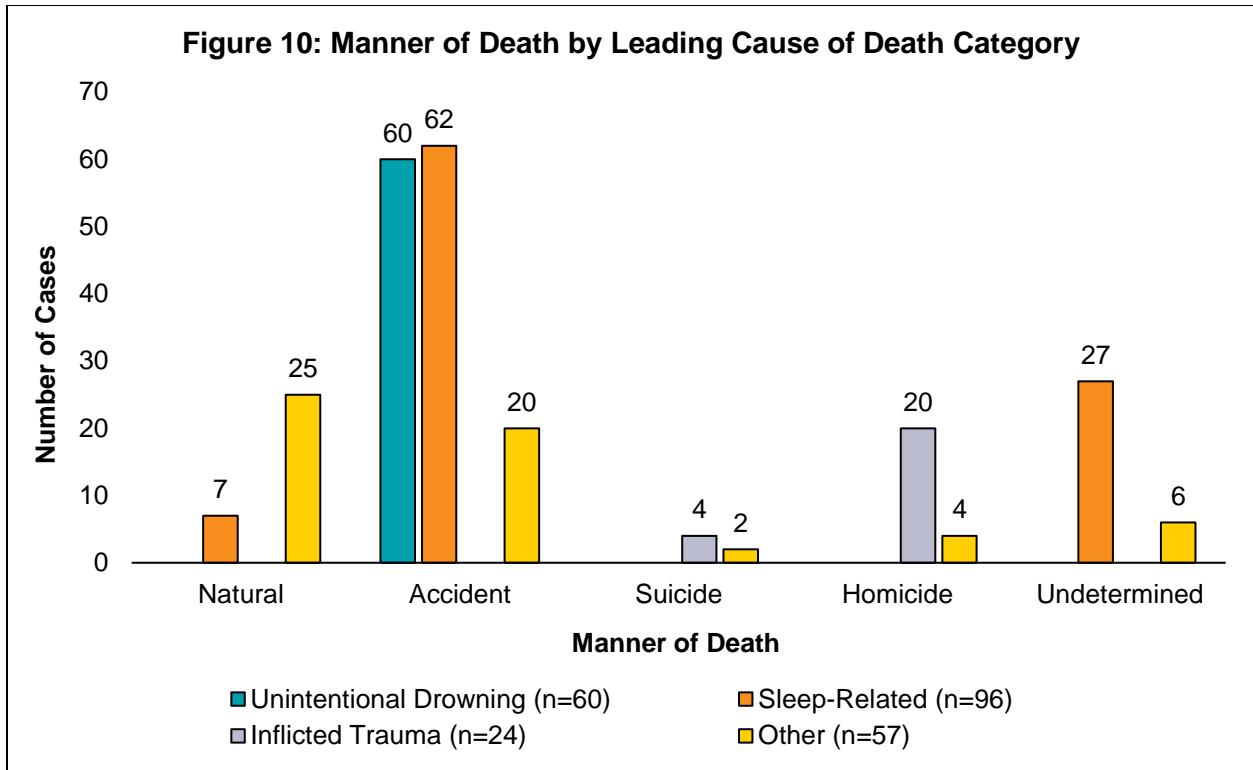
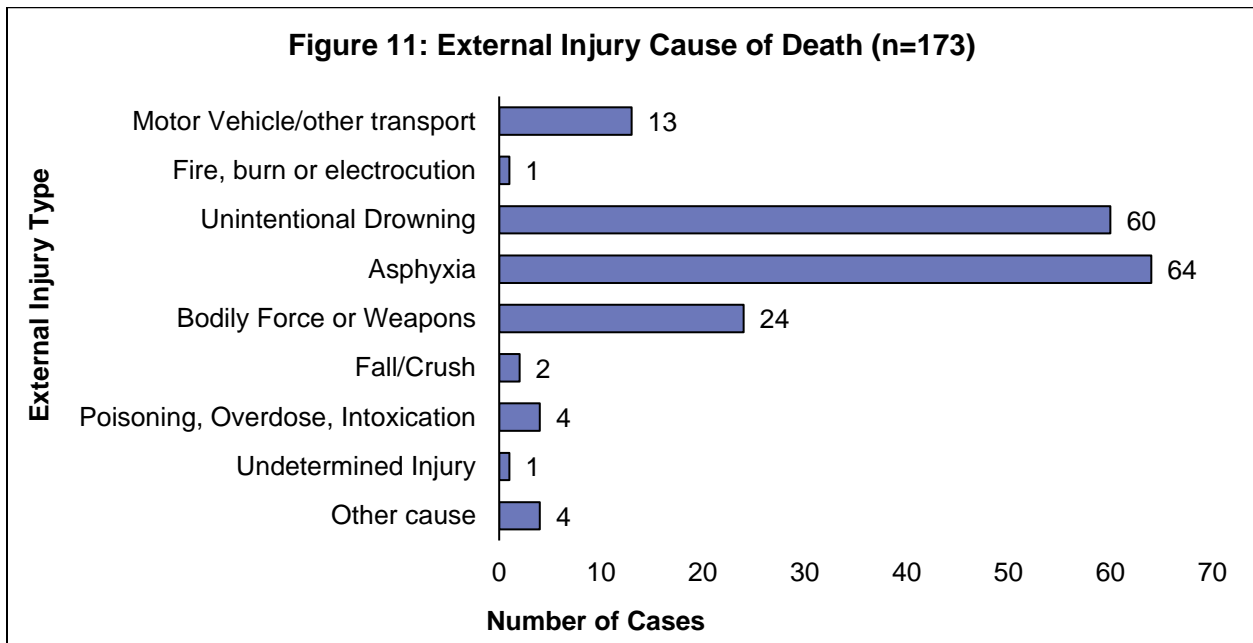


Figure 11 displays specific primary causes of death resulting from an external injury.



Tables 4 and 5 show the specific injury causes of death among homicide and suicide (30) cases.

In 2022, there were 24 homicide deaths. In 20 of these cases, the cause of death was inflicted trauma through bodily force or the use of a weapon. There were 14 homicides that involved the use of a firearm as a weapon, and six cases involved the use of bodily force. In the remaining three cases, the external cause of death is reported as asphyxia (1); poisoning, overdose, or intoxication (1); and other cause (1) for a case involving hyperthermia (Table 4).

Of the six suicide incidents, four cases used firearms; one case involved fire, burn, or electrocution; and one case involved poisoning, overdose, or intoxication (Table 5).

<b>Table 4: Cause of Death in Homicide Cases (n=24)</b>	
<b>Injury Cause</b>	<b>Number of Cases</b>
Asphyxia	1
Bodily force or weapon	20
Poisoning, overdose, intoxication	1
Other cause	1
Missing	1

<b>Table 5: Cause of Death in Suicide Cases (n=6)</b>	
<b>Injury Cause</b>	<b>Number of Cases</b>
Fire, burn, or electrocution	1
Weapon	4
Poisoning, overdose, intoxication	1

Table 6 displays specific primary causes of death resulting from a medical condition.

<b>Table 6: Medical Cause of Death (n=34)</b>	
<b>Specific Medical Cause of Death</b>	<b>Number of Cases</b>
Asthma/Respiratory	1
Cardiovascular	3
Congenital Anomaly	3
Diabetes	1
Influenza	1
Malnutrition/Dehydration	1
Pneumonia	6
Prematurity	3
SIDS	1
Other Infection	5
Other Perinatal Condition	1
Other Medical Condition	3
COVID-19	5

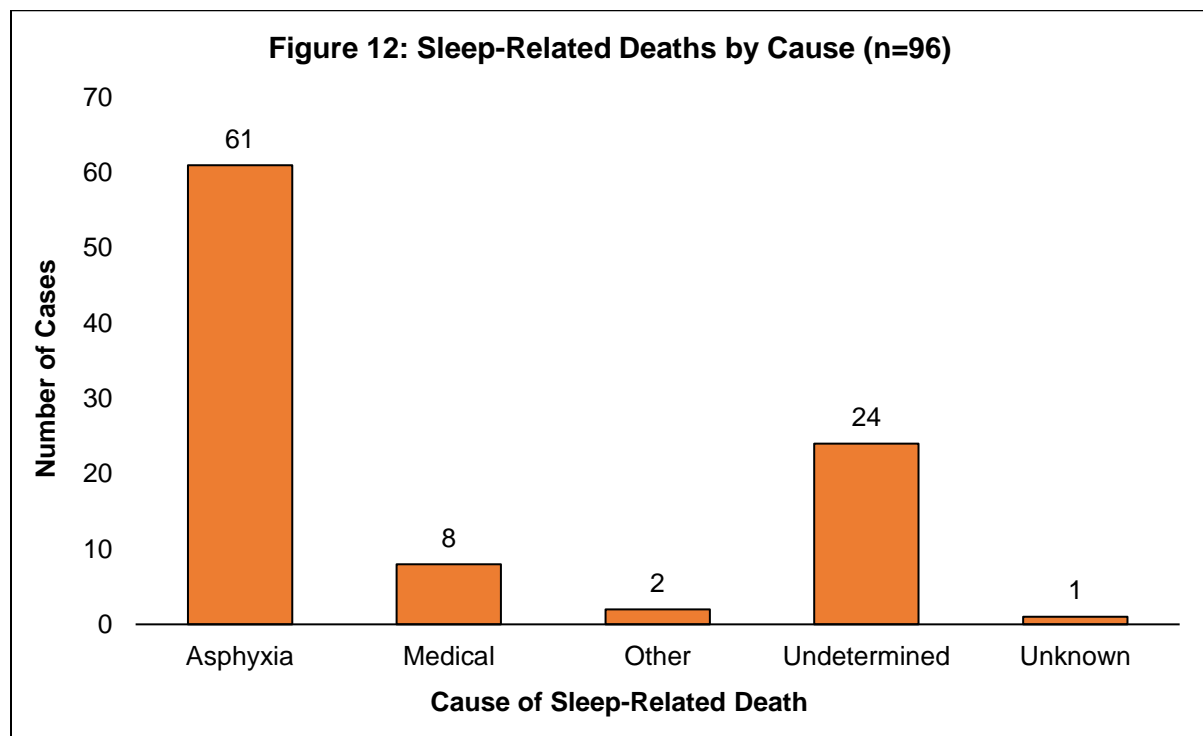
## Sleep-Related Deaths

Sleep-related deaths remain the primary category of child deaths reviewed by local CADR committees. All sleep-related information in this report pertains to children under five years of age. Of the 96 sleep-related incidents, 94.8% occurred in infants under one year.

Sleep-related deaths account for 96 (40.5%) of all 2022 CADR case entries, with 61 (63.5%) due to asphyxia, eight (8.3%) due to medical cause, two (2.0%) due to other cause, 24 (25.0%) undetermined, and one (1.0%) unknown (Figure 12).

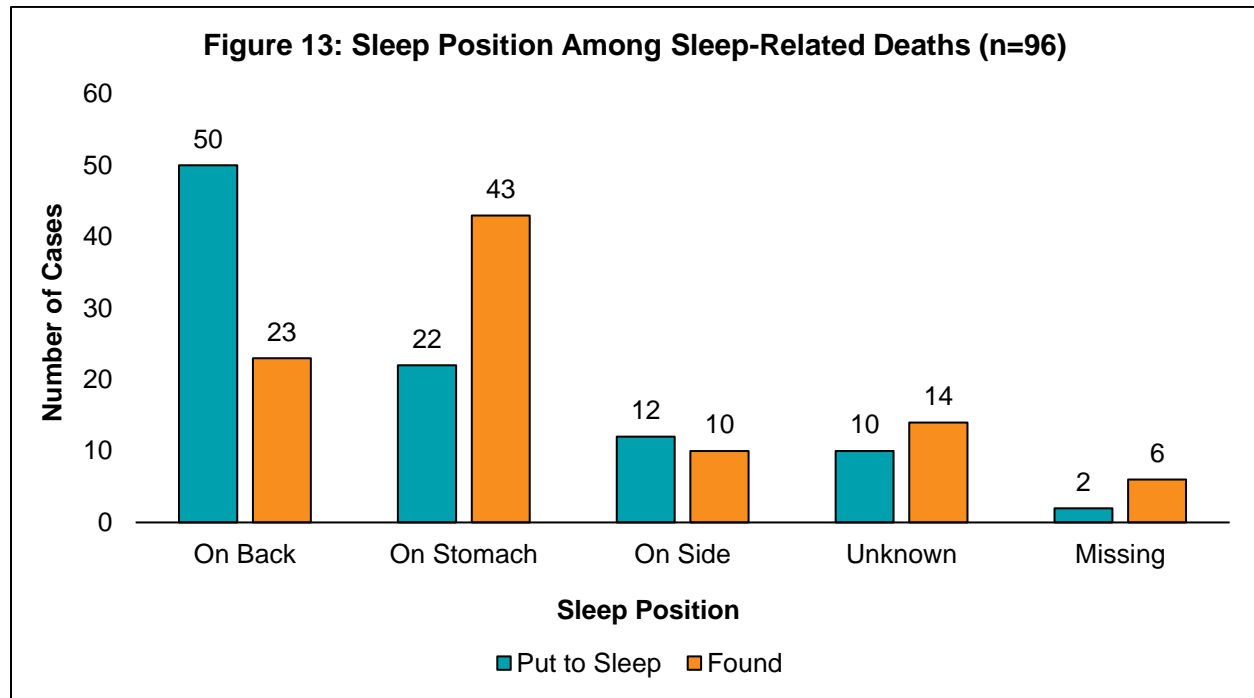
In sleep-related deaths, determining a clear cause of death is often challenging for medical examiners. Death scene investigations for sleep-related incidents at the place of the incident were completed for 94 of 96 (97.9%) reported cases. Of the 94 cases with a completed death scene investigation, 40 (42.6%) included doll reenactments and the findings were shared with local CADR committees in 16 of the 40 (40.0%) cases.

As a result, some of these deaths may be classified as unknown or undetermined, even after an investigation or autopsy. Death scene investigations involving sleep-related incidents provide valuable information regarding sleep environment risk factors, such as sleeping location and position in which the child was placed to sleep. These narratives can be used in conjunction with autopsy results to provide a more comprehensive view of the incident.



Local CADR committees collect information on the details of the child's sleep environment. Figures 13 through 15 and Table 7 provide an overview of important factors in sleep-related death cases.

Figure 13 details sleep position among cases that were classified as sleep-related, including how the child was placed to sleep and the sleep position when found deceased.



- In 50 (52.1%) of the 96 sleep-related cases, the child was placed to sleep on their back.
- On the stomach was the most frequently reported sleep position when the child was found non-responsive or deceased, accounting for 43 (44.8%) child deaths where sleep position at the time of death was known.

Figure 14 shows the distribution of sleep location among cases that were classified as sleep-related. Of all sleep-related deaths, 58 (60.4%) took place in an adult bed.



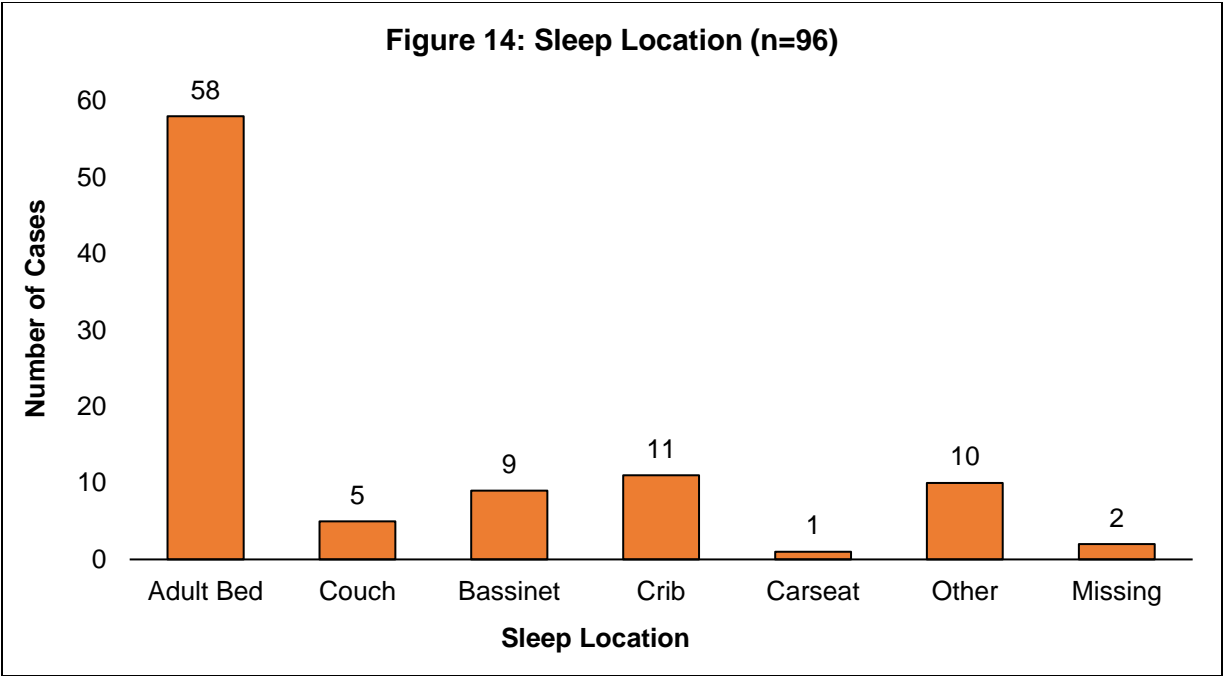


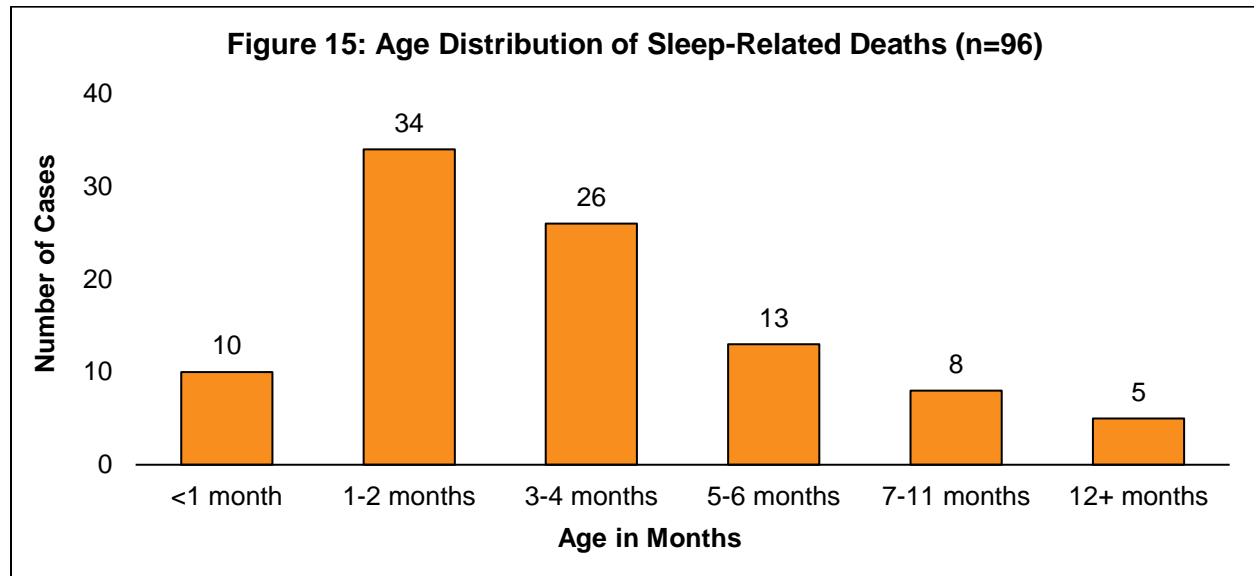
Table 7 provides counts of specific objects (including persons) that were found in a child’s sleep environment, in sleep-related death cases. More than one object may have been present in the sleep environment. In 55 cases, an adult was present in the sleep environment, and in 20 cases, one or more children were present in the sleep environment.

<b>Table 7: Objects in the Sleep Environment (n=96)</b>		
<b>Object(s) Present in Sleeping Environment</b>	<b>Cases</b>	<b>Percentage* (%)</b>
Adult	55	57.3%
Child(ren)	20	20.8%
Animal(s)	1	1.0%
Mattress	68	70.8%
Comforter, quilt or other	44	45.8%
Fitted sheet	44	45.8%
Thin blanket/flat sheet	48	50.0%
Pillow or cushion	61	63.5%
Nursing or u-shaped pillow	6	6.3%
Sleep positioner	2	2.1%
Clothing	6	6.3%
Bottle	12	12.5%
Crib railing/side	3	3.1%
Wall	8	8.3%
Toy(s)	5	5.2%
Other	14	14.6%

\*Percentage reflects the proportion of cases out of the total number of sleep-related deaths for each row item in the table.



Figure 15 provides the age distribution of sleep-related deaths. Of the 96 sleep-related death incidents in 2022, 44 (45.8%) involved infants two months of age and younger, while 26 (27.1%) involved infants between three and four months of age, and 13 (13.5%) involved infants that were between five and six months of age.



**Key Points of 2022 Sleep-Related Data**

- 60.4% of all sleep-related deaths took place in an adult bed.
- 72.9% of all sleep-related fatalities were children less than five months old.
- 58.3% of all sleep-related deaths involved male children.
- 52.1% of children were placed on their back to sleep and 44.8% were found on their stomach.
- 57.3% of the 96 sleep-related deaths had another adult in the bed, whereas 20.8% had another child or children in the bed at the time of incident.

### Unintentional Drowning Death Incident Information

Local CADR committees collect detailed information on the circumstances and environmental factors associated with child drowning fatalities, including the location of the incident and whether a barrier was in place to prevent access to a water source.

Table 8 displays the location of unintentional drowning deaths. Pools, hot tubs, or spas accounted for the majority of total drowning incidents (66.7%), followed by open water or ponds (26.7%), and bathtubs (6.7%).

Table 8: Drowning Location (n=60)		
Drowning Location	Number of Cases	Percent (%)
Open Water/Pond	16	26.7%
Pool/Hot Tub/Spa	40	66.7%
Bathtub	4	6.7%

Figure 16 shows the location where children were last seen before drowning. Children were most likely to be last seen in the house (43.3%) or in water (23.3%) prior to drowning.

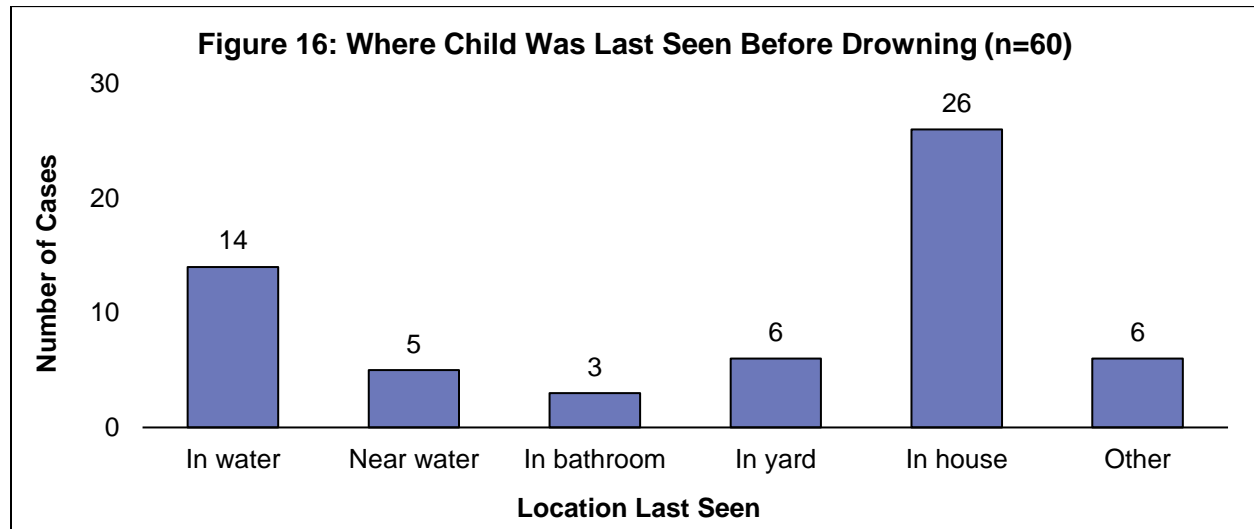
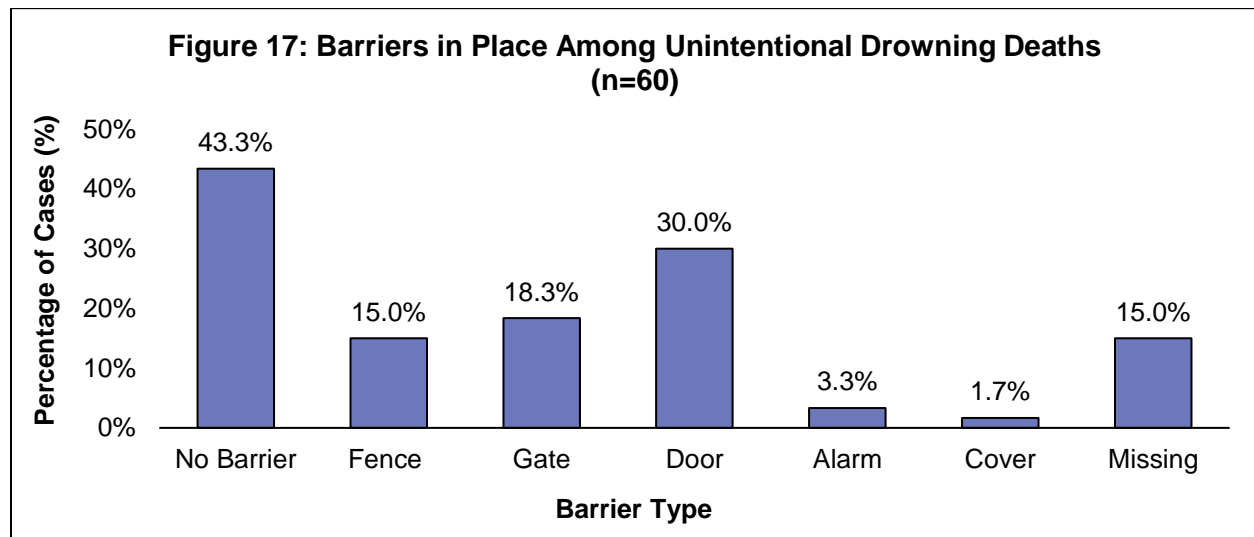
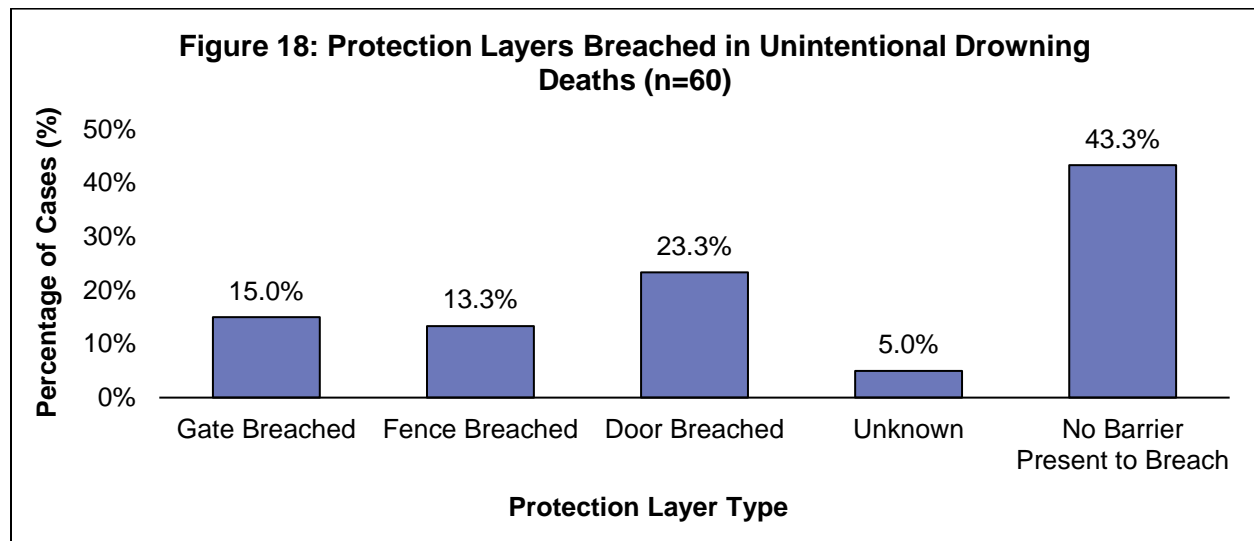


Figure 17 details the physical barriers and other protection layers that were in place at the time of the unintentional drowning incident. Barriers are physical structures, such as a door or a fence, that help limit access to potentially hazardous bodies of water. More than one barrier type can be present in individual drowning cases.



In 41.7% of unintentional drownings, at least one physical barrier was present at the time of the incident. The most common physical barriers in place among the 60 drownings were doors (30.0%) and gates (18.3%).

Figure 18 details physical barriers and other protection layers that were breached. A breached barrier is defined as opened, broken, or not functioning. Therefore, the presence of a barrier does not imply that the barrier is always effective in preventing a child from accessing a water source and may also not be applicable in certain water sources, such as an open beach.



The most prevalent barriers breached were doors (23.3%), gates (15.0%), and fences (13.3%). However, in 26 (43.3%) of the unintentional drowning cases, there were no layers of protection indicated to prevent access to water.

**Key Point of 2022 Unintentional Drowning Data**

- Drowning deaths occurring in a pool, hot tub, or spa account for 66.7% of all drowning fatalities.
- Children three years of age and younger make up 75.0% of all drowning fatalities. This percentage increases to 78.3% when including children four years of age and younger.
- 70.0% of children did not know how to swim at the time of the incident.
- 70.0% of all drowning related fatalities involved male children.
- 43.3% of children were located within the home prior to the drowning incident.
- Of all protection layers that were present among reviewed drowning cases, 30.0% were identified as being a door.
- 43.3% of cases had no barrier in place.
- Doors and gates accounted for 38.3% of all protection layers breached prior to drowning incidents.

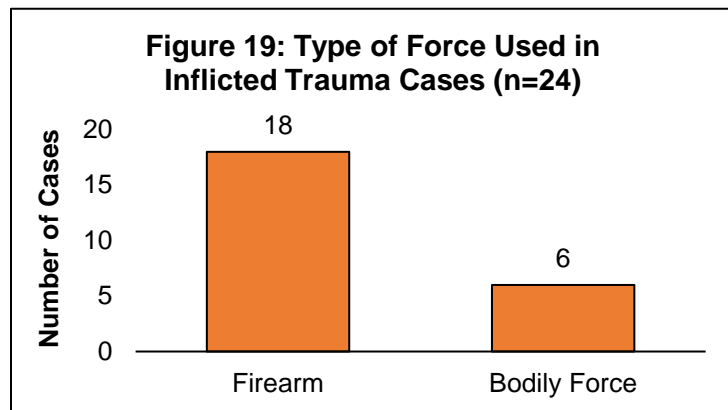
### Inflicted Trauma Death Incident Information

The intentional infliction of physical harm through the use of bodily force or other weapons remains a leading cause of preventable child death. Inflicted trauma deaths can include both homicide and suicide deaths. Weapon types include firearms, bodily force, or body parts, such

as fists, hands, or feet, and any other items that can be used to inflict bodily harm. At the time data were analyzed for this report, several cases were not yet available for review. Many of these cases remain open due to pending law enforcement investigations or judicial action and may be classified as weapon-related deaths. It is expected that figures presented on weapons or bodily force will increase when all 2022 deaths are reviewed.

Figure 19 displays the type of force used in inflicted trauma cases. Among the 24 inflicted trauma deaths, 18 (75.0%) involved the use of firearms and six (25.0%) involved the use of body parts or bodily force.

The manner of death in inflicted trauma cases is displayed in Table 9. Among these deaths, homicides comprised 20 of 24 (83.3%) total cases, and 14 of those cases involved firearms, while six were due to bodily force. Suicides comprised four (16.7%) of the inflicted trauma cases, which all involved firearms. Additional information regarding these homicide and suicide incidents is referenced in Tables 4 and 5.



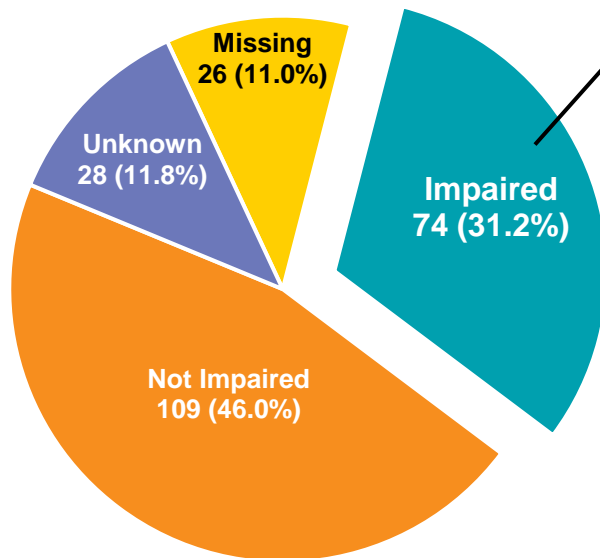
Manner	Number of Cases	Percent (%)
Homicide	20	83.3%
Suicide	4	16.7%

Key Points of 2022 Inflicted Trauma Data	
<ul style="list-style-type: none"> <li>• 83.3% of the 24 homicide incidents were the result of inflicted trauma.</li> <li>• 75.0% of weapons utilized in cases involving inflicted trauma deaths were firearms.</li> <li>• In cases where a firearm was used, 14 out of 18 were homicide incidents and the remaining cases were suicide incidents.</li> <li>• 25.0% of the 24 inflicted trauma cases involved body parts or bodily force.</li> <li>• Children five and under comprised 45.8% of inflicted trauma deaths, followed by children 11 and older (37.5%), and children ages 6-10 (16.7%).</li> </ul>	

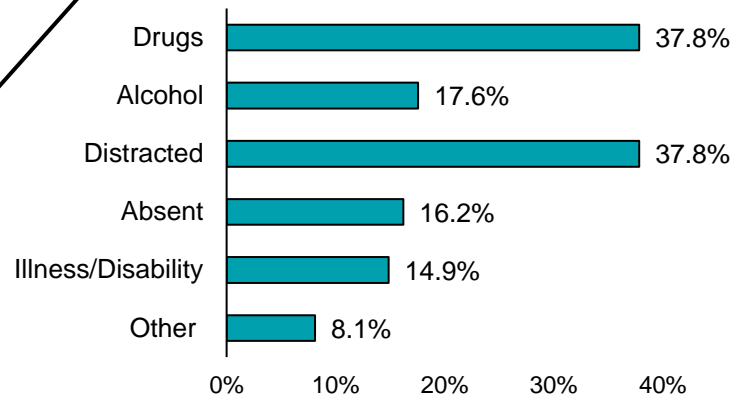
## Supervisor Impairment

Information is collected regarding whether the person responsible for supervising the child at the time of the death incident was impaired. Supervisors were found to be impaired in 74 (31.2%) cases and not impaired in 109 (46.0%) cases; impairment status was unknown or missing in 54 (22.8%) cases. Among supervisors who were impaired, the causes of impairment are shown in Figure 20. More than one type of impairment can be present at the time of the incident.

**Figure 20: Supervisor Impairment at Time of Incident (n=237)**



**Type of Impairment among Supervisors Impaired at Time of Incident (n=74)**



*\*More than one type of impairment can be selected for a single supervisor*

### Key Points of 2022 Supervisor Impairment Data

- At the time of the incident: 74 out of 237 supervisors (31.2%) were impaired.
- Most supervisors who were indicated to be impaired were either distracted (37.8%) and/or were influenced by drugs (37.8%).
- 17.6% of supervisors found to be impaired indicated the influence of alcohol.
- 16.2% of supervisors found to be impaired indicated being absent.

## SECTION FOUR: STATE CADR AD HOC COMMITTEES

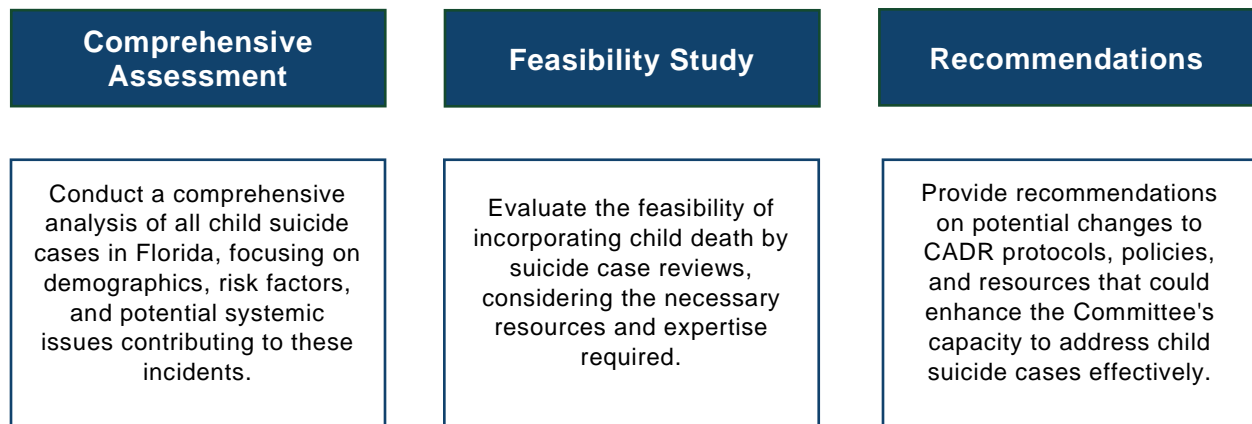
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In 2023, the State CADR Committee recognized the importance of addressing critical concerns within its scope of responsibilities pursuant to section 383.402(1)(d) and (e); (2)3, F.S. To effectively address these concerns and promote the welfare of children across the state, two ad hoc committees were convened:

### 1. Child Death by Suicide Case Review Feasibility Committee:

The Child Death by Suicide Case Review Feasibility Committee, chaired by State CADR Committee member Rebecca Albert, was formed in response to the rising concern of child deaths by suicide within Florida. This committee was tasked with assessing the feasibility and potential benefits of reviewing child suicide cases not currently within the CADR System's purview.

The objectives of this committee included:



Membership of this ad hoc committee included several State CADR Committee members, as well as Anna Sever, Director of the DCF Statewide Office for Suicide Prevention. The committee met a total of 11 times during the 2023 calendar year and presented findings and recommendations to CADR stakeholders during the 2023 CADR Annual Summit. During the State CADR Committee Meeting held on August 24, 2023, the State CADR Committee recommended proposed statutory language changes to the Department.

### 2. Case Review Completion and Structure of CADR Annual Report Committee:

The Case Review Completion and Structure of CADR Annual Report Committee, chaired by State CADR Committee member and Martin County Health Officer Carol Ann Vitani, was established to address concerns related to the timeliness and effectiveness of case reviews conducted by CADR. This committee aims to enhance CADR data capacity and annual reporting processes.

Key responsibilities of this committee included:

Review of Case Review Procedures	Streamlining Processes	Enhancing Annual Reporting	Stakeholder Engagement
Evaluate the existing procedures for child death reviews within the CADR System, identifying opportunities to improve efficiency and thoroughness.	Develop recommendations to streamline case review processes, ensuring that reviews are conducted in a timely manner without compromising the quality of data input into the NFR-CRS and community-level prevention recommendations.	Assess the structure and content of the CADR Annual Report, with a focus on providing more actionable insights, recommendations, and data to inform policies and practices related to child maltreatment prevention and intervention.	Collaborate with key stakeholders, including child welfare agencies, law enforcement, health care providers, and community organizations, to gather input and ensure that the CADR Committees' work aligns with broader efforts to protect children in Florida.

This ad hoc committee met six times during the 2023 calendar year and presented key findings and recommendations at the 2023 CADR Annual Summit. In response to this committee's recommendations, the State CADR Committee voted for the 2024 CADR Annual Report to be a secondary and more comprehensive data analysis of 2022 child fatalities.

The work of these ad hoc committees is integral to the ongoing commitment of CADR to safeguard the well-being of Florida's children. Their findings and recommendations will be instrumental in shaping the future direction of the State CADR Committee and its efforts to eliminate preventable child deaths. The outcomes of these committees will not only enhance the collective understanding of preventable child fatalities, but also contribute to the development of more effective prevention strategies and interventions statewide.



## SECTION FIVE: 2023 PREVENTION RECOMMENDATIONS

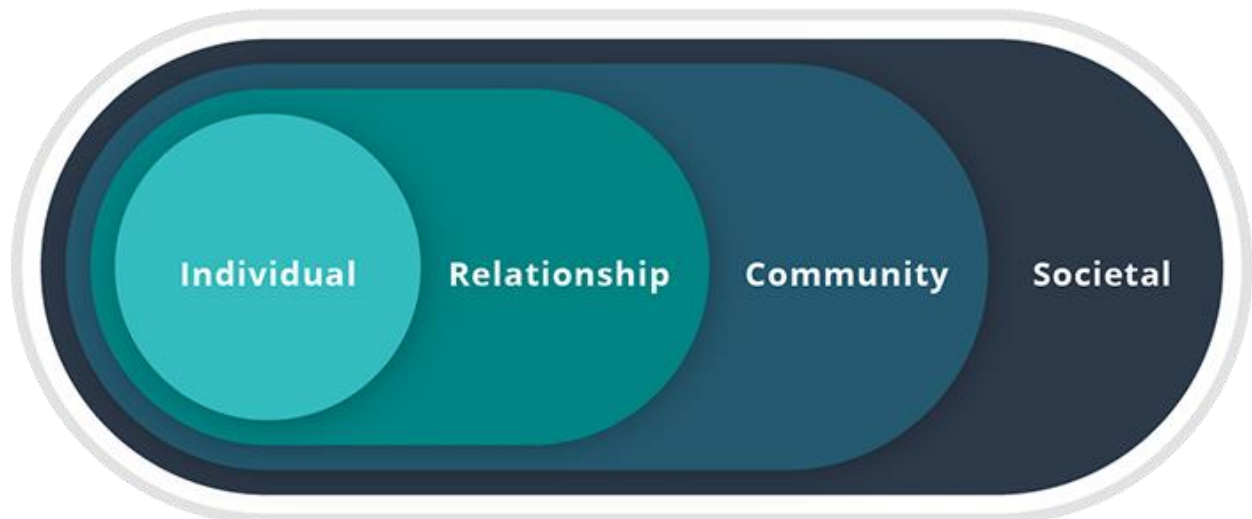
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### Moving Forward: A Social Ecological Model for Change

The 2023 State CADR Committee prevention recommendations are based on an analysis of CADR findings for the 2022 child fatality cases reviewed, input provided by community and state partners, and a review of current child welfare literature. The top three categories of preventable child fatalities in Florida continue a trend that has persisted over the last several years. These categories include child fatalities that occur as a result of:

- Sleep-Related Infant Death
- Drowning
- Inflicted Trauma

To effectively address various intervention levels, prevention strategies are structured under the comprehensive framework known as the Social-Ecological Model for Change, as seen below.



This model, comprising four levels, serves to illustrate the intricate interplay between personal and environmental factors influencing behavior and guiding behavioral change. Developed by the Centers for Disease Control and Prevention (CDC), this model delineates how individual traits, relationships, community dynamics, and societal factors shape behavior. Addressing all these levels is crucial in devising potent prevention methods. Acting simultaneously across multiple levels is most impactful, given the interconnected nature of these influences. By adopting this holistic approach, interventions become more enduring, fostering sustainable prevention efforts, and maximizing their overall effectiveness.

The 2023 Prevention Recommendations developed by the State CADR Committee are as follows:



**Promote 2022 updated AAP guidelines regarding safe sleep practices for infants.**

Sleep-related infant deaths remain a pressing concern in child welfare, which persist despite efforts to reduce these tragedies. CADR data show that of the 237 total deaths reviewed by the local CADR committees, 96 (40.5%) were sleep-related deaths. Of the 96 sleep-related deaths, 58 (60.4%) occurred in an adult bed. In 55 (57.3%) of the 96 deaths, an adult was reported to be in the bed with the infant. These data represent a compelling need for additional safe sleep education for caregivers and an increase in education dissemination.

In 2022, the AAP published guidelines titled *Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment*.<sup>2</sup> These guidelines represent a significant step in addressing this issue, aiming to provide health care professionals, caregivers, and the community with comprehensive recommendations to create a safer sleep environment for infants.

Two key aspects of these updated guidelines are of great interest to the State CADR Committee. One is the emphasis on using the term unexplained sudden death in infancy rather than sudden infant death syndrome (SIDS), which remains a subcategory of Sudden Unexpected Infant Death (SUID). This shift aligns with the preferred terminology of the National Association of Medical Examiners (NAME) and reflects the evolving understanding of these tragic events. This change underscores the need for precise terminology in both medical and forensic contexts to ensure accurate classification and investigation of infant deaths. The other key aspect of the updated guidelines is the recommendation *Back to sleep for every sleep* (Moon, Carlin, & Hand, 2022). This recommendation further emphasizes the need to place infants to sleep on a flat surface, assuring readers that the supine sleep position on a flat, non-inclined surface does not increase the risk of choking and aspiration in infants, despite popular belief. However, placing infants to sleep at an incline greater than 10 degrees poses significant risks for compromised respiration and suffocation.

The updated AAP guidelines mark a notable advancement in the understanding of factors contributing to sleep-related infant deaths. Recognizing the critical importance of disseminating this vital information, the State CADR Committee strongly recommends the promotion and educational dissemination of these updated recommendations through

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<sup>2</sup> Moon, R. Y., Carlin, R. F., & Hand, I. (2022). Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. *Pediatrics*, 150(1). <https://publications.aap.org/pediatrics/article/Sleep-Related-Infant-Deaths-Updated-2022>

various means, including community and state level events, trainings, and conferences as well as materials developed to support prevention initiatives.



**Ensure all local CADR committees and other entities reviewing child fatalities consistently report hazardous consumer products to the CPSC, dating back to deaths occurring on or after January 1, 2021.**

Child fatalities resulting from hazardous consumer products represent a serious and preventable public health concern. In many instances, such products pose hidden dangers to children, which can result in tragedies occurring without warning. Pillows, toys, nursery items, and household goods can pose risks if used improperly or if poorly designed, manufactured, or labeled. CADR committees have a pivotal role in identifying, investigating, and preventing child deaths associated with such products.

During the 2023 CADR Annual Summit, CPSC Product Safety Investigator, Glenn Dunlap, emphasized the importance of reporting all potentially hazardous consumer products or products found through the child death investigation or child death review to be incorrectly used, such as an adult bed. Additionally, Program Manager for the Medical Examiner and Coroner Alert Project, Yolanda Nash, recommended that all such products identified by local CADR committees be reported dating back to January 1, 2021.

Reporting hazardous consumer products to the CPSC is proactive and can help prevent future tragedies. Systematic identification and reporting contribute to holding manufacturers accountable, prompting recalls, and improving safety standards while raising public awareness.



**Reevaluate Florida’s child and adolescent suicide review model.**

Child and adolescent suicides are a deeply concerning public health issue that demands a comprehensive and empathetic response. The State CADR Committee recognizes the need to continually assess and adapt its approaches to suicide prevention and postvention to better serve its young population.

As reported in the 2022 CADR Annual Report, the State CADR Committee recommended the exploration of collaborative partnerships with entities that may be currently examining child and adolescent suicide to better inform targeted prevention initiatives. To that end, the State CADR Committee convened the Child Death by Suicide Case Review Feasibility Ad Hoc Committee, inviting representatives from entities, such as the Florida Suicide Prevention Coordinating Council and Florida Violent Death Reporting System, to assess current suicide review processes. After a thorough assessment, it was determined that aside from CADR, there are

currently no entities conducting reviews of child and adolescent suicides on an individual case basis. This issue is compounded by the fact that between 2014 and 2021 CADR received a mere average of 13.3% of total child and adolescent suicide cases occurring in Florida.

Child and adolescent suicides are often complex and multifaceted. Factors, such as bullying, mental health issues, social isolation, and access to lethal means, can contribute to these tragic events. To effectively address this crisis, state agencies and other key partner organizations must take concerted action to evaluate and improve the current suicide review model to ensure it is comprehensive and aligned with current research and best practices.

There has been a significant increase in suicide rates among children and adolescents in Florida, primarily among children between ages 10 and 17. Between 2014 and 2021, there was a significant increasing trend at an annual percent of change of 4.19.<sup>3</sup> Reevaluating Florida's child and adolescent suicide review model is a vital step in identifying areas for improvement to enhance data-driven decision-making processes, leading to more targeted and effective suicide prevention strategies, and strengthening the state's capacity to prevent, respond to, and support those affected by youth suicides.

Suicide prevention and response efforts must be integrated with mental health services. Reevaluating the existing model can help identify opportunities for better coordination between mental health professionals, schools, families, and community organizations to provide comprehensive support to at-risk youth.

Florida's diverse population requires a suicide review model that is inclusive and culturally sensitive. The reevaluation should account for the unique needs of various communities and demographics, ensuring that suicide prevention efforts are accessible and effective for all children and adolescents.

Reevaluating Florida's child and adolescent suicide review model is a critical step in addressing the growing concern of youth suicide in the state and reflects a commitment to evidence-based approaches, data-driven decision-making, and the overall well-being and safety of Florida's young population. This reevaluation should be seen as an opportunity to enhance the state's ability to protect and support its youth, ultimately working toward a future where child and adolescent suicides are preventable and rare.



**Develop and submit recommendations to the NCFRP regarding potential changes to the NFR-CRS to incorporate fields that would better contribute to a deeper understanding of child fatalities in Florida.**

The NCFRP encourages the submission of recommended changes to the existing NFR-CRS for all states, as well as the development of questions to display solely on the form of the requesting state. The State CADR Committee recognizes state-level form

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<sup>3</sup> Deaths from Suicide. FL Health CHARTS.  
<https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=Death.DataViewer&cid=0116>

customization as an effective means to collect additional data for further analysis surrounding causes and contributing factors of child fatalities relevant to Florida families.



**Continue efforts to relay timely information to caregivers and community supports regarding the safety of children.**

CADR data indicate that in 59 (24.9%) of the 237 child fatalities reviewed, supervision was not present, but needed given the child's developmental age or circumstances. The data further demonstrate that of the 96 sleep-related deaths, 22 (23.2%) of the infants were reportedly placed to sleep on their stomach. Additionally, in 26 (43.4%) of the 60 drowning deaths reviewed by CADR, there were no barriers present to prevent the child from accessing the water.

The State CADR Committee emphasizes the importance of ongoing efforts to promptly disseminate critical child safety information to caregivers and community support networks. To safeguard children from preventable deaths related to factors, such as sleep-related infant death, drowning, and inflicted trauma, it is imperative that Florida's communities maintain a proactive stance in educating parents and families about these risks. The following aims to empower caregivers with the knowledge and resources needed to ensure the safety and well-being of children across Florida.

1. **Community Collaboration:** The State CADR Committee encourages strong collaboration among community resources, such as family resource centers, faith-based groups, and culturally specific organizations. Leveraging their connections to the community can significantly enhance the credibility of safety information, expanding its reach and increasing the likelihood of parents and caregivers utilizing this knowledge to make informed decisions about child safety.
2. **Partnerships with Evidence-Based Home-Visiting Providers:** Evidence-based home-visiting programs offered by agencies, such as DCF and Healthy Families Florida, provide a unique opportunity to engage with families in their homes. These providers can assess potential risks and offer tailored education and support to caregivers, ensuring that vital safety messages are provided promptly and effectively.
3. **Engagement of Expectant Mothers and Caregivers:** There is a persistent need for engaging expectant mothers, partners, grandparents, and other caregivers in discussions about maternal health, safe sleep practices, and the adverse effects of maternal substance misuse on both the fetus and newborn. Education and support programs should address these topics comprehensively. Additionally, the State CADR Committee acknowledges the heightened need to promote doula and midwife services for expectant mothers who may have various concerns regarding hospitals and birthing centers.
4. **Communication with Medical Professionals:** Improved communication with health care professionals in birthing hospitals, and in pediatric, obstetric, and gynecology offices is vital. Consistent messaging aligned with the latest recommendations from the AAP should be reinforced to ensure parents receive up-to-date guidance.

5. **Maternal Depression Screening:** Implementing maternal depression screening tools during well-child pediatric appointments can help identify potential concerns. A coordinated response should be in place to address any needs that are identified.
6. **Home Safety Checklists:** Utilizing home safety checklists designed to identify hazardous conditions that pose risks to children is recommended. These checklists can serve as practical tools to enhance child safety within the home environment.



**Continue to support and encourage the development and evaluation of pilot projects and initiatives focused on community-based child fatality prevention.**

Communities with identified trends associated with preventable child fatalities are ideal for piloting innovative and promising prevention initiatives. Critical appraisals of these initiatives will expand the knowledge base and provide a foundation for more rigorous studies and potential expansion and improvements, where necessary, of prevention practices that have demonstrated efficacy.

The State CADR Committee is committed to the ongoing assessment and support of local CADR prevention initiatives, such as Sleep Baby Safely, Keep Kids Safe From Drowning, and the Sudden Unexpected Infant Death Investigation (SUIDI) Advocacy Project, developed in response to community needs as demonstrated through CADR data analysis. For example, CADR data show that of the 96 sleep-related infant deaths reviewed, 94 (97.9%) included death scene investigations, with only 29 (30.2%) including a completed SUIDI form. Of the 94 cases with death scene investigations, 40 (42.6%) cases included doll reenactments. These statistics represent a need for consistency in the completion of comprehensive death scene investigations, which is addressed through innovative pilot initiatives like the SUIDI Advocacy Project. Through the SUIDI Advocacy Project, the CADR Unit provided nearly 270 SUIDI kits to Florida counties along with opportunities to schedule in-person SUIDI trainings.

## SECTION SIX: CONCLUSIONS AND NEXT STEPS

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The findings of this report highlight significant public health concerns. Addressing these concerns require careful consideration of system improvements to support vulnerable families and the challenges faced by the growing population. The protection of Florida's children should remain a top priority for all Floridians. Creating lasting positive change will necessitate a broad, collaborative, multi-sector approach that covers all aspects of the Social Ecological Model for Change. Furthermore, preventing tragic deaths should inspire communities and organizations statewide to take action, based on the data and recommendations presented in this report, to ensure a safe future for Florida's children.

In addition to implementing data-driven prevention strategies, Floridians must actively seek out opportunities for early intervention. Every day, law enforcement officers, health care professionals, school system personnel, and others are presented with opportunities to provide potentially life-saving information to families with children long before child welfare services are involved.

The State CADR Committee strongly encourages readers of this report to act upon the prevention recommendations, as these are key to achieving positive outcomes for children. It is crucial to embrace evidence-based prevention programs and practices while also exploring innovative approaches. To eliminate preventable child fatalities in Florida and gain a deeper understanding of the complexities surrounding child maltreatment fatalities, Florida's state and local CADR committees will continue to use evidence-based knowledge and available data to shape current and future prevention strategies.

*The only way to break the cycle of child abuse is through education, awareness, and intervention.*

# APPENDICES

## ANNUAL REPORT DECEMBER 2023

Appendix A: Section 383.402, Florida Statutes

Appendix B: State and Local Committee Membership

Appendix C: Case Reporting Form Version 6.0

Appendix D: Implementation of 2022 Prevention Recommendations

Appendix E: 2023 CADR Annual Summit





# **APPENDIX A:**

Section 383.402, Florida Statutes

## The 2023 Florida Statutes

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### **383.402 Child abuse death review; State Child Abuse Death Review Committee; local child abuse death review committees.—**

(1) INTENT.—It is the intent of the Legislature to establish a statewide multidisciplinary, multiagency, epidemiological child abuse death assessment and prevention system that consists of state and local review committees. The committees shall review the facts and circumstances of all deaths of children from birth to age 18 which occur in this state and are reported to the central abuse hotline of the Department of Children and Families. The state and local review committees shall work cooperatively. The primary function of the state review committee is to provide direction and leadership for the review system and to analyze data and recommendations from local review committees to identify issues and trends and to recommend statewide action. The primary function of the local review committees is to conduct individual case reviews of deaths, generate information, make recommendations, and implement improvements at the local level. The purpose of the state and local review system is to:

- (a) Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse.
- (b) Whenever possible, develop a communitywide approach to address such causes and contributing factors.
- (c) Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse.
- (d) Recommend changes in law, rules, and policies at the state and local levels, as well as develop practice standards that support the safe and healthy development of children and reduce preventable child abuse deaths.
- (e) Implement such recommendations, to the extent possible.

#### (2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE.—

##### (a) *Membership.*—

1. The State Child Abuse Death Review Committee is established within the Department of Health and shall consist of a representative of the Department of Health, appointed by the State Surgeon General, who shall serve as the state

committee coordinator. The head of each of the following agencies or organizations shall also appoint a representative to the state committee:

- a. The Department of Legal Affairs.
  - b. The Department of Children and Families.
  - c. The Department of Law Enforcement.
  - d. The Department of Education.
  - e. The Florida Prosecuting Attorneys Association, Inc.
  - f. The Florida Medical Examiners Commission, whose representative must be a forensic pathologist.
2. In addition, the State Surgeon General shall appoint the following members to the state committee, based on recommendations from the Department of Health and the agencies listed in subparagraph 1., and ensuring that the committee represents the regional, gender, and ethnic diversity of the state to the greatest extent possible:
- a. The Department of Health Statewide Child Protection Team Medical Director.
  - b. A public health nurse.
  - c. A mental health professional who treats children or adolescents.
  - d. An employee of the Department of Children and Families who supervises family services counselors and who has at least 5 years of experience in child protective investigations.
  - e. The medical director of a Child Protection Team.
  - f. A member of a child advocacy organization.
  - g. A social worker who has experience in working with victims and perpetrators of child abuse.
  - h. A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program.
  - i. A law enforcement officer who has at least 5 years of experience in children's issues.
  - j. A representative of a domestic violence advocacy group.
  - k. A representative from a private provider of programs on preventing child abuse and neglect.

1. A substance abuse treatment professional.
3. The members of the state committee shall be appointed to staggered terms not to exceed 2 years each, as determined by the State Surgeon General. Members may be appointed to no more than three consecutive terms. The state committee shall elect a chairperson from among its members to serve for a 2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.
4. Members of the state committee shall serve without compensation but may receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. [112.061](#) and to the extent that funds are available.

(b) *Duties.*—The State Child Abuse Death Review Committee shall:

1. Develop a system for collecting data from local committees on deaths that are reported to the central abuse hotline. The system must include a protocol for the uniform collection of data statewide, which must, at a minimum, use the National Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths.
2. Provide training to cooperating agencies, individuals, and local child abuse death review committees on the use of the child abuse death data system.
3. Provide training to local child abuse death review committee members on the dynamics and impact of domestic violence, substance abuse, or mental health disorders when there is a co-occurrence of child abuse. Training must be provided by the Department of Children and Families, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise.
4. Develop statewide uniform guidelines, standards, and protocols, including a protocol for standardized data collection and reporting, for local child abuse death review committees and provide training and technical assistance to local committees.
5. Develop statewide uniform 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.
6. 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.
7. Provide consultation on individual cases to local committees upon request.

8. Educate the public regarding the provisions of chapter 99-168, Laws of Florida, the incidence and causes of child abuse death, and ways by which such deaths may be prevented.

9. Promote continuing education for professionals who investigate, treat, and prevent child abuse or neglect.

10. Recommend, when appropriate, the review of the death certificate of a child who died as a result of abuse or neglect.

(3) LOCAL CHILD ABUSE DEATH REVIEW COMMITTEES.—At the direction of the State Surgeon General, a county or multicounty child abuse death review committee shall be convened and supported by the county health department directors in accordance with the protocols established by the State Child Abuse Death Review Committee.

(a) *Membership.*—The local death review committees shall include, at a minimum, the following organizations' representatives, appointed by the county health department directors in consultation with those organizations:

1. The state attorney's office.
2. The medical examiner's office.
3. The local Department of Children and Families child protective investigations unit.
4. The Department of Health Child Protection Team.
5. The community-based care lead agency.
6. State, county, or local law enforcement agencies.
7. The school district.
8. A mental health treatment provider.
9. A certified domestic violence center.
10. A substance abuse treatment provider.
11. Any other members that are determined by guidelines developed by the State Child Abuse Death Review Committee.

To the extent possible, individuals from these organizations or entities who, in a professional capacity, dealt with a child whose death is verified as caused by abuse or neglect, or with the family of the child, shall attend any meetings where the child's case is reviewed. The members of a local committee shall be appointed to 2-year terms and may be reappointed. Members shall serve without compensation but may receive

reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

(b) *Duties.*—Each local child abuse death review committee shall:

1. Assist the state committee in collecting data on deaths that are the result of child abuse, in accordance with the protocol established by the state committee. The local committee shall complete, to the fullest extent possible, the individual case report in the National Child Death Review Case Reporting System.

2. Submit written reports as required by the state committee. The reports must include:

a. Nonidentifying information from individual cases.

b. Identification of any problems with the data system uncovered through the review process and the committee's recommendations for system improvements and needed resources, training, and information dissemination, where gaps or deficiencies may exist.

c. All steps taken by the local committee and private and public agencies to implement necessary changes and improve the coordination of services and reviews.

3. Submit all records requested by the state committee at the conclusion of its review of a death resulting from child abuse.

4. Abide by the standards and protocols developed by the state committee.

5. On a case-by-case basis, request that the state committee review the data of a particular case.

(4) **ANNUAL STATISTICAL REPORT.**—The state committee shall prepare and submit a comprehensive statistical report by December 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes data, trends, analysis, findings, and recommendations for state and local action regarding deaths from child abuse. Data must be presented on an individual calendar year basis and in the context of a multiyear trend. At a minimum, the report must include:

(a) Descriptive statistics, including demographic information regarding victims and caregivers, and the causes and nature of deaths.

(b) A detailed statistical analysis of the incidence and causes of deaths.

(c) Specific issues identified within current policy, procedure, rule, or statute and recommendations to address those issues from both the state and local committees.

(d) Other recommendations to prevent deaths from child abuse based on an analysis of the data presented in the report.

(5) ACCESS TO AND USE OF RECORDS.—

(a) Notwithstanding any other law, the chairperson of the State Child Abuse Death Review Committee, or the chairperson of a local committee, shall be provided with access to any information or records that pertain to a child whose death is being reviewed by the committee and that are necessary for the committee to carry out its duties, including information or records that pertain to the child's family, as follows:

1. Patient records in the possession of a public or private provider of medical, dental, or mental health care, including, but not limited to, a facility licensed under chapter 393, chapter 394, or chapter 395, or a health care practitioner as defined in s. 456.001. Providers may charge a fee for copies not to exceed 50 cents per page for paper records and \$1 per fiche for microfiche records.

2. Information or records of any state agency or political subdivision which might assist a committee in reviewing a child's death, including, but not limited to, information or records of the Department of Children and Families, the Department of Health, the Department of Education, or the Department of Juvenile Justice.

(b) The State Child Abuse Death Review Committee or a local committee shall have access to all information of a law enforcement agency which is not the subject of an active investigation and which pertains to the review of the death of a child. A committee may not disclose any information that is not subject to public disclosure by the law enforcement agency, and active criminal intelligence information or criminal investigative information, as defined in s. 119.011(3), may not be made available for review or access under this section.

(c) The state committee and any local committee may share with each other any relevant information that pertains to the review of the death of a child.

(d) A member of the state committee or a local committee may not contact, interview, or obtain information by request or subpoena directly from a member of a deceased child's family as part of a committee's review of a child abuse death, except that if a committee member is also a public officer or state employee, that member may contact, interview, or obtain information from a member of the deceased child's family, if necessary, as part of the committee's review. A member of the deceased child's family may voluntarily provide records or information to the state committee or a local committee.

(e) The chairperson of the State Child Abuse Death Review Committee may require the production of records by requesting a subpoena, through the Department of Legal

Affairs, in any county of the state. Such subpoena is effective throughout the state and may be served by any sheriff. Failure to obey the subpoena is punishable as provided by law.

(f) This section does not authorize the members of the state committee or any local committee to have access to any grand jury proceedings.

(g) A person who has attended a meeting of the state committee or a local committee or who has otherwise participated in activities authorized by this section may not be permitted or required to testify in any civil, criminal, or administrative proceeding as to any records or information produced or presented to a committee during meetings or other activities authorized by this section. However, this paragraph does not prevent any person who testifies before the committee or who is a member of the committee from testifying as to matters otherwise within his or her knowledge. An organization, institution, committee member, or other person who furnishes information, data, reports, or records to the state committee or a local committee is not liable for damages to any person and is not subject to any other civil, criminal, or administrative recourse. This paragraph does not apply to any person who admits to committing a crime.

(6) DEPARTMENT OF HEALTH RESPONSIBILITIES.—

(a) The Department of Health shall administer the funds appropriated to operate the review committees and may apply for grants and accept donations.

(b) To the extent that funds are available, the Department of Health may hire staff or consultants to assist a review committee in performing its duties. Funds may also be used to reimburse reasonable expenses of the staff and consultants for the state committee and the local committees.

(c) For the purpose of carrying out the responsibilities assigned to the State Child Abuse Death Review Committee and the local review committees, the State Surgeon General may substitute an existing entity whose function and organization includes the function and organization of the committees established by this section.

(7) DEPARTMENT OF CHILDREN AND FAMILIES RESPONSIBILITIES.—Each regional managing director of the Department of Children and Families must appoint a child abuse death review coordinator for the region. The coordinator must have knowledge and expertise in the area of child abuse and neglect. The coordinator's general responsibilities include:

(a) Coordinating with the local child abuse death review committee.



- (b) Ensuring the appropriate implementation of the child abuse death review process and all regional activities related to the review of child abuse deaths.
- (c) Working with the committee to ensure that the reviews are thorough and that all issues are appropriately addressed.
- (d) Maintaining a system of logging child abuse deaths covered by this procedure and tracking cases during the child abuse death review process.
- (e) Conducting or arranging for a Florida Safe Families Network record check on all child abuse deaths covered by this procedure to determine whether there were any prior reports concerning the child or concerning any siblings, other children, or adults in the home.
- (f) Coordinating child abuse death review activities, as needed, with individuals in the community and the Department of Health.
- (g) Notifying the regional managing director, the Secretary of Children and Families, the Department of Health Deputy Secretary for Health and Deputy State Health Officer for Children's Medical Services, and the Department of Health Child Abuse Death Review Coordinator of all deaths meeting criteria for review as specified in this section within 1 working day after case closure.
- (h) Ensuring that all critical issues identified by the local child abuse death review committee are brought to the attention of the regional managing director and the Secretary of Children and Families.
- (i) Providing technical assistance to the local child abuse death review committee during the review of any child abuse death.

**History.**—s. 13, ch. 99-168; s. 11, ch. 2000-160; s. 8, ch. 2000-217; s. 13, ch. 2001-53; s. 14, ch. 2004-350; s. 41, ch. 2008-6; s. 69, ch. 2014-19; s. 21, ch. 2014-224; s. 4, ch. 2015-79; s. 42, ch. 2016-10; s. 55, ch. 2019-3; s. 10, ch. 2020-6.

# **APPENDIX B:**

State and Local Committee Membership

# Florida Child Abuse Death Review State Committee Membership

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**Department of Health**

Carol Ann Wegner-Vitani, BS, RN

**Department of Legal Affairs**

Richard Mantei

**Department of Children and Families**

David Martine

**Department of Law Enforcement**

Jeremy Gordon, Special Agent Supervisor

**Department of Education**

Karla Bass, BSN, RN

**Florida Prosecuting Attorneys Association**

Dawn M. Buff

**Florida Medical Examiners Commission**

Thomas Coyne, MD, PhD

**Child Protection Team Statewide Medical Director**

Carol Lilly, MD, MPH

**Public Health Nurse**

Merlene Ramnon, PhD, MPH, MSN, RN

**Mental Health Professional**

Rachel Smith, MSW

**Department of Children and Families Supervisor**

Halee Smith, BA, MS

**Medical Director, Child Protection Team**

Cameron Rosenthal, MD, FAAP

**Child Advocacy Organization**

Rebecca Albert, MSW

**Social Worker**

Vicki Whitfield, BSW

**Paraprofessional in Patient Resources,  
Child Abuse Prevention Program**  
VACANT

**Law Enforcement Officer**

Ret. Major Connie Shingledecker, Chairperson

**DCF Office of Domestic Violence**

Morgan Macholeth, BA

**Child Abuse Prevention Program**

Rebekkah Sheetz, MSW

**Substance Abuse Professional**

Silvia Quintana, LMHC, CAP

# Florida Child Abuse Death Review Local Committee Leadership

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## **Committee 1A**

Claire Kirchharr, MPH, CPH  
Ashlee Turner, MPH  
R. Matthew Dobson, MS

## **Committee 1B**

Solange Arnett  
Cheryl Canipe  
Elizabeth Smith, BSN, RN

## **Committee 2**

Dawn McGriff, BSW, MS  
Brandy Knight, MPH

## **Committee 3**

Kerry Waldron, MPA

## **Committee 4**

Heather Huffman, MS, RDN,  
LD/N, IBCLC

## **Committee 5**

Janine Hammett, RN  
Danielle Taylor

## **Committee 6**

Rebecca Albert, MSW  
Nicholas Benedetto  
Ray Hensley  
Ulyee Choe, DO

## **Committee 7**

Shane Lockwood, MPH, BSPH

## **Committee 8**

Nikki Meadow  
Natalie McKellips, JD  
Amie Oody, MPH

## **Committee 9**

Ilvia Ortiz-Paez  
Brianna Bell  
Anne Johnson, BSN, MN  
Robert Karch, MD, MPH, FAAP  
Vianca McCluskey, MPH

## **Committee 10**

Taylor Freeman  
Stephen Nelson, MD  
Joy Jackson, MD

## **Committee 11**

Lauren Lazarus-Sabatino, Esq.,  
CCE  
Lauren Villalba-Cruz, MPA  
Yoselin Garcia, MPH  
Yesenia Villalta, APRN, DNP,  
MSN

## **Committee 12A**

Maj. Connie Shingledecker  
Carla McGill  
Jennifer Bencie, MD, MSA

## **Committee 12B**

Laura Carson, MA  
Catherine Duff  
Jennifer Bencie, MD, MSA

## **Committee 13**

Barbara Macelli  
Melissa Iturraspe, MS, RHIA  
Douglas Holt, MD, FACP

## **Committee 14**

Kelly Byrns-Davis  
Stephanie Wood  
Christi Bazemore  
Sandon Speedling, MHS, CPM,  
CPH

## **Committee 15**

Merlene Ramnon, PhD, MPH,  
MSN, RN  
Maricor Wall  
Alina Alonso, MD

## **Committee 16**

Lauren Lazarus-Sabatino, Esq.,  
CCE  
Lauren Villalba, MPA  
Mary Vanden Brook  
Bob Eadie, JD

## **Committee 17**

Samantha Silver, BA, CAP,  
CRPS-A  
Casey Woolley  
Paula Thaqi, MD, MPH

## **Committee 18A**

Jeanie Raciti, LCSW  
Maria Stahl, DNP, RN

## **Committee 18B**

Christine Cornell  
Lindsey A. Bayer, MS,  
F-ABMDI  
Ana Scuteri

## **Committee 19**

Carol Ann Wegener-Vitani, RN,  
BS

# **APPENDIX C:**

Case Reporting Form Version 6.0

# CDR REPORT FORM

*Version 6.0*

## National Fatality Review Case Reporting System

Data Entry Website: [data.ncfrp.org](http://data.ncfrp.org)

Phone: 800-656-2434

Email: [info@ncfrp.org](mailto:info@ncfrp.org)

[ncfrp.org](http://ncfrp.org)



@nationalcfrp



# SAVING LIVES TOGETHER

## Instructions:

This case report is used by Child Death Review (CDR) teams to enter data into the National Fatality Review Case Reporting System (NFR-CRS). The NFR-CRS is available to states and local sites from the National Center for Fatality Review & Prevention (NCFRP) and requires a data use agreement for data entry. The purpose is to collect comprehensive information from multiple agencies participating in a review. The NFR-CRS documents demographics, the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the team to prevent other deaths.

While this data collection form is an important part of the CDR process, it 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.

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. The percentage of cases marked "unknown" and unanswered questions decreases as the team becomes more familiar with the form. **The NFR-CRS Data Dictionary is available** as a PDF in the Help menu or as individual help icons in the online data entry system. It contains definitions for each data element and should be referred to when the team is unsure how to answer a question. Use of the data dictionary helps teams improve consistency of data entry.

The form contains three types of questions: (1) select one response as represented by a circle; (2) select multiple responses as represented by a square; and (3) free text responses. This last type is indicated by the words "specify" or "describe."

Many teams ask what is the difference between leaving a question blank and selecting the response "unknown." 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 does not apply.

Throughout the form, a plus sign (+) beside a question indicates that the question is skipped for fetal deaths.

## Reminder:

Enter identifiable information (**names, dates, addresses, counties**) into the NFR-CRS if your state/local policy allows. Follow your state laws in regards to reporting psychological, substance abuse and HIV/AIDS status. Please check with your fatality review coordinator if you are unsure. For other text fields, such as the **Narrative section or any "specify" or "describe" fields**, do not include specific names, dates of birth, dates of death, references to specific counties, practitioners, or facility names in these text fields. Examples: "Evans County EMS" should be "EMS"; "Evans County Children's Hospital" should be "the children's hospital." **Why this reminder?** Text fields may be shared with approved researchers as noted in the Data Use Agreement in your state or jurisdiction. Therefore, entering identified data into those fields would compromise your responsibility under HIPAA.

Additional paper forms can be ordered from the NCFRP at no charge. Users interested in participating in the NFR-CRS for data entry and reporting should contact the NCFRP. This version includes the Sudden and Unexpected Infant Death (SUID) Case Registry and the Sudden Death in the Young (SDY) Case Registry questions.

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 (fetal/stillborn) <input type="checkbox"/> Child never left hospital following birth	Death Certificate Number: Birth Certificate Number: ME/Coroner Number:	Date Team Notified of Death:
A. CHILD INFORMATION			
A1. CHILD INFORMATION (COMPLETE FOR ALL AGES)		A * symbol means that the question is skipped for fetal deaths.	
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	5. Race, check all that apply: <input type="checkbox"/> Alaska Native, Tribe: _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian, Tribe: _____ <input type="checkbox"/> Pacific Islander, specify: _____ <input type="checkbox"/> Asian, specify: _____ <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> U/K	6. Hispanic or Latino/a origin? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
4. Age*: <input type="radio"/> Years <input type="radio"/> Hours <input type="radio"/> Months <input type="radio"/> Minutes <input type="radio"/> Days <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. Child's weight at death*: <input type="checkbox"/> U/K <input type="radio"/> Pounds/ounces    _____ / _____ <input type="radio"/> Grams/kilograms    _____	11. State of death:
13. 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/orthopedic, specify: <input type="checkbox"/> Mental health/substance abuse, specify: <input type="checkbox"/> Cognitive/intellectual, 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		10. Child's height at death*: <input type="checkbox"/> U/K <input type="radio"/> Feet/inches    _____ / _____ <input type="radio"/> Cm    _____	12. County of death:
14. 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		15. Child's health insurance, check all that apply*: <input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Indian Health Service <input type="checkbox"/> U/K <input type="checkbox"/> Private <input type="checkbox"/> State plan <input type="checkbox"/> Other, specify: _____	
16. Was the child up to date with the Centers for Disease Control and Prevention (CDC) immunization schedule*? <input type="radio"/> NA <input type="radio"/> Yes <input type="radio"/> No, specify: _____ <input type="radio"/> U/K		17. Household income: <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> U/K	
If the child never left the hospital following birth, go to A2.			
18. 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		19. New residence in past 30 days? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	20. Residence overcrowded? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K 21. Child ever homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
22. Number of other children living with child: _____ <input type="checkbox"/> U/K		23. Child had history of child maltreatment as victim? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> U/K If yes, how was history identified: <input type="radio"/> Through CPS <input type="radio"/> Other sources If through CPS: _____ # CPS referrals _____ # Substantiations	
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		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. How many months prior to death did child last have contact with a health care provider? _____			
A2. COMPLETE FOR CHILDREN OVER ONE YEAR OLD			
27. Child's highest education level: <input type="radio"/> N/A <input type="radio"/> Home schooled, 9-12 <input type="radio"/> None <input type="radio"/> Drop out <input type="radio"/> Preschool <input type="radio"/> HS graduate/GED <input type="radio"/> Grade K-8 <input type="radio"/> College <input type="radio"/> Grade 9-12 <input type="radio"/> U/K <input type="radio"/> Home schooled, K-8	28. Child's work status: <input type="radio"/> N/A <input type="radio"/> Employed <input type="radio"/> Not working <input type="radio"/> U/K	29. 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"/> Expulsion <input type="checkbox"/> Truancy <input type="checkbox"/> Other, specify: <input type="checkbox"/> Suspensions <input type="checkbox"/> Behavioral <input type="checkbox"/> U/K	30. 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



<p>31. Child had received prior mental health services?  <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"/> Outpatient  <input type="checkbox"/> Day treatment/partial hospitalization  <input type="checkbox"/> Residential</p>	<p>33. Child on medications for mental health illness?  <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>35. Child was hospitalized for mental health care within the previous 12 months?  <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K          If yes, did the child have a follow-up mental health appointment within 30 days of discharge from the hospital?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>
<p>32. Child was receiving mental health services?  <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"/> Outpatient <input type="checkbox"/> Residential  <input type="checkbox"/> Day treatment/partial hospitalization</p>	<p>34. Child had emergency department visit for mental health care within the previous 12 months?  <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K          If yes, did the child have a follow-up mental health appointment within 30 days of emergency department visit?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>36. Issues prevented child from receiving mental health services?  <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K          If yes, specify:</p>
<p>37. Child had history of substance use or 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"/> Prescription drugs, specify:  <input type="checkbox"/> Cocaine <input type="checkbox"/> Over-the-counter drugs, specify:  <input type="checkbox"/> Marijuana <input type="checkbox"/> Tobacco/nicotine, specify type:  <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Opioids <input type="checkbox"/> U/K          If yes, did the child receive treatment?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K          If yes, type? Check all that apply:  <input type="checkbox"/> Outpatient <input type="checkbox"/> Day treatment/partial hospital  <input type="checkbox"/> Inpatient/detox <input type="checkbox"/> Residential          If yes, age at first use: _____ <input type="checkbox"/> U/K</p>	<p>38. 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"/> Assault <input type="checkbox"/> Weapon  <input type="checkbox"/> Robbery/theft offense  <input type="checkbox"/> Drugs/alcohol <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Misbehavior <input type="checkbox"/> U/K          (truancy, destruction of property, trespassing)</p>	<p>41. What was child's gender identity?  <input type="radio"/> No identity expressed  <input type="radio"/> Male, not transgender  <input type="radio"/> Female, not transgender  <input type="radio"/> Transgender male  <input type="radio"/> Transgender female  <input type="radio"/> Non-binary  <input type="radio"/> Other, specify:  <input type="radio"/> U/K</p>
<p>39. Child spent time in juvenile detention?  <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>40. Child acutely ill in the two weeks before death?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>42. What was child's sexual orientation?  <input type="radio"/> No orientation expressed  <input type="radio"/> Straight/heterosexual <input type="radio"/> Questioning  <input type="radio"/> Gay/lesbian <input type="radio"/> Other, specify:  <input type="radio"/> Bisexual <input type="radio"/> U/K</p>

**A3. COMPLETE FOR ALL FETAL/INFANTS UNDER ONE YEAR** A + symbol means that the question is skipped for fetal deaths.

<p>43. Was this case reviewed by both a Fetal/Infant Mortality Review (FIMR) and Child Death Review (CDR/CFR) team? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>			
<p>44. Gestational age:  <input type="checkbox"/> U/K          _____ # weeks</p>	<p>45. Birth weight: <input type="checkbox"/> U/K  <input type="radio"/> Grams/kilograms _____  <input type="radio"/> Pounds/ounces _____</p>	<p>46. Multiple gestation pregnancy?  <input type="radio"/> Yes, # of fetuses _____  <input type="radio"/> No <input type="radio"/> U/K</p>	<p>47. Including the deceased infant, how many pregnancies did the childbearing parent have? # _____ <input type="checkbox"/> U/K</p>
<p>48. Including the deceased infant, how many live births did the childbearing parent have? # _____ <input type="checkbox"/> U/K</p>			
<p>49. Not including the deceased infant, number of children childbearing parent still has living?          # _____ <input type="checkbox"/> U/K</p>	<p>50. Prenatal care provided during pregnancy of deceased infant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K          If yes, number of prenatal visits kept: # _____ <input type="checkbox"/> U/K          If yes, what month of pregnancy for first prenatal visit kept. Specify 1-9: _____ <input type="checkbox"/> U/K</p>		

51. Were there access or barrier issues related to prenatal care?  Yes  No  U/K If yes, check all that apply:

<input type="checkbox"/> Lack of money for care	<input type="checkbox"/> Couldn't get provider to take as patient	<input type="checkbox"/> Services not available	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Limitations of health insurance coverage	<input type="checkbox"/> Multiple providers, not coordinated	<input type="checkbox"/> Distrust of health care system	
<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Couldn't get an earlier appointment	<input type="checkbox"/> Unwilling to obtain care	<input type="checkbox"/> U/K
<input type="checkbox"/> Cultural differences	<input type="checkbox"/> Lack of child care	<input type="checkbox"/> Didn't know where to go	
<input type="checkbox"/> Language barriers	<input type="checkbox"/> Lack of family/social support	<input type="checkbox"/> Didn't think they were pregnant	

52. During pregnancy, did the childbearing parent have any medical conditions/complications?  Yes  No  U/K If yes, check all that apply:

<p><u>Cardiovascular</u></p> <input type="checkbox"/> Hypertension - gestational <input type="checkbox"/> Hypertension - chronic <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Eclampsia <input type="checkbox"/> Clotting disorder <p><u>Hematologic</u></p> <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Anemia (iron deficiency) <p><u>Respiratory</u></p> <input type="checkbox"/> Asthma <p><u>Endocrine/Metabolic</u></p> <input type="checkbox"/> Diabetes, type 1 chronic <input type="checkbox"/> Diabetes, type 2 chronic <input type="checkbox"/> Diabetes, gestational <input type="checkbox"/> Thyroid <input type="checkbox"/> Polycystic ovarian disease	<p><u>Neurologic/Psychiatric</u></p> <input type="checkbox"/> Addiction disorder <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Seizure disorder <p><u>Sexually Transmitted Infection (STI)</u></p> <input type="checkbox"/> Bacterial vaginosis (BV) <input type="checkbox"/> Chlamydia <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Herpes <input type="checkbox"/> HPV <input type="checkbox"/> Syphilis <input type="checkbox"/> Group B strep <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Other STI, specify:	<p><u>Gynecologic</u></p> <input type="checkbox"/> Uterine/vaginal bleeding <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Oligohydramnios <input type="checkbox"/> Polyhydramnios <input type="checkbox"/> Intrauterine growth restriction (IUGR) <input type="checkbox"/> Premature rupture of membranes (PROM) <input type="checkbox"/> Preterm premature rupture of membranes (PPROM) <input type="checkbox"/> Cervical Insufficiency <p><u>Umbilical cord complications</u></p> <input type="checkbox"/> Prolapse <input type="checkbox"/> Nuchal cord <input type="checkbox"/> Other cord, specify:	<p><u>Gynecologic (continued)</u></p> <p><u>Placental problems</u></p> <input type="checkbox"/> Abruption <input type="checkbox"/> Previa <input type="checkbox"/> Other placental, specify: <p><u>Other Condition/Complication</u></p> <input type="checkbox"/> UTI <input type="checkbox"/> Decreased fetal movement <input type="checkbox"/> HELLP syndrome <input type="checkbox"/> CBP developmental delay <input type="checkbox"/> Oral health/dental or gum infection <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> CBP genetic disorder <input type="checkbox"/> Abnormal MSAFP <input type="checkbox"/> Preterm labor <input type="checkbox"/> Obesity <input type="checkbox"/> Other, specify:
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<p>53. Did the childbearing parent experience any medical complications in previous pregnancies?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Previous small for gestational age</p> <p>If yes, check all that apply: <input type="checkbox"/> Previous low birth weight birth <input type="checkbox"/> Previous large for gestational age (greater than 4000 grams)</p>															
<p>54. Did the childbearing parent use any medications, drugs or other substances during pregnancy?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply:</p> <p><input type="checkbox"/> Over-the-counter meds <input type="checkbox"/> Anti-epileptic <input type="checkbox"/> Nausea/vomiting medications <input type="checkbox"/> Cocaine <input type="checkbox"/> Meds to treat drug addiction</p> <p><input type="checkbox"/> Allergy medications <input type="checkbox"/> Anti-hypertensives <input type="checkbox"/> Cholesterol medications <input type="checkbox"/> Heroin <input type="checkbox"/> Opioids</p> <p><input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-hypothyroidism <input type="checkbox"/> Meds to treat preterm labor <input type="checkbox"/> Marijuana <input type="checkbox"/> Other pain meds</p> <p><input type="checkbox"/> Anti-depressants/ anti-anxiety/ anti-psychotics <input type="checkbox"/> Arthritis medications <input type="checkbox"/> Meds used during delivery <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> Diabetes medications <input type="checkbox"/> Progesterone/P17 <input type="checkbox"/> Alcohol <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Asthma medications <input type="checkbox"/> If alcohol, infant born with fetal effects or syndrome?</p> <p>If any item is checked, please indicate the generic or brand name of the medications or drugs:</p>															
<p>55. Was the infant/fetus born drug exposed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>		<p>56. Did the infant have neonatal abstinence syndrome (NAS)*? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>													
<p>57. Level of birth hospital:</p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> Freestanding birth center</p> <p><input type="radio"/> Home birth</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>	<p>58. At discharge from the birth hospital, was a case manager assigned to the childbearing parent?</p> <p><input type="radio"/> N/A, childbearing parent did not go to a birth hospital <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>														
	<p>59. Did the childbearing parent have contact with their care provider within the first 3 weeks postpartum?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>														
	<p>60. Did the infant have a NICU stay of more than one day*? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, for what reason(s)? Check all that apply:</p> <p><input type="checkbox"/> Prematurity <input type="checkbox"/> Apnea <input type="checkbox"/> Hypothermia <input type="checkbox"/> Meconium aspiration</p> <p><input type="checkbox"/> Low birth weight <input type="checkbox"/> Sepsis <input type="checkbox"/> Jaundice <input type="checkbox"/> Congenital anomalies</p> <p><input type="checkbox"/> Tachypnea <input type="checkbox"/> Feeding difficulties <input type="checkbox"/> Anemia <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> Drug/alcohol exposure <input type="checkbox"/> U/K</p>														
<p>61. Did the childbearing parent smoke in the 3 months before pregnancy?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, ___ Avg # cigarettes/day (20 cigarettes in pack)</p> <p><input type="checkbox"/> U/K quantity</p>		<p>62. Did the childbearing parent smoke at any time during pregnancy?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Trimester 1</u></td> <td style="text-align: center;"><u>Trimester 2</u></td> <td style="text-align: center;"><u>Trimester 3</u></td> </tr> <tr> <td>If yes, ___</td> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p style="text-align: right;">Avg # cigarettes/day (20 cigarettes in pack)</p> <p style="text-align: right;"><input type="checkbox"/> U/K quantity</p>			<u>Trimester 1</u>	<u>Trimester 2</u>	<u>Trimester 3</u>	If yes, ___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Trimester 1</u>	<u>Trimester 2</u>	<u>Trimester 3</u>												
If yes, ___	___	___	___												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<p>63. Did the childbearing parent use e-cigarettes or other electronic nicotine products at any time during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, on average how often? <input type="radio"/> More than once a day <input type="radio"/> Once a day <input type="radio"/> 2-6 days a week <input type="radio"/> 1 day a week or less <input type="radio"/> U/K</p>															
<p>64. Was the childbearing parent injured during pregnancy?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe:</p>		<p>65. Did the childbearing parent have postpartum depression?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>													
<p>If this was a fetal death, go to Section B.</p>															
<p>66. Infant ever breastfed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, any breast milk at 3 months? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, exclusively? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, any breast milk at 6 months? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, exclusively? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If ever, was infant receiving breast milk at time of death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>		<p>67. Did infant have abnormal metabolic newborn screening results?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, describe any abnormality such as a fatty acid oxidation error:</p>													
<p>If the infant never left the hospital following birth, go to Section B.</p>															
<p>68. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply):</p> <p><input type="checkbox"/> None <input type="checkbox"/> Cyanosis</p> <p><input type="checkbox"/> Infection <input type="checkbox"/> Seizures or convulsions</p> <p><input type="checkbox"/> Allergies <input type="checkbox"/> Cardiac abnormalities</p> <p><input type="checkbox"/> Abnormal growth, weight gain/loss <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> Apnea <input type="checkbox"/> U/K</p>		<p>69. In the 72 hours prior to death, did the infant have any of the following?</p> <p>Check all that apply:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Decrease in appetite <input type="checkbox"/> Difficulty breathing</p> <p><input type="checkbox"/> Fever <input type="checkbox"/> Vomiting <input type="checkbox"/> Apnea</p> <p><input type="checkbox"/> Excessive sweating <input type="checkbox"/> Choking <input type="checkbox"/> Cyanosis</p> <p><input type="checkbox"/> Lethargy/sleeping more than usual <input type="checkbox"/> Diarrhea <input type="checkbox"/> Seizures or convulsions</p> <p><input type="checkbox"/> Stool changes <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> Fussiness/excessive crying <input type="checkbox"/> U/K</p>													
<p>70. In the 72 hours prior to death, was the infant injured?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, describe cause and injuries:</p>	<p>71. In the 72 hours prior to death, was the infant given any vaccines?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, list name(s) of vaccines:</p>	<p>72. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription, over-the-counter medications and home remedies.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, list name and last dose given:</p>	<p>73. What did the infant have for his/her last meal? Check all that apply:</p> <p><input type="checkbox"/> Breast milk</p> <p><input type="checkbox"/> Formula</p> <p><input type="checkbox"/> Baby food</p> <p><input type="checkbox"/> Cereal</p> <p><input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> U/K</p>												

**B. BIOLOGICAL PARENT INFORMATION** ● No information available, go to Section C

1. Parents alive on date of child's death? Even if parent(s) are deceased at time of child's death, please fill out the remaining questions.  
Childbearing Biological Parent (CBP) alive:  Yes  No  U/K  
Non-Childbearing Biological Parent (Non-CBP) alive:  Yes  No  U/K

2. Parents' race, check all that apply: <table style="width: 100%;"> <tr> <th style="text-align: left;"><u>CBP</u></th> <th style="text-align: left;"><u>Non-CBP</u></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Alaska Native, Tribe:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> American Indian, Tribe:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Asian, specify:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Black</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Pacific Islander, specify:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> U/K</td> </tr> </table>	<u>CBP</u>	<u>Non-CBP</u>	<input type="checkbox"/>	<input type="checkbox"/> Alaska Native, Tribe:	<input type="checkbox"/>	<input type="checkbox"/> American Indian, Tribe:	<input type="checkbox"/>	<input type="checkbox"/> Asian, specify:	<input type="checkbox"/>	<input type="checkbox"/> Black	<input type="checkbox"/>	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/>	<input type="checkbox"/> Pacific Islander, specify:	<input type="checkbox"/>	<input type="checkbox"/> White	<input type="checkbox"/>	<input type="checkbox"/> U/K	3. Parents' Hispanic or Latino/a origin? <table style="width: 100%;"> <tr> <th style="text-align: left;"><u>CBP</u></th> <th style="text-align: left;"><u>Non-CBP</u></th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes, specify origin:</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table> 4. Parents' age in years at time of child's death: <table style="width: 100%;"> <tr> <th style="text-align: left;"><u>CBP</u></th> <th style="text-align: left;"><u>Non-CBP</u></th> </tr> <tr> <td>_____</td> <td>_____ # Years</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> U/K</td> </tr> </table>	<u>CBP</u>	<u>Non-CBP</u>	<input type="radio"/>	<input type="radio"/> Yes, specify origin:	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/> U/K	<u>CBP</u>	<u>Non-CBP</u>	_____	_____ # Years	<input type="checkbox"/>	<input type="checkbox"/> U/K	5. Parents' employment status: <table style="width: 100%;"> <tr> <th style="text-align: left;"><u>CBP</u></th> <th style="text-align: left;"><u>Non-CBP</u></th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Employed</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Unemployed</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> On disability</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Stay-at-home</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Retired</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table> 6. Parents' education: <table style="width: 100%;"> <tr> <th style="text-align: left;"><u>CBP</u></th> <th style="text-align: left;"><u>Non-CBP</u></th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> &lt; High school</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> High school/GED</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> College</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Post graduate</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table>	<u>CBP</u>	<u>Non-CBP</u>	<input type="radio"/>	<input type="radio"/> Employed	<input type="radio"/>	<input type="radio"/> Unemployed	<input type="radio"/>	<input type="radio"/> On disability	<input type="radio"/>	<input type="radio"/> Stay-at-home	<input type="radio"/>	<input type="radio"/> Retired	<input type="radio"/>	<input type="radio"/> U/K	<u>CBP</u>	<u>Non-CBP</u>	<input type="radio"/>	<input type="radio"/> < High school	<input type="radio"/>	<input type="radio"/> High school/GED	<input type="radio"/>	<input type="radio"/> College	<input type="radio"/>	<input type="radio"/> Post graduate	<input type="radio"/>	<input type="radio"/> U/K
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**C. PRIMARY CAREGIVER(S) INFORMATION** If fetal death, skip to Section D.

1. Primary caregiver(s): Select only one each in columns one and two.

<u>One</u>	<u>Two</u>	<u>One</u>	<u>Two</u>	<u>One</u>	<u>Two</u>
<input type="radio"/>	Self, go to Section D	<input type="radio"/>	Foster parent	<input type="radio"/>	Other relative
<input type="radio"/>	Childbearing parent, go to Section D	<input type="radio"/>	Parent's partner	<input type="radio"/>	Friend
<input type="radio"/>	Non-childbearing biological parent, go to Section D	<input type="radio"/>	Grandparent	<input type="radio"/>	Institutional staff
<input type="radio"/>	Adoptive parent	<input type="radio"/>	Sibling	<input type="radio"/>	Other, specify: _____
<input type="radio"/>	Stepparent			<input type="radio"/>	U/K

2. Caregiver(s) age in years:  
 \_\_\_\_\_ # Years  
 U/K

3. Caregiver(s) sex:  

<u>One</u>	<u>Two</u>
<input type="radio"/>	<input type="radio"/> Male
<input type="radio"/>	<input type="radio"/> Female
<input type="radio"/>	<input type="radio"/> U/K

4. Caregiver(s) race, check all that apply: <table style="width: 100%;"> <tr> <th style="text-align: left;"><u>One</u></th> <th style="text-align: left;"><u>Two</u></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Alaska Native, Tribe:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> American Indian, Tribe:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Asian, specify:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Black</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Pacific Islander, specify: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> U/K</td> </tr> </table>	<u>One</u>	<u>Two</u>	<input type="checkbox"/>	<input type="checkbox"/> Alaska Native, Tribe:	<input type="checkbox"/>	<input type="checkbox"/> American Indian, Tribe:	<input type="checkbox"/>	<input type="checkbox"/> Asian, specify:	<input type="checkbox"/>	<input type="checkbox"/> Black	<input type="checkbox"/>	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/>	<input type="checkbox"/> Pacific Islander, specify: _____	<input type="checkbox"/>	<input type="checkbox"/> White	<input type="checkbox"/>	<input type="checkbox"/> U/K	5. Caregiver(s) Hispanic or Latino/a origin? <table style="width: 100%;"> <tr> <th style="text-align: left;"><u>One</u></th> <th style="text-align: left;"><u>Two</u></th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table> If yes, specify origin: _____	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/> U/K
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6. Caregiver(s) employment status: <table style="width: 100%;"> <tr> <th style="text-align: left;"><u>One</u></th> <th style="text-align: left;"><u>Two</u></th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Employed</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Unemployed</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> On disability</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Stay-at-home</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Retired</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/> Employed	<input type="radio"/>	<input type="radio"/> Unemployed	<input type="radio"/>	<input type="radio"/> On disability	<input type="radio"/>	<input type="radio"/> Stay-at-home	<input type="radio"/>	<input type="radio"/> Retired	<input type="radio"/>	<input type="radio"/> U/K												
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<input type="radio"/>	<input type="radio"/> Retired																										
<input type="radio"/>	<input type="radio"/> U/K																										

<p>7. Caregiver(s) education:</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> &lt; High school</p> <p><input type="radio"/> <input type="radio"/> High school/GED</p> <p><input type="radio"/> <input type="radio"/> College</p> <p><input type="radio"/> <input type="radio"/> Post graduate</p> <p><input type="radio"/> <input type="radio"/> U/K</p>	<p>8. Do caregiver(s) speak and understand English?</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 no, language spoken:</p>	<p>9. Caregiver(s) first generation immigrant?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes, country of origin:</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p>	<p>10. Caregiver(s) on active military duty?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes, specify branch:</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>11. Caregiver(s) receive social services in the past twelve months?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes If yes, check all services that apply:</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> <input type="checkbox"/> WIC</p> <p><input type="checkbox"/> <input type="checkbox"/> Home visiting</p> <p>specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> TANF</p> <p><input type="checkbox"/> <input type="checkbox"/> Medicaid</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Food stamps/SNAP/EBT</p> <p><input type="checkbox"/> <input type="checkbox"/> Section 8/housing</p> <p><input type="checkbox"/> <input type="checkbox"/> Soc Sec Disability (SSI/SSDI)</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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<p>12. 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>13. 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>14. 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>15. 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>
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<p>16. 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>17. 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>18. 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>
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**D. SUPERVISOR INFORMATION** Answer this section only if the child ever left the hospital following birth

<p>1. Did child have supervision at time of incident leading to death?</p> <p><input type="radio"/> Yes, answer D2-16</p> <p><input type="radio"/> No, not needed given developmental age or circumstances, go to Sec. E</p> <p><input type="radio"/> No, but needed, answer D3-16</p> <p><input type="radio"/> Unable to determine, try to answer D3-16</p>	<p>2. How long before incident did supervisor last see child?</p> <p>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>
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<p>3. Is supervisor listed in a previous section?</p> <p><input type="radio"/> Yes, childbearing parent, go to D15</p> <p><input type="radio"/> Yes, non-childbearing biological parent, go to D15</p> <p><input type="radio"/> Yes, caregiver one, go to D15</p> <p><input type="radio"/> Yes, caregiver two, go to D15</p> <p><input type="radio"/> No</p>	<p>4. Primary person responsible for supervision at the time of incident? Select only one:</p> <p><input type="radio"/> Adoptive parent <input type="radio"/> Sibling <input type="radio"/> Institutional staff, go to D15</p> <p><input type="radio"/> Stepparent <input type="radio"/> Other relative <input type="radio"/> Babysitter</p> <p><input type="radio"/> Foster parent <input type="radio"/> Friend <input type="radio"/> Licensed child care worker</p> <p><input type="radio"/> Parent's partner <input type="radio"/> Acquaintance <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Grandparent <input type="radio"/> Hospital staff, go to D15 <input type="radio"/> U/K</p>
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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. Supervisor speaks and understands 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>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>11. Supervisor has disability or chronic illness?</p> <p><input type="radio"/> Yes <input type="radio"/> No <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>
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<p>13. Supervisor has history of intimate partner violence?</p> <p><input type="checkbox"/> Yes, as victim</p> <p><input type="checkbox"/> Yes, as perpetrator</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> U/K</p>	<p>15. At the time of the incident, was the supervisor asleep? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, select the most appropriate description of the supervisor's sleeping period at incident:</p> <p><input type="radio"/> Night time sleep</p> <p><input type="radio"/> Day time nap, describe:</p> <p><input type="radio"/> Day time sleep (for example, supervisor is night shift worker), describe:</p> <p><input type="radio"/> Other, describe:</p>	<p>16. At time of incident was supervisor impaired? <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"/> Drug impaired, specify:</p> <p><input type="checkbox"/> Alcohol impaired</p> <p><input type="checkbox"/> Distracted</p> <p><input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Impaired by illness, specify:</p> <p><input type="checkbox"/> Impaired by disability, specify:</p> <p><input type="checkbox"/> Other, specify:</p>
<p>14. Supervisor has delinquent or criminal history?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>		

**E. INCIDENT INFORMATION**

Answer only E7 if the child never left the hospital following birth

<p>1. Was the date of the incident the same as the date of death?  <input type="radio"/> Yes, same as date of death  <input type="radio"/> No, different than date of death. Enter date of incident:    ___/___/___  <input type="radio"/> U/K  <div style="text-align: right; margin-left: 200px;">mm / dd / yyyy</div></p>	<p>2. Approximate time of day that incident occurred?  <input type="radio"/> AM  Hour, specify 1-12: _____ <input type="radio"/> PM  <input type="radio"/> U/K</p>																								
<p>3. Place of incident, check all that apply:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Child's home</td> <td><input type="checkbox"/> Licensed child care center</td> <td><input type="checkbox"/> Military installation</td> <td><input type="checkbox"/> State or county park, other recreation area</td> </tr> <tr> <td><input type="checkbox"/> Relative's home</td> <td><input type="checkbox"/> Licensed child care home</td> <td><input type="checkbox"/> Jail/detention facility</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Friend's home</td> <td><input type="checkbox"/> Unlicensed child care home</td> <td><input type="checkbox"/> Sidewalk</td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Licensed foster care home</td> <td><input type="checkbox"/> Farm/ranch</td> <td><input type="checkbox"/> Roadway</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Relative foster care home</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Driveway</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Licensed group home</td> <td><input type="checkbox"/> Indian reservation/trust lands</td> <td><input type="checkbox"/> Other parking area</td> <td></td> </tr> </table>		<input type="checkbox"/> Child's home	<input type="checkbox"/> Licensed child care center	<input type="checkbox"/> Military installation	<input type="checkbox"/> State or county park, other recreation area	<input type="checkbox"/> Relative's home	<input type="checkbox"/> Licensed child care home	<input type="checkbox"/> Jail/detention facility	<input type="checkbox"/> Hospital	<input type="checkbox"/> Friend's home	<input type="checkbox"/> Unlicensed child care home	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Licensed foster care home	<input type="checkbox"/> Farm/ranch	<input type="checkbox"/> Roadway	<input type="checkbox"/> U/K	<input type="checkbox"/> Relative foster care home	<input type="checkbox"/> School	<input type="checkbox"/> Driveway		<input type="checkbox"/> Licensed group home	<input type="checkbox"/> Indian reservation/trust lands	<input type="checkbox"/> Other parking area	
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<input type="checkbox"/> Licensed foster care home	<input type="checkbox"/> Farm/ranch	<input type="checkbox"/> Roadway	<input type="checkbox"/> U/K																						
<input type="checkbox"/> Relative foster care home	<input type="checkbox"/> School	<input type="checkbox"/> Driveway																							
<input type="checkbox"/> Licensed group home	<input type="checkbox"/> Indian reservation/trust lands	<input type="checkbox"/> Other parking area																							
<p>4. Type of area:    <input type="radio"/> Urban   <input type="radio"/> Suburban   <input type="radio"/> Rural   <input type="radio"/> Frontier   <input type="radio"/> U/K</p>																									
<p>5. Incident state: _____</p>	<p>6. Incident county: _____</p>																								
<p>7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?  <input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> U/K  If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:  If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, COVID-19, etc.):</p>																									
<p>8. Was the incident witnessed?  <input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> U/K  If yes, by whom?</p>	<p><input type="checkbox"/> Parent/relative  <input type="checkbox"/> Other caretaker/babysitter  <input type="checkbox"/> Teacher/coach/athletic trainer  <input type="checkbox"/> Other acquaintance</p> <p><input type="checkbox"/> Health care professional, if death occurred in a hospital setting  <input type="checkbox"/> Stranger  <input type="checkbox"/> Other, specify: _____</p>																								
<p>9. Was 911 or local emergency called?  <input type="radio"/> N/A   <input type="radio"/> Yes  <input type="radio"/> No   <input type="radio"/> U/K</p>																									
<p>10. Was resuscitation attempted?  <input type="radio"/> N/A   <input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> U/K  If yes, by whom?</p>	<p><input type="checkbox"/> EMS  <input type="checkbox"/> Parent/relative  <input type="checkbox"/> Other caretaker/babysitter  <input type="checkbox"/> Teacher/coach/athletic trainer  <input type="checkbox"/> Other acquaintance  <input type="checkbox"/> Health care professional, if death occurred in a hospital setting  <input type="checkbox"/> Stranger  <input type="checkbox"/> Other, specify: _____</p>	<p><input type="checkbox"/> CPR  <input type="checkbox"/> Automated External Defibrillator (AED)  If no AED, was AED available/accessible?   <input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> U/K  If AED, was shock administered?   <input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> U/K  If yes, how many shocks were administered? _____  <input type="checkbox"/> Rescue medications, including naloxone, specify type:  <input type="checkbox"/> Other, specify: _____</p>																							
<p>11. 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  If yes, check all that apply:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Opioids</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Cocaine</td> <td><input type="checkbox"/> Prescription drugs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Marijuana</td> <td><input type="checkbox"/> Over-the-counter drugs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Methamphetamine</td> <td><input type="checkbox"/> Other, specify: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Opioids	<input type="checkbox"/> U/K	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Prescription drugs		<input type="checkbox"/> Marijuana	<input type="checkbox"/> Over-the-counter drugs		<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Other, specify: _____		<p>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: _____</p> <p>13. Total number of deaths at incident event, including child:  _____ Children, ages 0-18  _____ Adults  <input type="checkbox"/> U/K</p>												
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Opioids	<input type="checkbox"/> U/K																							
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Prescription drugs																								
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Over-the-counter drugs																								
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Other, specify: _____																								

**F. INVESTIGATION INFORMATION**

A + symbol means that the question is skipped for fetal deaths.

<p>1. Was a death investigation conducted*? <input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> U/K  <input type="checkbox"/> Medical examiner   <input type="checkbox"/> ME investigator   <input type="checkbox"/> Law enforcement   <input type="checkbox"/> EMS   <input type="checkbox"/> Other, specify: _____  <input type="checkbox"/> Coroner   <input type="checkbox"/> Coroner investigator   <input type="checkbox"/> Fire investigator   <input type="checkbox"/> Child Protective Services   <input type="checkbox"/> U/K</p> <p>If yes, which of the following death investigation components were completed?</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;"><u>Yes</u>   <u>No</u>   <u>U/K</u></td> <td></td> <td style="text-align: center;">If yes, shared with review team?</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/></td> <td>CDC's SUIDI Reporting Form or jurisdictional equivalent</td> <td><input type="radio"/> Yes   <input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/></td> <td>Narrative description of circumstances</td> <td><input type="radio"/> Yes   <input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/></td> <td>Scene photos</td> <td><input type="radio"/> Yes   <input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/></td> <td>Scene recreation with doll</td> <td><input type="radio"/> Yes   <input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/></td> <td>Scene recreation without doll</td> <td><input type="radio"/> Yes   <input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> <input type="radio"/></td> <td>Witness interviews</td> <td><input type="radio"/> Yes   <input type="radio"/> No</td> </tr> </table> <p>If yes, was a death scene investigation conducted at the place of incident?   <input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> U/K</p>	<u>Yes</u> <u>No</u> <u>U/K</u>		If yes, shared with review team?	<input type="radio"/> <input type="radio"/> <input type="radio"/>	CDC's SUIDI Reporting Form or jurisdictional equivalent	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Narrative description of circumstances	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Scene photos	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Scene recreation with doll	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Scene recreation without doll	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> <input type="radio"/> <input type="radio"/>	Witness interviews	<input type="radio"/> Yes <input type="radio"/> No	<p>2. What additional information would the team like to have known about the death scene investigation*?</p>
<u>Yes</u> <u>No</u> <u>U/K</u>		If yes, shared with review team?																				
<input type="radio"/> <input type="radio"/> <input type="radio"/>	CDC's SUIDI Reporting Form or jurisdictional equivalent	<input type="radio"/> Yes <input type="radio"/> No																				
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Narrative description of circumstances	<input type="radio"/> Yes <input type="radio"/> No																				
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Scene photos	<input type="radio"/> Yes <input type="radio"/> No																				
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<input type="radio"/> <input type="radio"/> <input type="radio"/>	Scene recreation without doll	<input type="radio"/> Yes <input type="radio"/> No																				
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Witness interviews	<input type="radio"/> Yes <input type="radio"/> No																				

<p>3. Death referred to*:  <input type="radio"/> Medical examiner    <input type="radio"/> Not referred  <input type="radio"/> Coroner    <input type="radio"/> U/K</p>	<p>4. Person declaring official cause and manner of death*:  <input type="radio"/> Medical examiner    <input type="radio"/> Hospital physician    <input type="radio"/> Mortician    <input type="radio"/> U/K  <input type="radio"/> Coroner    <input type="radio"/> Other physician    <input type="radio"/> Other, specify:</p>
<p>5. 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"/> Unknown type pathologist    If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)?  <input type="radio"/> Pediatric pathologist    <input type="radio"/> Other physician    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> U/K    If yes, specify specialist: _____  <input type="radio"/> General pathologist    <input type="radio"/> Other, specify: _____  <input type="radio"/> U/K    If no, why not (e.g. parent or caregiver objected)? _____</p>	
<p>6. Were the following assessed either through the autopsy or through information collected prior to the autopsy? Please list any abnormalities/significant findings in F10.  <u>Yes</u>    <u>No</u>    <u>U/K</u>  <b>Imaging:</b>  <input type="radio"/> <input type="radio"/> <input type="radio"/> X-ray - single  <input type="radio"/> <input type="radio"/> <input type="radio"/> X-ray - multiple views  <input type="radio"/> <input type="radio"/> <input type="radio"/> X-ray - complete skeletal series  <input type="radio"/> <input type="radio"/> <input type="radio"/> Other imaging, specify (includes MRI, CT scan, photos of the brain, etc):</p>	<p>7. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in F10.  <u>Yes</u>    <u>No</u>    <u>U/K</u>  <input type="radio"/> <input type="radio"/> <input type="radio"/> Cultures for infectious disease  <input type="radio"/> <input type="radio"/> <input type="radio"/> Microscopic/histologic exam  <input type="radio"/> <input type="radio"/> <input type="radio"/> Postmortem metabolic screen  <input type="radio"/> <input type="radio"/> <input type="radio"/> Vitreous testing  <input type="radio"/> <input type="radio"/> <input type="radio"/> Genetic testing</p>
<p>8. Was any toxicology testing performed on the child?    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> U/K  If yes, what were the results? <input type="checkbox"/> Negative    <input type="checkbox"/> Cocaine    <input type="checkbox"/> Methamphetamine    <input type="checkbox"/> Too high Rx drug, specify:    <input type="checkbox"/> Other, specify:  Check all that apply:    <input type="checkbox"/> Alcohol    <input type="checkbox"/> Marijuana    <input type="checkbox"/> Opioids    <input type="checkbox"/> Too high OTC drug, specify:    <input type="checkbox"/> U/K</p>	
<p>9. Was the child's medical history reviewed as part of the autopsy*?    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> U/K  If yes, did this include:    Review of the newborn metabolic screen results?    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> U/K    <input type="radio"/> Not performed  Review of neonatal CCHD screen results?    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> U/K    <input type="radio"/> Not performed</p>	
<p>10. Describe any abnormalities or other significant findings noted in the autopsy*:</p>	
<p>11. What additional information would the team like to have known about the autopsy*?</p>	<p>12. Was there agreement between the cause of death listed on the autopsy report and on the death certificate*?    <input type="radio"/> N/A    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> U/K  If no, describe the differences:</p>
<p>13. Was a CPS record check conducted as a result of death*?    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> U/K</p>	
<p>14. Did the child ever have any injuries that were suspicious of child abuse*?  <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> U/K    If yes, what injuries were found?  <input type="checkbox"/> Skin injury    <input type="checkbox"/> Broken bones    <input type="checkbox"/> Abdominal injury  <input type="checkbox"/> Mouth injury    <input type="checkbox"/> Head injury    <input type="checkbox"/> U/K  <input type="checkbox"/> Burns</p>	<p>15. 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?  <input type="checkbox"/> From x-rays    <input type="checkbox"/> From law enforcement  <input type="checkbox"/> From autopsy    <input type="checkbox"/> U/K  <input type="checkbox"/> From CPS review</p>
<p>16. 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</p>	<p>If yes, what services or actions resulted? Check all that apply:  <input type="checkbox"/> Voluntary services offered    <input type="checkbox"/> Court-ordered out of home placement  <input type="checkbox"/> Voluntary services provided    <input type="checkbox"/> Children removed  <input type="checkbox"/> Court-ordered services provided    <input type="checkbox"/> Parental rights terminated  <input type="checkbox"/> Voluntary out of home placement    <input type="checkbox"/> U/K</p>
<p>17. If death occurred in licensed setting (see E3), 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</p>	
<p><b>G. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH</b></p>	
<p>1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: _____    <input type="checkbox"/> U/K</p>	
<p>2. Enter the following information exactly as written on the death certificate:    <input type="checkbox"/> U/K  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.</p>	
<p>3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in G2 exactly as written on the death certificate:    <input type="checkbox"/> U/K</p>	
<p>4. If injury, describe how injury occurred exactly as written on the death certificate:    <input type="checkbox"/> U/K</p>	

5. Official manner of death from the death certificate:

Natural

Accident

Suicide

Homicide

Undetermined

Pending

U/K

If manner of death was not Natural or Suicide, check this box if it is possible that the child intended to hurt him/herself. If checked, complete the Suicide Section (I6) to note other risk factors in the child's life.

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

From an external cause of injury. Select one:

Motor vehicle and other transport, go to H1

Fire, burn, or electrocution, go to H2

Drowning, go to H3

Asphyxia, go to H4

Bodily force or weapon, go to H5

Fall or crush, go to H6

Poisoning, overdose or acute intoxication, go to H7

Undetermined injury, go to I1

Other cause, go to H9

U/K, go to I1

From a medical cause. Select one and go to H8:

Asthma/respiratory, specify:

Cancer, specify:

Cardiovascular, specify:

Congenital anomaly, specify:

COVID-19

Diabetes

HIV/AIDS

Influenza

Low birth weight

Malnutrition/dehydration

Neurological/seizure disorder

Pneumonia, specify:

Prematurity

SIDS

Other infection, specify:

Other perinatal condition, specify:

Other medical condition, specify:

Undetermined medical cause

U/K

Undetermined if injury or medical cause, go to I1

U/K, go to I1

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

**H1. MOTOR VEHICLE AND OTHER TRANSPORT**

a. Vehicles involved in incident:

Total number of vehicles: \_\_\_\_\_

Child's	Other primary vehicle	
<input type="radio"/>	<input type="radio"/>	None
<input type="radio"/>	<input type="radio"/>	Car
<input type="radio"/>	<input type="radio"/>	Van
<input type="radio"/>	<input type="radio"/>	Sport utility vehicle
<input type="radio"/>	<input type="radio"/>	Truck
<input type="radio"/>	<input type="radio"/>	Semi/tractor trailer
<input type="radio"/>	<input type="radio"/>	RV/bus/school bus
<input type="radio"/>	<input type="radio"/>	Motorcycle
<input type="radio"/>	<input type="radio"/>	Tractor/farm vehicle
<input type="radio"/>	<input type="radio"/>	All terrain vehicle
<input type="radio"/>	<input type="radio"/>	Snowmobile
<input type="radio"/>	<input type="radio"/>	Bicycle
<input type="radio"/>	<input type="radio"/>	Train/subway/trolley
<input type="radio"/>	<input type="radio"/>	Other, specify:
<input type="radio"/>	<input type="radio"/>	U/K

Autonomous?

	N/A	Yes	No	U/K
Child's vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Position of child:

Driver

Passenger

If passenger, relationship of driver to child:

Front seat

Back seat

Truck bed

Other, specify:

U/K

Biological parent

Adoptive parent

Stepparent

Foster parent

Parent's partner

Grandparent

Sibling

Other relative

Friend

Other, specify:

U/K

On bicycle

Pedestrian

Walking

Boarding/blading

Other, specify:

U/K

U/K

If bicycle, boarding/blading or other, was the child riding something electric?

Yes  No  U/K

c. Did any of the following contribute to the incident? Check all that apply:

<input type="checkbox"/> None listed below	<input type="checkbox"/> Poor sight line
<input type="checkbox"/> Speeding over limit	<input type="checkbox"/> Road hazard
<input type="checkbox"/> Unsafe speed for conditions	<input type="checkbox"/> Car changing lanes
<input type="checkbox"/> Recklessness	<input type="checkbox"/> Driver inexperience
<input type="checkbox"/> Carelessness	<input type="checkbox"/> Electronic use e.g., cell phone, smart watch, in-car navigation
<input type="checkbox"/> Racing, not authorized	<input type="checkbox"/> Driver distraction
<input type="checkbox"/> Drug use	<input type="checkbox"/> Ran stop sign or red light
<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Other driver error, specify:
<input type="checkbox"/> Vehicle ran over child	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Vehicle flipped over	<input type="checkbox"/> U/K
<input type="checkbox"/> Poor weather	
<input type="checkbox"/> Poor visibility	

d. Location of incident, check all that apply:

City street

Residential street

Rural road

Highway

Intersection

Driveway

Parking area

Off road

RR xing/tracks

Other, specify:

U/K

e. Did driving conditions factor into this incident?

Yes  No  U/K

If yes, check all that apply:

Loose gravel

Ice/snow

Wet

Inadequate lighting

Other, specify:

U/K

<p>f. Incident type:</p> <p><input type="radio"/> Child <i>not</i> in/on a vehicle, but struck by vehicle</p> <p><input type="radio"/> Child in/on a vehicle, struck by the other vehicle</p> <p><input type="radio"/> Child in/on a vehicle that struck the other vehicle</p> <p><input type="radio"/> Child in/on a vehicle that struck person/object/ran off the road</p> <p><input type="radio"/> Other event, specify:</p> <p><input type="radio"/> U/K</p>	<p>g. Driver who was responsible for the incident. Vehicles include motorized vehicles (cars, SUVs, motorbikes, etc) but also bicycles, skates, scooters, and other wheeled conveyances, whether motorized or not.</p> <p><input type="radio"/> Child was responsible as driver of vehicle, including single vehicle incidents</p> <p><input type="radio"/> Driver of child's vehicle was responsible, including single vehicle incidents</p> <p><input type="radio"/> Driver of the other vehicle was responsible, including child as pedestrian hit by vehicle</p> <p><input type="radio"/> Multiple drivers were responsible, go to j</p> <p><input type="radio"/> Unable to determine driver responsible, go to j</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>
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<p>h. Age and license type of driver responsible for incident, check all that apply:</p> <table border="0"> <tr> <td>Age of Driver (if not child)</td> <td>License type/violation:</td> </tr> <tr> <td><input type="radio"/> &lt;16 years</td> <td><input type="checkbox"/> Has no license</td> </tr> <tr> <td><input type="radio"/> 16 to 18 years old</td> <td><input type="checkbox"/> Has a learner's permit</td> </tr> <tr> <td><input type="radio"/> 19 to 21 years old</td> <td><input type="checkbox"/> Has a graduated license</td> </tr> <tr> <td><input type="radio"/> 22 to 29 years old</td> <td><input type="checkbox"/> Has a full license</td> </tr> <tr> <td><input type="radio"/> 30 to 65 years old</td> <td><input type="checkbox"/> Has a full license that has been restricted</td> </tr> <tr> <td><input type="radio"/> &gt;65 years old</td> <td><input type="checkbox"/> Has a suspended license</td> </tr> <tr> <td><input type="radio"/> U/K</td> <td><input type="checkbox"/> Was violating graduated licensing rules</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> U/K</td> </tr> </table>	Age of Driver (if not child)	License type/violation:	<input type="radio"/> <16 years	<input type="checkbox"/> Has no license	<input type="radio"/> 16 to 18 years old	<input type="checkbox"/> Has a learner's permit	<input type="radio"/> 19 to 21 years old	<input type="checkbox"/> Has a graduated license	<input type="radio"/> 22 to 29 years old	<input type="checkbox"/> Has a full license	<input type="radio"/> 30 to 65 years old	<input type="checkbox"/> Has a full license that has been restricted	<input type="radio"/> >65 years old	<input type="checkbox"/> Has a suspended license	<input type="radio"/> U/K	<input type="checkbox"/> Was violating graduated licensing rules		<input type="checkbox"/> Other, specify:		<input type="checkbox"/> U/K	<p>i. Total number of occupants in vehicle responsible for incident:</p> <p><input type="checkbox"/> N/A</p> <p>Total number of occupants: _____ <input type="checkbox"/> U/K</p> <p>Number of teens, ages 14-21: _____ <input type="checkbox"/> U/K</p> <p>j. Was a restraint or safety measure used by the child?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, select the restraint or safety measures used:</p> <p><input type="checkbox"/> Lap/shoulder belt</p> <p><input type="checkbox"/> Child seat</p> <p><input type="checkbox"/> Belt positioning booster seat</p> <p><input type="checkbox"/> Helmet</p> <p><input type="checkbox"/> U/K</p> <p>If yes, describe:</p>
Age of Driver (if not child)	License type/violation:																				
<input type="radio"/> <16 years	<input type="checkbox"/> Has no license																				
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<input type="radio"/> U/K	<input type="checkbox"/> Was violating graduated licensing rules																				
	<input type="checkbox"/> Other, specify:																				
	<input type="checkbox"/> U/K																				

**H2. FIRE, BURN, OR ELECTROCUTION**

<p>a. Ignition, heat or electrocution source:</p> <p><input type="radio"/> Matches <input type="radio"/> Heating stove <input type="radio"/> Lightning</p> <p><input type="radio"/> Cigarette lighter <input type="radio"/> Space heater <input type="radio"/> Hot bath water</p> <p><input type="radio"/> Cigarette or cigar <input type="radio"/> Power line <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Candles <input type="radio"/> Electrical outlet <input type="radio"/> U/K</p> <p><input type="radio"/> Cooking stove <input type="radio"/> Electrical wiring</p>	<p>b. Type of incident:</p> <p><input type="radio"/> Fire, go to c</p> <p><input type="radio"/> Scald, go to I1</p> <p><input type="radio"/> Electrocution, go to o</p> <p><input type="radio"/> U/K, go to I1</p>	<p>c. Type of building on fire:</p> <p><input type="radio"/> N/A <input type="radio"/> Trailer/mobile home</p> <p><input type="radio"/> Single home</p> <p><input type="radio"/> Row home/townhouse <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Multi-unit (duplex, apartment, condo) <input type="radio"/> U/K</p>
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<p>d. Fire started by a person?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, person's age:</p> <p>If yes, did the person have a history of starting fires?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, suspected arson?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>e. Did any factors delay fire department arrival?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, specify:</p>	<p>f. Were barriers preventing safe exit?</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"/> Locked/blocked door <input type="checkbox"/> Smoke/fire</p> <p><input type="checkbox"/> Window security bars <input type="checkbox"/> Household items/hoarding</p> <p><input type="checkbox"/> Locked/blocked window</p> <p><input type="checkbox"/> Blocked stairway <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> Trapped above first floor <input type="checkbox"/> U/K</p>
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<p>g. Was the child found in the same location as where the fire started?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>h. Was building a rental property?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>i. Were building/rental codes violated?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, describe in narrative.</p>
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<p>j. Were proper working fire extinguishers present?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>k. Was fire sprinkler system present?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>l. Was fire sprinkler system required?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>
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<p>m. Were smoke alarms present?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>Were they functioning properly?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>n. Did the child or family (check all that apply):</p> <p><input type="checkbox"/> None listed below</p> <p><input type="checkbox"/> Have a fire escape plan</p> <p><input type="checkbox"/> Practice a home fire drill</p> <p><input type="checkbox"/> Have two or more possible exits from the location as where the child was found</p> <p><input type="checkbox"/> Attempt to put out the fire</p> <p><input type="checkbox"/> U/K</p>
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<p>o. For electrocution, what cause:</p> <p><input type="radio"/> Lightning/electrical storm <input type="radio"/> Wire/product in water <input type="radio"/> U/K</p> <p><input type="radio"/> Faulty wiring <input type="radio"/> Child playing with outlet</p> <p><input type="radio"/> Contact with power line <input type="radio"/> Other, specify:</p>
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### H3. DROWNING

<p>a. Where was child last seen before drowning? Select one.</p> <p><input type="radio"/> In water</p> <p><input type="radio"/> Near water</p> <p><input type="radio"/> In yard</p> <p><input type="radio"/> In bathroom/tub</p> <p><input type="radio"/> In house</p> <p><input type="radio"/> In car</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>	<p>b. Drowning location:</p> <p><input type="radio"/> Open water/pond, go to c</p> <p><input type="radio"/> Pool, hot tub, spa, go to f</p> <p><input type="radio"/> Bathtub, go to l1</p> <p><input type="radio"/> Other, specify and go to h</p> <p><input type="radio"/> U/K, go to h</p>	<p>c. For open water, place:</p> <p><input type="radio"/> Lake      <input type="radio"/> Ocean</p> <p><input type="radio"/> River      <input type="radio"/> Quarry or gravel pit</p> <p><input type="radio"/> Pond      <input type="radio"/> Canal/drainage ditch</p> <p><input type="radio"/> Creek      <input type="radio"/> U/K</p> <p>d. Was child boating?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>e. Select all contributing environmental factors. Check all that apply.</p> <p><input type="checkbox"/> None      <input type="checkbox"/> Dropoff</p> <p><input type="checkbox"/> Weather      <input type="checkbox"/> Rough waves</p> <p><input type="checkbox"/> Temperature      <input type="checkbox"/> Flash flood</p> <p><input type="checkbox"/> Current      <input type="checkbox"/> Water clarity</p> <p><input type="checkbox"/> Riptide/undertow <input type="checkbox"/> U/K</p>
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<p>f. For pool, type of pool:</p> <p><input type="radio"/> Above-ground</p> <p><input type="radio"/> In-ground <input type="radio"/> Hot tub, spa</p> <p><input type="radio"/> Wading <input type="radio"/> U/K</p>	<p>g. For pool, ownership is:</p> <p><input type="radio"/> Private</p> <p><input type="radio"/> Public</p> <p><input type="radio"/> U/K</p>	<p>h. Flotation device used at time of the incident?</p> <p><input type="radio"/> N/A      <input type="radio"/> No</p> <p><input type="radio"/> Yes, specify: <input type="radio"/> U/K</p>	<p>i. Did the child depend on a life jacket, swim vest or swim aid while in or around water?</p> <p><input type="radio"/> N/A <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> U/K</p>
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j. Did barriers/layers of protection exist to prevent access to water?       Yes     No     U/K

If yes, check all that apply:

<p><input type="checkbox"/> Fence</p> <p>Was it breached?</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"/> Climbed fence</p> <p><input type="checkbox"/> Gap in fence</p> <p><input type="checkbox"/> Damaged fence</p> <p><input type="checkbox"/> Fence too short</p> <p>Fence surrounds water on:</p> <p><input type="radio"/> Four sides</p> <p><input type="radio"/> Three sides</p> <p><input type="radio"/> Two or one side</p> <p><input type="radio"/> U/K</p>	<p><input type="checkbox"/> Gate</p> <p>Was it breached?</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"/> Gate left open</p> <p><input type="checkbox"/> Gate unlocked</p> <p><input type="checkbox"/> Gate latch failed</p> <p><input type="checkbox"/> Gap in gate</p>	<p><input type="checkbox"/> Door</p> <p>Was it breached?</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"/> Door left open</p> <p><input type="checkbox"/> Door unlocked</p> <p><input type="checkbox"/> Door broken</p> <p><input type="checkbox"/> Door screen torn</p> <p><input type="checkbox"/> Door self-closer failed</p>	<p><input type="checkbox"/> Alarm</p> <p>Was it breached?</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"/> Alarm not working</p> <p><input type="checkbox"/> Alarm not answered</p>	<p><input type="checkbox"/> Cover</p> <p>Was it breached?</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"/> Cover left off</p> <p><input type="checkbox"/> Cover not locked</p>
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<p>k. 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>l. Select all of the child's water safety skills (without assistance or flotation device):</p> <p><input type="checkbox"/> None of these      <input type="checkbox"/> Tread water for 1 minute      <input type="checkbox"/> Swim 25 yards</p> <p><input type="checkbox"/> Float on their back independently      <input type="checkbox"/> Find a safe exit from the water      <input type="checkbox"/> Exit the water</p> <p><input type="checkbox"/> Step or jump into water over their head      <input type="checkbox"/> Control breathing      <input type="checkbox"/> Had swimming lessons</p> <p><input type="checkbox"/> Return to surface      <input type="checkbox"/> U/K</p>	<p>m. 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>n. 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>
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<p>o. Lifeguard present?</p> <p><input type="radio"/> N/A</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p>	<p>p. Rescue attempt made?      <input type="radio"/> N/A    <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> U/K</p> <p>If yes, who? Check all that apply:</p> <p><input type="checkbox"/> Parent/relative      <input type="checkbox"/> EMS/first responder</p> <p><input type="checkbox"/> Other child      <input type="checkbox"/> Bystander</p> <p><input type="checkbox"/> Lifeguard      <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> Other adult      <input type="checkbox"/> U/K</p> <p>If yes, did rescuer(s) also drown?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p>	<p>q. Appropriate rescue equipment present?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, was it used?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If no, describe:</p>
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### H4. ASPHYXIA

<p>a. Type of event:</p> <p><input type="radio"/> Sleep-related, go to I1</p> <p><input type="radio"/> Not sleep-related, go to b</p> <p><input type="radio"/> U/K, go to b</p>	<p>b. If not sleep-related, was the event:</p> <p><input type="radio"/> Suffocation, go to c</p> <p><input type="radio"/> Strangulation, go to d</p> <p><input type="radio"/> Choking, go to e</p> <p><input type="radio"/> Other, go to I1</p>	<p>c. If suffocation, was the child:</p> <p><input type="radio"/> Covered in or fell into object</p> <p><input type="radio"/> Confined in tight space</p> <p><input type="radio"/> Wedged into tight space, specify:</p> <p><input type="radio"/> Other, specify:</p>
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<p>d. If strangulation, object causing event:</p> <p><input type="radio"/> Clothing      <input type="radio"/> Electrical cord</p> <p><input type="radio"/> Blind cord      <input type="radio"/> Person, go to H5I</p> <p><input type="radio"/> Car seat      <input type="radio"/> Automobile power window or sunroof</p> <p><input type="radio"/> Belt      <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Rope/string</p> <p><input type="radio"/> Leash      <input type="radio"/> U/K</p>	<p>e. If choking, object causing choking:</p> <p><input type="radio"/> Food, specify:</p> <p><input type="radio"/> Toy, specify:</p> <p><input type="radio"/> Vomit/gastric contents</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>	<p>f. If choking, was Heimlich Maneuver attempted?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>
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**H5. BODILY FORCE OR WEAPON**

<p>a. Was the death a result of a weapon?</p> <p><input type="radio"/> Yes, go to b</p> <p><input type="radio"/> No, death due to bodily force, go to l</p> <p><input type="radio"/> U/K, go to b</p>	<p>b. Type of weapon:</p> <p><input type="radio"/> Firearm, go to c</p> <p><input type="radio"/> Knife or sharp instrument, go to l</p> <p><input type="radio"/> Rope, go to l</p> <p><input type="radio"/> Other, specify and go to l</p> <p><input type="radio"/> U/K, go to l</p>	<p>c. For firearms, type:</p> <p><input type="radio"/> Handgun</p> <p><input type="radio"/> Shotgun</p> <p><input type="radio"/> Rifle, specify:</p> <p><input type="radio"/> 3D gun</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>	<p>d. Was the firearm considered a smart firearm, e.g., uses a fingerprint lock, RFID watch?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p>	<p>e. Was firearm kept loaded?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p> <p>If no, was the ammunition stored locked?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p>
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<p>f. Was the firearm kept locked?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p>	<p>i. Was the person handling the firearm the owner? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>i. Use of weapon at time, check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Self injury</td> <td><input type="checkbox"/> Hunting</td> </tr> <tr> <td><input type="checkbox"/> Commission of crime</td> <td><input type="checkbox"/> Target shooting</td> </tr> <tr> <td><input type="checkbox"/> Drug dealing/trading</td> <td><input type="checkbox"/> Playing with weapon</td> </tr> <tr> <td><input type="checkbox"/> Drive-by shooting</td> <td><input type="checkbox"/> Showing gun to others</td> </tr> <tr> <td><input type="checkbox"/> Random violence</td> <td><input type="checkbox"/> Russian roulette</td> </tr> <tr> <td><input type="checkbox"/> Child abuse</td> <td><input type="checkbox"/> Gang-related activity</td> </tr> <tr> <td><input type="checkbox"/> Child was a bystander</td> <td><input type="checkbox"/> Self-defense</td> </tr> <tr> <td><input type="checkbox"/> Argument</td> <td><input type="checkbox"/> Cleaning weapon</td> </tr> <tr> <td><input type="checkbox"/> Jealousy</td> <td><input type="checkbox"/> Loading weapon</td> </tr> <tr> <td><input type="checkbox"/> Intimate partner violence</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Hate crime</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Bullying</td> <td></td> </tr> </table>		<input type="checkbox"/> Self injury	<input type="checkbox"/> Hunting	<input type="checkbox"/> Commission of crime	<input type="checkbox"/> Target shooting	<input type="checkbox"/> Drug dealing/trading	<input type="checkbox"/> Playing with weapon	<input type="checkbox"/> Drive-by shooting	<input type="checkbox"/> Showing gun to others	<input type="checkbox"/> Random violence	<input type="checkbox"/> Russian roulette	<input type="checkbox"/> Child abuse	<input type="checkbox"/> Gang-related activity	<input type="checkbox"/> Child was a bystander	<input type="checkbox"/> Self-defense	<input type="checkbox"/> Argument	<input type="checkbox"/> Cleaning weapon	<input type="checkbox"/> Jealousy	<input type="checkbox"/> Loading weapon	<input type="checkbox"/> Intimate partner violence	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Hate crime	<input type="checkbox"/> U/K	<input type="checkbox"/> Bullying	
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<input type="checkbox"/> Hate crime	<input type="checkbox"/> U/K																										
<input type="checkbox"/> Bullying																											
<p>g. Did the shooter of the firearm have permission to use the firearm at the time of incident?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>j. Owner of fatal firearm:</p> <p><input type="radio"/> Caregiver</p> <p><input type="radio"/> Other family member</p> <p><input type="radio"/> Child's significant other</p> <p><input type="radio"/> Friend/acquaintance</p> <p><input type="radio"/> Stranger</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>																										
<p>h. Did the caregiver or supervisor know a firearm was present at the time of incident?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>k. Was the firearm stolen?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p>																										

m. Type of bodily force used. Check all that apply:

<input type="checkbox"/> Beat, kick or punch	<input type="checkbox"/> Bite	<input type="checkbox"/> Throw	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Drop	<input type="checkbox"/> Shake	<input type="checkbox"/> Drown	
<input type="checkbox"/> Push	<input type="checkbox"/> Strangle/choke	<input type="checkbox"/> Burn	<input type="checkbox"/> U/K

**H6. FALL OR CRUSH**

<p>a. Type:</p> <p><input type="radio"/> Fall, go to b</p> <p><input type="radio"/> Crush, go to g</p>	<p>b. Height of fall:</p> <p>_____ feet</p> <p>_____ inches</p> <p><input type="checkbox"/> U/K</p>	<p>c. Child fell from:</p> <table border="0"> <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
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<p>d. Surface child fell onto:</p> <table border="0"> <tr> <td><input type="radio"/> Cement/concrete</td> <td><input type="radio"/> Linoleum/vinyl</td> </tr> <tr> <td><input type="radio"/> Grass</td> <td><input type="radio"/> Marble/tile</td> </tr> <tr> <td><input type="radio"/> Gravel</td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/> Wood floor</td> <td></td> </tr> <tr> <td><input type="radio"/> Carpeted floor</td> <td><input type="radio"/> U/K</td> </tr> </table>	<input type="radio"/> Cement/concrete	<input type="radio"/> Linoleum/vinyl	<input type="radio"/> Grass	<input type="radio"/> Marble/tile	<input type="radio"/> Gravel	<input type="radio"/> Other, specify:	<input type="radio"/> Wood floor		<input type="radio"/> Carpeted floor	<input type="radio"/> U/K	<p>e. Barrier in place, check all that apply::</p> <table border="0"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Stairway</td> </tr> <tr> <td><input type="checkbox"/> Screen</td> <td><input type="checkbox"/> Gate</td> </tr> <tr> <td><input type="checkbox"/> Other window guard</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Fence</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Railing</td> <td></td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Stairway	<input type="checkbox"/> Screen	<input type="checkbox"/> Gate	<input type="checkbox"/> Other window guard	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Fence	<input type="checkbox"/> U/K	<input type="checkbox"/> Railing		<p>g. For crush, did child:</p> <p><input type="radio"/> Climb up on object</p> <p><input type="radio"/> Pull object down</p> <p><input type="radio"/> Hide behind object</p> <p><input type="radio"/> Go behind object</p> <p><input type="radio"/> Fall out of object</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>	<p>h. For crush, object causing crush:</p> <table border="0"> <tr> <td><input type="radio"/> Appliance</td> <td><input type="radio"/> Boulders/rocks</td> </tr> <tr> <td><input type="radio"/> Television</td> <td><input type="radio"/> Dirt/sand</td> </tr> <tr> <td><input type="radio"/> Furniture</td> <td><input type="radio"/> Person, go to H5l</td> </tr> <tr> <td><input type="radio"/> Walls</td> <td><input type="radio"/> Commercial equipment</td> </tr> <tr> <td><input type="radio"/> Playground equipment</td> <td><input type="radio"/> Farm equipment</td> </tr> <tr> <td><input type="radio"/> Animal</td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/> Tree branch</td> <td><input type="radio"/> U/K</td> </tr> </table>	<input type="radio"/> Appliance	<input type="radio"/> Boulders/rocks	<input type="radio"/> Television	<input type="radio"/> Dirt/sand	<input type="radio"/> Furniture	<input type="radio"/> Person, go to H5l	<input type="radio"/> Walls	<input type="radio"/> Commercial equipment	<input type="radio"/> Playground equipment	<input type="radio"/> Farm equipment	<input type="radio"/> Animal	<input type="radio"/> Other, specify:	<input type="radio"/> Tree branch	<input type="radio"/> U/K
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<p>f. Was child pushed, dropped or thrown?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, go to H5l</p>																																					

## H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

a. Type of substance involved, check all that apply and note source, storage, and route of administration of substance:  U/K

<b>Source</b> of Substance	5 = Own prescription (Prescription only)	<b>Stored</b> in locked cabinet?	How substance was <b>taken</b>
1 = Bought from dealer or stranger (Prescription or illicit only)	6 = Bought from store/pharmacy (OTC or other substances only)	Yes	1 = In utero      5 = Through skin
2 = Bought from friend or relative	7 = Other	No	2 = Orally      9 = U/K
3 = From friend or relative for free	9 = U/K	U/K	3 = Nasally
4 = Took from friend or relative without asking			4 = Intravenously

Prescription drug	Source	Stored	Taken	Over-the-counter drug	Source	Stored	Taken	
<input type="checkbox"/> Antidepressant/antianxiety		Y	N U	<input type="checkbox"/> Antihistamine		Y	N U	
<input type="checkbox"/> Anticonvulsant		Y	N U	<input type="checkbox"/> Cold medicine		Y	N U	
<input type="checkbox"/> Antipsychotic		Y	N U	<input type="checkbox"/> Pain medication		Y	N U	
<input type="checkbox"/> Benzodiazepines		Y	N U	<input type="checkbox"/> Other OTC, specify:		Y	N U	
<input type="checkbox"/> Medications for substance use disorder (e.g. Methadone, buprenorphine, naltrexone)		Y	N U					
<input type="checkbox"/> Non-opioid pain medication		Y	N U					
<input type="checkbox"/> Opioid pain medication (including fentanyl)		Y	N U					
<input type="checkbox"/> Stimulants		Y	N U					
<input type="checkbox"/> Other Rx, specify:		Y	N U					
Was it child's prescription? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K								

Illicit drugs	Source	Stored	Taken	Other substances	Source	Stored	Taken
<input type="checkbox"/> Cocaine		Y	N U	<input type="checkbox"/> Alcohol		Y	N U
<input type="checkbox"/> Heroin		Y	N U	<input type="checkbox"/> Battery		Y	N U
<input type="checkbox"/> Illicitly manufactured fentanyl/fentanyl analogs		Y	N U	<input type="checkbox"/> Carbon monoxide		Y	N U
<input type="checkbox"/> Marijuana/THC		Y	N U	<input type="checkbox"/> Other fume/gas/vapor		Y	N U
<input type="checkbox"/> Methamphetamine		Y	N U	<input type="checkbox"/> Other, specify:		Y	N U
<input type="checkbox"/> Other, specify:		Y	N U				

<b>b. Was the incident the result of?</b> <input type="radio"/> Accidental overdose/acute intoxication <input type="radio"/> Medical treatment mishap <input type="radio"/> Deliberate poisoning <input type="radio"/> Other, specify: <input type="radio"/> U/K	<b>c. Did the child have a prescription for a controlled substance within the previous 24 months?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<b>d. Did child have a non-fatal overdose within the previous 12 months?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<b>e. Was Poison Control contacted?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<b>f. For CO poisoning, was a CO alarm present?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
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## H8. MEDICAL CONDITION This section is skipped for fetal deaths\*

<b>a. How long did the child have the medical condition?</b> <input type="radio"/> In utero <input type="radio"/> 1-11 months <input type="radio"/> Since birth <input type="radio"/> >= 1 year <input type="radio"/> < 1 day <input type="radio"/> 1-6 days <input type="radio"/> U/K <input type="radio"/> 7-30 Days	<b>b. Was the death expected as a result of the medical condition?</b> <input type="checkbox"/> N/A, not previously diagnosed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> But at a later date	<b>c. Was child receiving health care for the medical condition?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, within 48 hours of the death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, was the care plan appropriate for the medical condition? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, specify:
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<b>d. Did the family experience barriers that prohibited following the care plan?</b> <input type="radio"/> N/A    If yes, what treatment components were not completed? Check all that apply. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Appointments  <input type="checkbox"/> Medications, specify:  <input type="checkbox"/> Medical equipment use, specify:  <input type="checkbox"/> Therapies, specify:           </div> <div> <input type="checkbox"/> Other, specify:  <input type="checkbox"/> U/K           </div> </div>	<b>e. In the week prior to the death, did the child experience any changes to medical care?</b> <input type="radio"/> Yes, describe: <input type="radio"/> No <input type="radio"/> U/K
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<b>f. Was the medical condition associated with an outbreak?</b> <input type="radio"/> Yes, specify: <input type="radio"/> No <input type="radio"/> U/K If yes, was the child vaccinated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<b>g. Was the death potentially caused by a medical error?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <b>h. Was the medical condition that caused the death a result of a complication or side effect of a previous illness, injury, condition, or medical treatment?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
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## H9. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:

**I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS**

**I1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY)**

This section displays online based on your state's settings.

Section I1: OMB No. 0920-1092, Exp. Date: 5/31/2022

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)

a. Was this death:

- A homicide?
- A suicide?
- An overdose?
- A result of an external cause that was the obvious and only reason for the fatal injury
- Expected within 6 months due to terminal illness?
- None of the above, go to I1b THIS IS AN SDY CASE
- U/K, go to I1b

} If any of these apply, go to Section I2, THIS IS NOT AN SDY CASE.

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death?

**Symptom Present w/in 72 hours of death**

**Cardiac** Yes No U/K

Chest pain

Dizziness/lightheadedness

Fainting

Palpitations

**Neurologic**

Concussion

Confusion

Convulsions/seizure

Headache

Head injury

**Respiratory**

Asthma

Pneumonia

Difficulty breathing

**Other Acute Symptoms**

Fever

Muscle aches/cramping

Vomiting

Other, specify:

c. At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms?

**Symptom Present more than 72 hours of death**

**Cardiac** Yes No U/K

Chest pain

Dizziness/lightheadedness

Fainting

Palpitations

**Neurologic**

Concussion

Confusion

Convulsions/seizure

Head injury

**Respiratory**

Difficulty breathing

**Other**

Other, specify:

d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?

Yes  No  U/K

If yes, describe:

e. Had the child in the past ever been diagnosed by a medical professional for the following?

Condition	Diagnosed			Condition	Diagnosed			Condition	Diagnosed		
<b>Blood disease</b>	<u>Y</u>	<u>N</u>	<u>U</u>	<b>Cardiac (continued)</b>	<u>Y</u>	<u>N</u>	<u>U</u>	<b>Neurologic (continued)</b>	<u>Y</u>	<u>N</u>	<u>U</u>
Sickle cell disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurodegenerative disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sickle cell trait	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stroke/mini stroke/	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrombophilia (clotting disorder)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Myocarditis (heart infection)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TIA-Transient Ischemic			
<b>Cardiac</b>	<u>Y</u>	<u>N</u>	<u>U</u>	Pulmonary hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Attack			
Abnormal electrocardiogram (EKG or ECG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sudden cardiac arrest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Central nervous system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aneurysm or aortic dilatation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Neurologic</b>	<u>Y</u>	<u>N</u>	<u>U</u>	infection (meningitis			
Arrhythmia/arrhythmia syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Anoxic brain Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	or encephalitis)			
Cardiomyopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Traumatic brain injury/	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Respiratory</b>	<u>Y</u>	<u>N</u>	<u>U</u>
Congenital heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	head injury/concussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Apnea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary artery abnormality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Brain tumor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endocarditis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Brain hemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pulmonary embolism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Developmental brain disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pulmonary hemorrhage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart murmur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Epilepsy/seizure disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Respiratory arrest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				Febrile seizure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

<b>Condition (continued)</b>	<b>Diagnosed</b>			<b>Diagnosed</b>			<b>Diagnosed</b>																																																																								
<b>Other</b>	<u>Y</u>	<u>N</u>	<u>U</u>	<u>Y</u>	<u>N</u>	<u>U</u>	<u>Y</u>	<u>N</u>	<u>U</u>																																																																						
Connective tissue disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oncologic disease treated by chemotherapy or radiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental illness/psychiatric disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prematurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
Endocrine disorder, other: thyroid, adrenal, pituitary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Metabolic disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Congenital disorder/genetic syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
Hearing problems or deafness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muscle disorder or muscular dystrophy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
<p>If a more specific diagnosis is known, provide any additional information:</p> <hr/> <p>If any cardiac conditions above are selected, what cardiac treatments did the child have? Check all that apply: <input type="checkbox"/> None</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Cardiac ablation  <input type="checkbox"/> Cardiac device placement            (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD))         </div> <div style="width: 45%;"> <input type="checkbox"/> Heart surgery  <input type="checkbox"/> Interventional cardiac catheterization         </div> <div style="width: 45%;"> <input type="checkbox"/> Heart transplant  <input type="checkbox"/> Other, specify:  <input type="checkbox"/> U/K         </div> </div>																																																																															
<p>f. Did the child have any blood relatives (brothers, sisters, parents, aunts, uncles, cousins, grandparents or other more distant relatives) with the following diseases, conditions or symptoms?</p> <p><u>Y</u> <u>N</u> <u>U</u>    <b>Deaths</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Sudden unexpected death before age 50</p> <p>If yes, the type of event, which relative, and relative's age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Heart Disease</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Heart condition/heart attack or stroke before age 50</p> <p>If yes, describe:</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Aortic aneurysm or aortic rupture</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Arrhythmia (fast or irregular heart rhythm)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Cardiomyopathy</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Congenital heart disease</p> <p><b>Neurologic Disease</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Epilepsy or convulsions/seizure</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Other neurologic disease</p> </div> <div style="width: 45%;"> <p><u>Y</u> <u>N</u> <u>U</u>    <b>Symptoms</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Febrile seizures</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Unexplained fainting</p> <p><b>Other Diagnoses</b></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Congenital deafness</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Connective tissue disease</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Mitochondrial disease</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Muscle disorder or muscular dystrophy</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Thrombophilia (clotting disorder)</p> <p><input type="radio"/> Other diseases that are genetic or run in families, specify:</p> </div> </div>							<p>g. Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, describe the test/gene tested, reason for testing, family member tested, and results:</p> <p>Was a gene mutation found?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																																																																								
<p>h. In the 72 hours prior to death was the child taking any prescribed medication(s)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, describe:</p>				<p>k. Was the child taking any of the following substance(s) within 24 hours of death?</p> <p>Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Over-the-counter medicine  <input type="checkbox"/> Energy drinks  <input type="checkbox"/> Caffeine  <input type="checkbox"/> Performance enhancers  <input type="checkbox"/> Supplements  <input type="checkbox"/> Tobacco           </div> <div style="width: 45%;"> <input type="checkbox"/> Alcohol  <input type="checkbox"/> Illegal drugs  <input type="checkbox"/> Legalized marijuana  <input type="checkbox"/> Other, specify:  <input type="checkbox"/> U/K           </div> </div> <p>If yes to any items above, describe:</p>																																																																											
<p>i. Within 2 weeks prior to death had the child:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th><u>N/A</u></th> <th><u>Yes</u></th> <th><u>No</u></th> <th><u>U/K</u></th> </tr> </thead> <tbody> <tr> <td>Taken extra doses of prescribed medications</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Missed doses of prescribed medications</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Changed prescribed medications, describe:</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>												<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>U/K</u>	Taken extra doses of prescribed medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Missed doses of prescribed medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changed prescribed medications, describe:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																	
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<p>j. Was the child compliant with their prescribed medications?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If not compliant, describe why and how often:</p>																																																																															
<p>l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"><b>Stimuli</b></th> <th colspan="3"><b>At incident</b></th> <th colspan="3"><b>Within 24 hrs of incident</b></th> </tr> <tr> <th><u>Yes</u></th> <th><u>No</u></th> <th><u>U/K</u></th> <th><u>Yes</u></th> <th><u>No</u></th> <th><u>U/K</u></th> </tr> </thead> <tbody> <tr> <td>Physical activity</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Sleep deprivation</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Driving</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Visual/video game stimuli</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Emotional stimuli</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Auditory stimuli/startle</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Physical trauma</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Other, specify:</td> <td><input type="radio"/></td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> <td></td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <p>If yes to physical activity, describe type of activity:</p> <p>At incident                      Within 24 hours of incident</p> <p>Other specify:</p> <p>At incident                      Within 24 hours of incident</p> </div>											<b>Stimuli</b>	<b>At incident</b>			<b>Within 24 hrs of incident</b>			<u>Yes</u>	<u>No</u>	<u>U/K</u>	<u>Yes</u>	<u>No</u>	<u>U/K</u>	Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sleep deprivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Visual/video game stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emotional stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Auditory stimuli/startle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical trauma	<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"/>		
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<p>m. Was the child an athlete? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p style="padding-left: 40px;">If yes, type of sport: <input type="radio"/> Competitive <input type="radio"/> Recreational <input type="radio"/> U/K</p> <p style="padding-left: 80px;">If competitive, did the child participate in the 6 months prior to death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																																										
<p>n. Did the child ever have any of the following <b>uncharacteristic</b> symptoms during or within 24 hours after physical activity? Check all that apply:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Chest pain</td> <td><input type="checkbox"/> Palpitations</td> </tr> <tr> <td><input type="checkbox"/> Convulsions/seizure</td> <td><input type="checkbox"/> Shortness of breath/difficulty breathing</td> </tr> <tr> <td><input type="checkbox"/> Dizziness/lightheadedness</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Fainting</td> <td><input type="checkbox"/> U/K</td> </tr> </table> <p>If yes to any item, describe type of physical activity and extent of symptoms:</p>	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Convulsions/seizure	<input type="checkbox"/> Shortness of breath/difficulty breathing	<input type="checkbox"/> Dizziness/lightheadedness	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Fainting	<input type="checkbox"/> U/K	<p>o. For child age 12 or older, did the child receive a pre-participation exam for a sport? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes:</p> <p>Was it done within a year prior to death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>Did the exam lead to restrictions for sports or otherwise? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, specify restrictions:</p>																																	
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<b>Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)</b>																																										
<p>p. How old was the child when diagnosed with epilepsy/seizure disorder? Age 0 (infant) through 20 years: _____</p> <p><input type="checkbox"/> U/K</p>	<p>r. What type(s) of seizures did the child have? Check all that apply:</p> <p><input type="checkbox"/> Non-convulsive</p> <p><input type="checkbox"/> Convulsive (grand mal seizure or generalized tonic-clonic seizure)</p> <p><input type="checkbox"/> Occur when exposure to strobe lights, video game, or flickering light (reflex seizure)</p> <p><input type="checkbox"/> U/K</p>	<p>t. How many seizures did the child have in the year preceding death?</p> <p><input type="radio"/> 0/never <input type="radio"/> 2 <input type="radio"/> More than 3</p> <p><input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> U/K</p>																																								
<p>q. What were the underlying cause(s) of the child's seizures? Check all that apply:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Brain injury/trauma, specify:</td> <td><input type="checkbox"/> Other acute illness or injury other than epilepsy</td> </tr> <tr> <td><input type="checkbox"/> Brain tumor</td> <td><input type="checkbox"/> Cerebrovascular</td> </tr> <tr> <td><input type="checkbox"/> Central nervous system infection</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Developmental brain disorder</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Genetic/chromosomal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Idiopathic or cryptogenic</td> <td></td> </tr> </table>	<input type="checkbox"/> Brain injury/trauma, specify:	<input type="checkbox"/> Other acute illness or injury other than epilepsy	<input type="checkbox"/> Brain tumor	<input type="checkbox"/> Cerebrovascular	<input type="checkbox"/> Central nervous system infection	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Developmental brain disorder	<input type="checkbox"/> U/K	<input type="checkbox"/> Genetic/chromosomal		<input type="checkbox"/> Idiopathic or cryptogenic		<p>s. Describe the child's epilepsy/seizures (not including the seizure at time of death). Check all that apply:</p> <p><input type="checkbox"/> Last less than 30 minutes</p> <p><input type="checkbox"/> Last more than 30 minutes (status epilepticus)</p> <p><input type="checkbox"/> Occur in the presence of fever (febrile seizure)</p> <p><input type="checkbox"/> Occur in the absence of fever</p> <p><input type="checkbox"/> Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)</p>	<p>u. Did treatment for seizures include anti-epileptic drugs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, how many different types of anti-epileptic drugs did the child take?</p> <p><input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> More than 6</p> <p><input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> U/K</p> <p><input type="radio"/> 3 <input type="radio"/> 6</p>																												
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<p><b>12. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT*?</b></p> <p style="text-align: right;"><input type="radio"/> Yes, go to I2a <input type="radio"/> No, go to I2t <input type="radio"/> U/K, go to I2a</p>																																										
<p>a. Incident sleep place:</p> <table style="width:100%; border: none;"> <tr> <td><input type="radio"/> Crib</td> <td><input type="radio"/> Adult bed</td> <td><input type="radio"/> Rocking-inclined sleeper</td> <td>If adult bed, what type?</td> <td>If car seat, was car seat secured in seat of car?</td> </tr> <tr> <td style="padding-left: 20px;">If crib, type:</td> <td><input type="radio"/> Waterbed</td> <td><input type="radio"/> Stroller</td> <td><input type="radio"/> Twin</td> <td><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</td> </tr> <tr> <td><input type="radio"/> Not portable</td> <td><input type="radio"/> Futon</td> <td><input type="radio"/> Swing</td> <td><input type="radio"/> Full</td> <td></td> </tr> <tr> <td><input type="radio"/> Portable</td> <td><input type="radio"/> Couch</td> <td><input type="radio"/> Bouncy chair</td> <td><input type="radio"/> Queen</td> <td></td> </tr> <tr> <td><input type="radio"/> Unknown crib type</td> <td><input type="radio"/> Chair</td> <td><input type="radio"/> Other, specify:</td> <td><input type="radio"/> King</td> <td></td> </tr> <tr> <td><input type="radio"/> Bassinet</td> <td><input type="radio"/> Floor</td> <td><input type="radio"/> U/K</td> <td><input type="radio"/> Other, specify:</td> <td></td> </tr> <tr> <td><input type="radio"/> Bed side sleeper</td> <td><input type="radio"/> Car seat</td> <td></td> <td><input type="radio"/> U/K</td> <td></td> </tr> <tr> <td><input type="radio"/> Baby box</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			<input type="radio"/> Crib	<input type="radio"/> Adult bed	<input type="radio"/> Rocking-inclined sleeper	If adult bed, what type?	If car seat, was car seat secured in seat of car?	If crib, type:	<input type="radio"/> Waterbed	<input type="radio"/> Stroller	<input type="radio"/> Twin	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<input type="radio"/> Not portable	<input type="radio"/> Futon	<input type="radio"/> Swing	<input type="radio"/> Full		<input type="radio"/> Portable	<input type="radio"/> Couch	<input type="radio"/> Bouncy chair	<input type="radio"/> Queen		<input type="radio"/> Unknown crib type	<input type="radio"/> Chair	<input type="radio"/> Other, specify:	<input type="radio"/> King		<input type="radio"/> Bassinet	<input type="radio"/> Floor	<input type="radio"/> U/K	<input type="radio"/> Other, specify:		<input type="radio"/> Bed side sleeper	<input type="radio"/> Car seat		<input type="radio"/> U/K		<input type="radio"/> Baby box				
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<p>b. Child put to sleep:</p> <p><input type="radio"/> On back</p> <p><input type="radio"/> On stomach</p> <p><input type="radio"/> On side</p> <p><input type="radio"/> U/K</p>	<p>c. Child found:</p> <p><input type="radio"/> On back</p> <p><input type="radio"/> On stomach</p> <p><input type="radio"/> On side</p> <p><input type="radio"/> U/K</p>	<p>e. Usual sleep position:</p> <p><input type="radio"/> On back</p> <p><input type="radio"/> On stomach</p> <p><input type="radio"/> On side</p> <p><input type="radio"/> U/K</p>	<p>f. Was there any type of crib, portable crib or bassinet in home for child? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																																							
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<input type="radio"/> Bed side sleeper	<input type="radio"/> Car seat																																									
<input type="radio"/> Baby box																																										
<p>g. Child in a new or different environment than usual? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, describe why:</p>	<p>h. Child last placed to sleep with a pacifier? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>i. Child wrapped or swaddled in blanket when last placed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, describe:</p>																																								

j. Child overheated?  Yes  No  U/K  
 Check all that apply:  Room too hot, temp \_\_\_\_ degrees F  
 Too much bedding  
 Too much clothing

k. Child exposed to second hand smoke?  
 Yes  No  U/K  
 If yes, how often:  Frequently  U/K  
 Occasionally

l. Child's face when found:  
 Down  
 Up  
 To left or right side  
 U/K

m. Child's neck when found:  
 Hyperextended (head back)  
 Hypoextended (chin to chest)  
 Neutral  
 Turned  
 U/K

n. Child's airway when found (includes nose, mouth, neck and/or chest):  
 Unobstructed by person or object  
 Fully obstructed by person or object  
 Partially obstructed by person or object  
 U/K

If fully or partially obstructed, what was obstructed?  
 Nose  Chest compressed  
 Mouth  U/K  
 Neck compressed  
 If fully or partially obstructed, describe obstruction in detail:

o. Objects in child's sleep environment and relation to airway obstruction:

Objects:	If present, describe position of object:								If present, did object obstruct airway?			→ If adult(s) obstructed airway, describe relationship of adult to child (for example, childbearing parent):
	Present?		U/K	On top of child	Under child	Next to child	Tangled around child	U/K	Yes	No	U/K	
	Yes	No										
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fitted 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Nursing 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Bottle	<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"/>	
Wearable monitor	<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"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other(s), specify: _____	<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="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"/>	

p. Was there a reliable, non-conflicting witness account of how the child was found?  Yes  No  U/K

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

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

s. Child sleeping on same surface with person(s) or animal(s)?  
 Yes  No  U/K

If yes, reasons stated for sleeping on same surface, check all that apply:  
 To feed  
 To soothe  
 Usual sleep pattern  
 No infant bed available  
 Home/living space overcrowded  
 Other, specify: \_\_\_\_\_  
 U/K

If yes, check all that apply:  
 With adult(s): # \_\_\_\_\_  # U/K  
 Adult obese:  Yes  No  U/K  
 With other children: # \_\_\_\_\_  # U/K Children's ages: \_\_\_\_\_  
 With animal(s): # \_\_\_\_\_  # U/K Type(s) of animal: \_\_\_\_\_  
 U/K

t. Is there a scene re-creation photo available for upload?  Yes  No If yes, upload here. Only one photo allowed.  
 Select photo that demonstrates position and location of child's body and airway (nose, mouth, neck, and chest). Size must be less than 6 mb and in .jpg or .gif format.

<b>13. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT*?</b> <input type="radio"/> Yes <input type="radio"/> No, go to I4 <input type="radio"/> U/K, go to I4			
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"/> No, go to www.saferproducts.gov to report <input type="radio"/> U/K
<b>14. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME*?</b> <input type="radio"/> Yes <input type="radio"/> No, go to I5 <input type="radio"/> U/K, go to I5			
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:			
<b>15. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS</b>			
a. Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death? <input type="radio"/> Yes/probable <input type="radio"/> No, go to next section <input type="radio"/> U/K, go to next section If yes/probable, choose primary reason: <input type="radio"/> Child abuse, go to I5b <input type="radio"/> Child neglect, go to I5f <input type="radio"/> Poor/absent supervision, go to I5h <input type="radio"/> Exposure to hazards, go to I5g	b. Type of child abuse, check all that apply: <input type="checkbox"/> Abusive head trauma, go to I5c <input type="checkbox"/> Chronic Battered Child Syndrome, go to I5e <input type="checkbox"/> Beating/kicking, go to I5e <input type="checkbox"/> Scalding or burning, go to I5e <input type="checkbox"/> Munchausen Syndrome by Proxy, go to I5e <input type="checkbox"/> Sexual assault, go to I5h <input type="checkbox"/> Other, specify and go to I5h <input type="checkbox"/> U/K, go to I5e	c. For abusive head trauma, were there retinal hemorrhages? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K d. For abusive head trauma, was the child shaken? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, was there impact? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	
e. Events(s) triggering child abuse. check all that apply: <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	f. Child neglect, check all that apply: <input type="checkbox"/> Failure to provide necessities <input type="checkbox"/> Exposure to hazards: <input type="checkbox"/> Food    Do not include child's own behavior. <input type="checkbox"/> Shelter <input type="radio"/> Hazard(s) in sleep environment <input type="checkbox"/> Other, specify:    (including sleep position and surface sharing) <input type="checkbox"/> Failure to provide supervision <input type="radio"/> Fire hazard <input type="checkbox"/> Emotional neglect, specify: <input type="radio"/> Unsecured medication/poison <input type="checkbox"/> Abandonment, specify: <input type="radio"/> Firearm hazard <input type="checkbox"/> Failure to seek/follow treatment, specify: <input type="radio"/> Water hazard If yes, was this due to religious or cultural practices? <input type="radio"/> Motor vehicle hazard <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="radio"/> Other hazard, specify:	g. Exposure to hazards: Do not include child's own behavior. <input type="radio"/> Hazard(s) in sleep environment (including sleep position and surface sharing) <input type="radio"/> Fire hazard <input type="radio"/> Unsecured medication/poison <input type="radio"/> Firearm hazard <input type="radio"/> Water hazard <input type="radio"/> Motor vehicle hazard <input type="radio"/> Childbearing parent substance use during pregnancy <input type="radio"/> Other hazard, specify:	
h. Was poverty a factor? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K      If yes, explain in Narrative			
<b>16. SUICIDE</b>			
a. Child's history. Check all that have <u>ever</u> applied: <input type="checkbox"/> None listed below <input type="checkbox"/> Involved in sports <input type="checkbox"/> Involved in activities (not sports) <input type="checkbox"/> Viewed, posted or interacted on social media If yes, specify platform(s): <input type="checkbox"/> History of running away <input type="checkbox"/> History of fearfulness, withdrawal or anxiety <input type="checkbox"/> History of explosive anger, yelling or disobeying <input type="checkbox"/> History of head injury If yes, when was the last head injury? _____ <input type="checkbox"/> Death of a peer, friend or family member If yes, specify relationship to child: _____ When did death occur: _____ Was death a suicide? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	b. Was the child ever diagnosed with any of the following? Check all that apply. <input type="checkbox"/> None listed below <input type="checkbox"/> Anxiety spectrum disorder <input type="checkbox"/> Depressive spectrum disorder <input type="checkbox"/> Bipolar spectrum disorder <input type="checkbox"/> Disruptive, impulse control or conduct disorder <input type="checkbox"/> Eating disorder <input type="checkbox"/> Substance-related or addictive disorders <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K c. Did child have a suicide safety plan (a document that helps individuals when experiencing thoughts of suicide to help them avoid intense suicidal crisis)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	d. Check all suicidal behaviors/attempts that ever applied: <input type="checkbox"/> None listed below <input type="checkbox"/> Interrupted attempt #__ <input type="checkbox"/> Preparatory behavior #__ <input type="checkbox"/> Non-fatal attempt #__ <input type="checkbox"/> Aborted attempt #__ <input type="checkbox"/> U/K e. Did the child <u>ever</u> communicate any suicidal thoughts, actions or intent? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, with whom? _____ f. Was there evidence the death was planned or premeditated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K g. Did the death occur under circumstances where it would likely be observed and intervened by others? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	
h. Did the child ever have a history of non-suicidal self-harm, such as cutting or burning oneself? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, <input type="checkbox"/> Reported to others <input type="checkbox"/> Noted on autopsy <input type="checkbox"/> Other, specify:			



<p>i. Warning signs (<a href="https://youthsuicidewarningsigns.org">https://youthsuicidewarningsigns.org</a>) w/in 30 days of death:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> None listed below</p> <p><input type="checkbox"/> Talked about or made plans for suicide</p> <p><input type="checkbox"/> Expressed hopelessness about the future</p> <p><input type="checkbox"/> Displayed severe/overwhelming emotional pain or distress</p> <p><input type="checkbox"/> Expressed perceived burden on others</p> <p><input type="checkbox"/> Showed worrisome behavioral cues or marked changes in behavior</p> <p><input type="checkbox"/> U/K</p>	<p>j. Child experienced a known crisis within 30 days of the death?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, explain:</p>
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<p>k. Suicide was part of:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> None listed below</p> <p><input type="checkbox"/> A cluster</p>	<p><input type="checkbox"/> A contagion, copy-cat or imitation</p> <p><input type="checkbox"/> A suicide pact</p> <p><input type="checkbox"/> A murder-suicide</p>
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**17. LIFE STRESSORS** Please indicate all stressors that were present for this child and family around the time of death.

a. Life stressors - Social/economic

<input type="checkbox"/> None listed below	<input type="checkbox"/> Neighborhood discord	<input type="checkbox"/> No phone	<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Lack of child care
<input type="checkbox"/> Racism	<input type="checkbox"/> Job problems	<input type="checkbox"/> Housing instability	<input type="checkbox"/> Cultural differences	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Money problems	<input type="checkbox"/> Witnessed violence	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Pregnancy scare
<input type="checkbox"/> Poverty	<input type="checkbox"/> Food insecurity	<input type="checkbox"/> Tobacco exposure		

b. Life stressors - Medical

<input type="checkbox"/> None listed below	<input type="checkbox"/> Caregiver unskilled in providing care	<input type="checkbox"/> Multiple providers, not coordinated	<input type="checkbox"/> Felt dismissed by provider
<input type="checkbox"/> Lack of family or social support for care	<input type="checkbox"/> Lack of money for care	<input type="checkbox"/> Limitations of health insurance	<input type="checkbox"/> Lack of provider-family compatibility
<input type="checkbox"/> Caregiver distrust of health care system	<input type="checkbox"/> Services not available	<input type="checkbox"/> Provider bias	

c. Life Stressors- Relationships

<input type="checkbox"/> None listed below	<input type="checkbox"/> Parents' incarceration	<input type="checkbox"/> Argument with friends	<input type="checkbox"/> Cyberbullying as victim	<input type="checkbox"/> Stress due to gender identity
<input type="checkbox"/> Family discord	<input type="checkbox"/> Breakup	<input type="checkbox"/> Isolation	<input type="checkbox"/> Cyberbullying as a perpetrator	
<input type="checkbox"/> Argument w/ parents/caregivers	<input type="checkbox"/> Argument with significant other	<input type="checkbox"/> Bullying as victim	<input type="checkbox"/> Peer violence as a victim	<input type="checkbox"/> Stress due to sexual orientation
<input type="checkbox"/> Parents' divorce/separation	<input type="checkbox"/> Social discord	<input type="checkbox"/> Bullying as perpetrator	<input type="checkbox"/> Peer violence as a perpetrator	

d. Life stressors - School (age 5 and over)

<input type="checkbox"/> None listed below	<input type="checkbox"/> Extracurricular activities
<input type="checkbox"/> School failure	<input type="checkbox"/> New school
<input type="checkbox"/> Pressure to succeed	<input type="checkbox"/> Other school problems

e. Technology (age 5 and over)

<input type="checkbox"/> None listed below	<input type="checkbox"/> Restriction of technology
<input type="checkbox"/> Electronic gaming	<input type="checkbox"/> Social media
<input type="checkbox"/> Texting	

f. Life stressors - Transitions (age 5 and over)

<input type="checkbox"/> None listed below	<input type="checkbox"/> Release from juvenile justice facility
<input type="checkbox"/> Release from hospital	<input type="checkbox"/> End of school year/school break
<input type="checkbox"/> Transition from any level of mental health care to another (e.g. inpatient to outpatient, inpatient to residential, etc.)	<input type="checkbox"/> Transition to/from child welfare system
	<input type="checkbox"/> Release from immigrant detention center

g. Life stressors - Trauma (age 5 and over)

<input type="checkbox"/> None listed below
<input type="checkbox"/> Rape/sexual assault
<input type="checkbox"/> Previous abuse (emotional/physical)
<input type="checkbox"/> Family/domestic violence

h. Life stressors - Describe any other life stressors:

**18. DEATHS DURING THE COVID-19 PANDEMIC (complete for all ages)**

a. For the 12 months before the child's death, did the family experience any disruptions or significant changes to the following? Check all that apply:

<input type="checkbox"/> None listed below	<input type="checkbox"/> Mental health or substance use/abuse care
<input type="checkbox"/> School	<input type="checkbox"/> Home-based services (non-child welfare)
<input type="checkbox"/> Daycare	<input type="checkbox"/> Child welfare services
<input type="checkbox"/> Employment	<input type="checkbox"/> Legal proceedings within criminal, civil, or family courts
<input type="checkbox"/> Social services (like unemployment assistance, TANF, WIC)	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Living environment	
<input type="checkbox"/> Medical care	<input type="checkbox"/> U/K

b. For the 12 months before the child's death, did the child's family live in an area with an official stay at home order?  Yes  No  U/K

If yes, was the stay at home order in place at the time of the child's death?  Yes  No  U/K

c. Was the child exposed to COVID-19 within 14 days of death?  Yes  No  U/K If yes, describe:

d. Did the child have medical evidence of a significant inflammatory syndrome (including for example, fever, laboratory evidence of inflammation, and involvement of two or more organs) requiring hospitalization in the week before death?  Yes  No  U/K

If yes, was the child diagnosed with MIS-C?  Yes  No  U/K

e. Was the child eligible to receive a COVID-19 vaccination?  Yes  No  U/K

If eligible, did they receive their first dose?  Yes  No  U/K If yes, approx. number of weeks before death: \_\_\_\_

If eligible and received their first dose, which option best represents their vaccination status?  Partially vaccinated  Fully vaccinated  U/K

f. For infants or fetal deaths only, did the childbearing parent receive their COVID-19 vaccination?  Yes  No  U/K

If yes, when did they receive their first dose?

<input type="radio"/> Before pregnancy	<input type="radio"/> 3rd trimester
<input type="radio"/> 1st trimester	<input type="radio"/> After delivery
<input type="radio"/> 2nd trimester	<input type="radio"/> U/K

If yes, which option best represents their vaccination status?  Partially vaccinated  Fully vaccinated  U/K

<p>g. Select the one option that best describes the impact of COVID-19 on this child's death:</p> <p><input type="radio"/> COVID-19 was the immediate or underlying cause of death</p> <p><input type="radio"/> COVID-19 was diagnosed at autopsy or child was suspected to have COVID-19</p> <p><input type="radio"/> COVID-19 indirectly contributed to the death but was not the immediate or underlying cause of death</p> <p><input type="radio"/> The childbearing parent contracted COVID-19, specify:</p> <p style="margin-left: 20px;"><input type="radio"/> Before pregnancy      <input type="radio"/> 3rd trimester</p> <p style="margin-left: 20px;"><input type="radio"/> 1st trimester            <input type="radio"/> After delivery</p> <p style="margin-left: 20px;"><input type="radio"/> 2nd trimester            <input type="radio"/> U/K</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> COVID-19 had no impact on this child's death</p> <p><input type="radio"/> U/K</p>	<p>h. Did COVID-19 impact the team's ability to conduct this fatality review?</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"/> Unable to obtain records</p> <p><input type="checkbox"/> Team members unable to attend review</p> <p><input type="checkbox"/> Remote reviews negatively impacted review process</p> <p><input type="checkbox"/> Team leaders redirected to COVID-19 response</p>
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<b>J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)</b>	This section is skipped for fetal deaths*
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<p>1. Did a person or persons other than the child do something or fail to do something that caused or contributed to the death?</p> <p><input type="radio"/> Yes/probable</p> <p><input type="radio"/> No, go to K</p> <p><input type="radio"/> U/K, go to K</p>	<p>2. What act(s)? Enter information for the first person under "One" and if there is a second person, use column "Two." Describe acts in narrative.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Child abuse</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Child neglect</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Poor/absent supervision</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Exposure to hazards</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Assault, not child abuse</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Other, specify:</td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>U/K</td> <td><input type="radio"/></td> </tr> </tbody> </table>	<u>One</u>	<u>Two</u>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Child abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Poor/absent supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Exposure to hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assault, not child abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	U/K	<input type="radio"/>	<p>3. Did the team have information about the person(s)?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Yes</p> <p>No, go to K</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>One</u>	<u>Two</u>	<u>One</u>	<u>Two</u>																																					
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Is person listed in a previous section?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Yes, childbearing parent, go to J17</p> <p>Yes, non-childbearing biological parent, go to J17</p> <p>Yes, caregiver one, go to J17</p> <p>Yes, caregiver two, go to J17</p> <p>Yes, supervisor, go to J19</p> <p>No</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>5. Primary person(s) responsible for action(s): Select one for each person responsible.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Adoptive parent</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Stepparent</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Foster parent</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input 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<p>6. Person's age in years:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: center;"># Years</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">U/K</td> </tr> </tbody> </table>	<u>One</u>	<u>Two</u>	_____	_____	# Years		<input type="checkbox"/>	<input type="checkbox"/>	U/K		<p>7. Person's sex:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Male</p> <p>Female</p> <p>U/K</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>8. Person speaks and understands English?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Yes</p> <p>No</p> <p>U/K</p> <p>If no, language spoken:</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>9. Person on active military duty?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Yes</p> <p>No</p> <p>U/K</p> <p>If yes, specify branch:</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<p>10. Person(s) have history of substance abuse?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Yes</p> <p>No</p> <p>U/K</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>11. Person(s) have history of child maltreatment as victim?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Yes</p> <p>No</p> <p>U/K</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>12. Person(s) have history of child maltreatment as a perpetrator?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Yes</p> <p>No</p> <p>U/K</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>13. Person(s) have disability or chronic illness?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Yes</p> <p>No</p> <p>U/K</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<p>14. Person(s) have prior child deaths?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Yes</p> <p>No</p> <p>U/K</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>15. Person(s) have history of intimate partner violence?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Yes, as victim</p> <p>Yes, as perpetrator</p> <p>No</p> <p>U/K</p>	<u>One</u>	<u>Two</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>16. Person(s) have delinquent/criminal history?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Yes</p> <p>No</p> <p>U/K</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<p>17. At the time of the incident, was the person asleep?</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Yes</p> <p>No</p> <p>U/K</p> <p>If yes, select the most appropriate description of the person's sleeping period at incident:</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"><u>One</u></th> <th style="width:15%;"><u>Two</u></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Night time sleep</p> <p>Day time nap, describe:</p> <p>Day time sleep (for example, person is night shift worker), describe:</p> <p>Other, describe:</p>	<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>																				

<p>18. At time of incident was person impaired?  <u>One</u> <span style="margin-left: 150px;"><u>Two</u></span>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <span style="margin-left: 150px;"><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</span>            If yes, check all that apply:  <u>One</u> <span style="margin-left: 10px;"><u>Two</u></span> <span style="margin-left: 150px;"><u>One</u> <u>Two</u></span>  <input type="checkbox"/> <input type="checkbox"/> Drug impaired, specify: <input type="checkbox"/> <input type="checkbox"/> Impaired by illness, specify:  <input type="checkbox"/> <input type="checkbox"/> Alcohol impaired <input type="checkbox"/> <input type="checkbox"/> Impaired by disability, specify:  <input type="checkbox"/> <input type="checkbox"/> Distracted <input type="checkbox"/> <input type="checkbox"/> Impaired by disability, specify:  <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/> <input type="checkbox"/> Other, specify:</p>	<p>19. Person(s) have, check all that apply:  <u>One</u> <span style="margin-left: 10px;"><u>Two</u></span>  <input type="checkbox"/> <input type="checkbox"/> Prior history of similar acts  <input type="checkbox"/> <input type="checkbox"/> Prior arrests  <input type="checkbox"/> <input type="checkbox"/> Prior convictions</p>	<p>20. Legal outcomes in this death, check all that apply:  <u>One</u> <span style="margin-left: 10px;"><u>Two</u></span>  <input type="checkbox"/> <input type="checkbox"/> No charges filed  <input type="checkbox"/> <input type="checkbox"/> Charges pending  <input type="checkbox"/> <input type="checkbox"/> Charges filed, specify:  <input type="checkbox"/> <input type="checkbox"/> Charges dismissed  <input type="checkbox"/> <input type="checkbox"/> Confession  <input type="checkbox"/> <input type="checkbox"/> Plead, specify:  <input type="checkbox"/> <input type="checkbox"/> Not guilty verdict  <input type="checkbox"/> <input type="checkbox"/> Guilty verdict, specify:  <input type="checkbox"/> <input type="checkbox"/> Tort charges, specify:  <input type="checkbox"/> <input type="checkbox"/> U/K</p>
---	--	--

**K. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF THE DEATH**

1. Were new or revised services recommended or implemented as a result of the death?  Yes  No  U/K

If yes, select one option per row:

	<u>before review</u>	<u>referral</u>	<u>not available</u>	<u>N/A</u>	<u>U/K</u>
Bereavement counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debriefing for professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funeral arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foster care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetic counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home visiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse	<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"/>

**L. FINDINGS IDENTIFIED DURING THE REVIEW** Mark this case to edit/add findings at a later date

1. Describe any significant challenges faced by the child, the family, the systems with which they interacted, or the response to the incident. These could be related to demographics, overt or inadvertent actions, the way systems functioned, or other environmental characteristics. (See Data Dictionary for examples.)

---

2. Describe any notable positive elements in this case. They could be demographic, behavioral, or environmental characteristics that may have promoted resiliency in the child or family, the systems with which they interacted or the response to the incident. (See Data Dictionary for examples.)

---

3. List any recommendations and/or initiatives that could be implemented to prevent deaths from similar causes or circumstances in the future:

---

4. Were new or revised agency services, policies or practices recommended or implemented as a result of the review?  Yes  No  U/K

If yes, select all that apply and describe:

<input type="checkbox"/> Child welfare <span style="margin-left: 20px;">Describe:</span>	<input type="checkbox"/> Education <span style="margin-left: 20px;">Describe:</span>
<input type="checkbox"/> Law enforcement <span style="margin-left: 20px;">Describe:</span>	<input type="checkbox"/> Mental health <span style="margin-left: 20px;">Describe:</span>
<input type="checkbox"/> Public health <span style="margin-left: 20px;">Describe:</span>	<input type="checkbox"/> EMS <span style="margin-left: 20px;">Describe:</span>
<input type="checkbox"/> Coroner/medical examiner <span style="margin-left: 20px;">Describe:</span>	<input type="checkbox"/> Substance abuse <span style="margin-left: 20px;">Describe:</span>
<input type="checkbox"/> Courts <span style="margin-left: 20px;">Describe:</span>	<input type="checkbox"/> Other, specify: <span style="margin-left: 20px;">Describe:</span>
<input type="checkbox"/> Health care systems <span style="margin-left: 20px;">Describe:</span>	

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

## M. 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 and individuals at review meeting, check all that apply:		
<input type="checkbox"/> Medical examiner/coroner/pathologist	<input type="checkbox"/> CPS	<input type="checkbox"/> Fire
<input type="checkbox"/> Death investigator	<input type="checkbox"/> Other social services	<input type="checkbox"/> EMS
<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Physician	<input type="checkbox"/> Faith based organization
<input type="checkbox"/> Prosecutor/district attorney	<input type="checkbox"/> Nurse	<input type="checkbox"/> Education
<input type="checkbox"/> Public health	<input type="checkbox"/> Hospital	<input type="checkbox"/> Mental health
<input type="checkbox"/> HMO/managed care	<input type="checkbox"/> Other health care	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Indian Health Services/ Tribal Health	<input type="checkbox"/> Military	<input type="checkbox"/> Home visiting
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Healthy Start	<input type="checkbox"/> Court
<input type="checkbox"/> Others, list:	<input type="checkbox"/> Child advocate	
5. Were the following data sources available at the review meeting? Check all that apply:	6. Did any of the following factors reduce meeting effectiveness, check all that apply:	
<b>Vital statistics</b>	<input type="checkbox"/> None	
<input type="checkbox"/> Birth certificate - full form	<input type="checkbox"/> Confidentiality issues among members prevented full exchange of information	
<input type="checkbox"/> Death certificate	<input type="checkbox"/> HIPAA regulations prevented access to or exchange of information	
<b>Health records</b>	<input type="checkbox"/> Inadequate investigation precluded having enough information for review	
<input type="checkbox"/> Child's medical records or clinical history, including vaccination	<input type="checkbox"/> Team members did not bring adequate information to the meeting	
<input type="checkbox"/> Hospital records	<input type="checkbox"/> Necessary team members were absent	
<input type="checkbox"/> Childbearing parent's obstetric and prenatal information	<input type="checkbox"/> Meeting was held too soon after death	
<input type="checkbox"/> Newborn screening results	<input type="checkbox"/> Meeting was held too long after death	
<input type="checkbox"/> Mental health records	<input type="checkbox"/> Records or information were needed from another locality in-state	
<input type="checkbox"/> Substance abuse treatment records	<input type="checkbox"/> Records or information were needed from another state	
<b>Investigation records</b>	<input type="checkbox"/> Team disagreement on circumstances	
<input type="checkbox"/> Autopsy/pathology reports	<input type="checkbox"/> Other factors, specify:	
<input type="checkbox"/> CDC's SUIDI Reporting Form		
<input type="checkbox"/> Jurisdictional equivalent of the CDC SUIDI Reporting Form		
<input type="checkbox"/> Law enforcement records		
<input type="checkbox"/> Social service records		
<input type="checkbox"/> Child protection agency records		
<input type="checkbox"/> EMS run sheet		
<b>Other</b>		
<input type="checkbox"/> Home visiting		
<input type="checkbox"/> School records		
7. Review meeting outcomes, check all that apply:		
<input type="checkbox"/> Team disagreed with official manner of death. What did team believe manner should be?		
<input type="checkbox"/> Team disagreed with official cause of death. What did team believe cause should be?		
<input type="checkbox"/> Because of the review, the official cause or manner of death was changed		

## N. SUID AND SDY CASE REGISTRY

This section displays online based on your state's settings.

Section N: OMB No. 0920-1092, Exp. Date: 5/31/2022

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)

1. Is this an SDY or SUID case? <input type="radio"/> Yes <input type="radio"/> No		If no, go to Section O
2. Did this case go to Advanced Review for the SDY Case Registry? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No If yes, date of first Advanced Review meeting:	3. Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review:	
4. Professionals at the Advanced Review meeting, check all that apply:		
<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Death investigator	<input type="checkbox"/> Geneticist or genetic counselor
<input type="checkbox"/> CDR representative	<input type="checkbox"/> Epileptologist	<input type="checkbox"/> Neurologist
<input type="checkbox"/> Coroner	<input type="checkbox"/> Forensic pathologist/medical examiner	<input type="checkbox"/> Neonatologist
<input type="checkbox"/> Pediatrician	<input type="checkbox"/> Public health representative	<input type="checkbox"/> Others, specify:
5. Did the Advanced Review team believe the autopsy was comprehensive? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	

7. Was a specimen saved for the SDY Case Registry? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	9. Did the family consent to have DNA saved as part of the SDY Case Registry? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, why not? <input type="radio"/> Consent was not attempted <input type="radio"/> Consent was attempted but follow up was unsuccessful <input type="radio"/> Consent was attempted but family declined <input type="radio"/> Other, specify:
8. Was a specimen sent to the SDY Case Registry biorepository? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	

10. Categorization for SDY Case Registry (choose only one):

<input type="radio"/> Excluded from SDY Case Registry	<input type="radio"/> Explained neurological, specify:	<input type="radio"/> Explained other, specify:	<input type="radio"/> Unexplained, SUDEP
<input type="radio"/> Unexplained, incomplete case information	<input type="radio"/> Explained infant suffocation	<input type="radio"/> Unexplained, possible cardiac	<input type="radio"/> Unexplained death
<input type="radio"/> Explained cardiac, specify:	(under age 1)	<input type="radio"/> Unexplained, possible cardiac and SUDEP	

11. Categorization for SUID Case Registry (choose only one):

<input type="radio"/> Excluded (other explained causes, not suffocation) <input type="radio"/> Unexplained: No autopsy or death scene investigation <input type="radio"/> Unexplained: Incomplete case information <input type="radio"/> Unexplained: No unsafe sleep factors <input type="radio"/> Unexplained: Unsafe sleep factors <input type="radio"/> Unexplained: Possible suffocation with unsafe sleep factors <input type="radio"/> Explained: Suffocation with unsafe sleep factors	If possible suffocation or explained suffocation, select the primary mechanism(s) leading to the death, check all that apply: <input type="checkbox"/> Soft bedding <input type="checkbox"/> Wedging <input type="checkbox"/> Overlay <input type="checkbox"/> Other, specify:
--	--

**O. NARRATIVE**

**O1. 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 such as names, dates, addresses, and specific service providers.** Consider the following questions: What was the child doing? Where did it happen? How did it happen? What went wrong? What was the quality of supervision? What was the injury cause of death? The Narrative is included in de-identified downloads, and per MPH/NCFRP's data use agreement with your state, HIPAA identifying information should not be recorded in this field.

**P. FORM COMPLETED BY:**

Person:	Email:				
Title:	Date completed:				
Agency:	Data entry completed for this case? <input type="checkbox"/>				
Phone:	<table border="1"> <tr> <td colspan="2"><b>For State Program Use Only:</b></td> </tr> <tr> <td>Data quality assurance completed by state?</td> <td><input type="checkbox"/></td> </tr> </table>	<b>For State Program Use Only:</b>		Data quality assurance completed by state?	<input type="checkbox"/>
<b>For State Program Use Only:</b>					
Data quality assurance completed by state?	<input type="checkbox"/>				



The development of this report tool was supported, in part, by Grant No. UG7MC28482 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 additional funding from the US Centers for Disease Control and Prevention, Division of Reproductive Health

Data Entry: <https://data.ncfrp.org>  
[www.ncfrp.org](http://www.ncfrp.org) [info@ncfrp.org](mailto:info@ncfrp.org) 1-800-656-2434 Facebook and Twitter: NationalCFRP

# **APPENDIX D:**

Implementation of 2022 Prevention Recommendations

## IMPLEMENTATION OF 2022 PREVENTION RECOMMENDATIONS

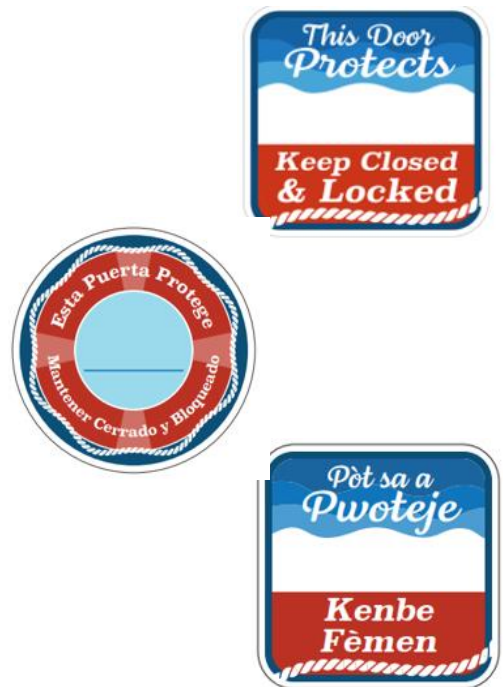
CADR data are utilized to inform the development and implementation of prevention initiatives at the local level to eliminate child fatalities as a result of abuse and neglect. The initiatives outlined below provide an example of efforts made in response to the 2022 prevention recommendations developed by the State CADR Committee.

### State CADR Committee Initiatives



In 2023, the State CADR Committee engaged in the development, evaluation, and expansion of several promising prevention initiatives to address infant safe sleep and drowning prevention. The State CADR Committee supported the expansion of the safe sleep education initiative, Sleep Baby Safely, into the eight Florida counties with the highest incidence of sleep-related infant death between 2017 and 2021. These counties include Broward, Miami-Dade, Duval, Hillsborough, Orange, Polk, Palm Beach, and Pinellas. Using local safe sleep champions and through collaboration with the Juvenile Welfare Board of Pinellas County (JWB), the originators of this initiative, along with partners in Duval County, the first Department-sponsored pilot site, the CADR Unit successfully arranged for the procurement and distribution of Welcome Baby Bags to all parents of newborns in the designated counties.

In addition to supporting the Sleep Baby Safely expansion, the CADR Unit continued to support the Keep Kids Safe From Drowning initiative, which was first implemented as a pilot initiative in 2022. In the 2023 continuation of this initiative, the CADR Unit incorporated cinch-style backpacks to the initiative materials as well as window clings, vinyl stickers, and magnets for parents to place directly on points of access to swimming pools. The window clings, vinyl stickers, and magnets are provided in Spanish, English, and Haitian Creole. Through discussions with drowning prevention champions in the participating counties (Broward, Miami-Dade, Duval, Hillsborough, Orange, Palm Beach, Polk, and Volusia), the State CADR Committee further assessed areas for improvement regarding this initiative. This resulted in developing, tailoring, and distributing materials that meet the needs of the community as well as exploring options for expanding distribution efforts to ensure all communities are reached.





With funding supported by the Title V Children and Youth with Special Health Care Needs Program, the State CADR Committee implemented the Sudden Unexpected Infant Death Investigation (SUIDI) Advocacy Project, providing all 67 Florida counties with two complete SUIDI Kits to use for training and in the field.

SUIDI kits include materials used by death scene investigators to conduct a proper investigation. Materials include: 5.11<sup>®</sup> Tactical Bag, an orange eight-pound SUIDI doll; a pocket rod measuring device; an infrared digital thermometer; a 21-inch lifelike newborn baby doll; laminated placards labeled: placed, found, pet, and sibling for photographic purposes; Infant Death Investigation: Guidelines for the Scene Investigator; and additional resources for investigators and instructors.

State CADR Chairperson, Retired Major Connie Shingledecker, provided SUIDI trainings to four circuits in Florida in 2023. Participants report that these trainings and kits have been an invaluable resource for law enforcement and medical examiner investigators, to support the accuracy of cause of death determinations by medical examiners regarding sleep-related infant death cases.

## Local CADR Initiatives

### Safe Sleep

To effectively address sleep-related infant deaths in Florida and demonstrate an ongoing commitment to promoting safe sleep practices for infants and reduce the risk of sleep-related infant deaths, the following local CADR committees have taken significant actions. Safe sleep initiatives highlighted below addressed the following 2022 Prevention Recommendations developed by the State CADR Committee:

- Continue efforts to relay timely information to caregivers and community supports regarding the safety of children.
- Continue to develop strategies to ensure consistent and coordinated prevention-related messaging across local and state agencies, business and industry leaders, and other relevant private and public sector groups.
- Effectively advocate for strengthened partnerships and collaborations between state agencies to ensure families are referred to evidence-based parent coaching and support programs.
- Advocate for statewide training of first responders on the consistent use of Sudden Unexpected Infant Death Investigation Reporting Forms (SUIDIRF) and doll reenactments by death scene investigators for all sleep-related infant deaths and explore opportunities for statewide use of the form.



### Circuit 1B:

- **Funding for Sleep Baby Safe and Snug Board Book:** Okaloosa County continued to provide funding to ensure the distribution of the *Sleep Baby Safe and Snug* board book to birthing hospitals in Okaloosa and Walton counties.
- **Healthy Start Initiatives:** Healthy Start Coalition of Okaloosa and Walton counties distributed safe sleep materials at The World's Greatest Baby Shower in both May 2022 and April 2023.



- **Safe Sleep Billboards:** Healthy Start placed billboards with safe sleep messaging in four Okaloosa County locations to raise awareness in the community.

### Circuit 3:

- **Community Baby Shower:** The Florida Department of Health in Lafayette County organized a community baby shower on February 11, 2023, where 21 new mothers received safe sleep education, resources, and essential items for parenting.

### Circuit 10:

- **Fatherhood Initiative:** The Local CADR Committee in Circuit 10 partnered with Dr. Lynn Marshall to hold the Daddy's Home! event, which included a fatherhood panel. The panel discussions focused on the impact of the role of fathers on household family dynamics.
- **Safe Sleep Billboards:** CADR members in Polk County collaborated with the Safe Sleep Task Force and Florida Healthy Babies to provide graphics and funding to install safe sleep billboards throughout the region.
- **Lil' Bundles Community Baby Shower:** The local CADR committee in Circuit 10 participated in the Lil' Bundles Community Baby Shower, distributing 100 sleep sacks, 900 safe sleep magnets, and other educational materials on safe sleep practices.

### Circuit 12A:

- **Safe Sleep Awareness Campaign:** Manatee County initiated a comprehensive safe sleep campaign. This included the design and distribution of safe sleep graphics for handouts, posters, and publications.
- **Donations and Partnerships:** The Bradenton Kiwanis Club donated \$5,000 to provide Pack 'n Plays to families in need through the Cribs for Kids Program.

- **Community Outreach:** Partner agencies, including Healthy Start and MCR Health, collaborated to address infant mortality. Safe sleep information was provided at Suncoast Safe Kids Day, reaching over 2,500 attendees.

#### Circuit 13:

- **Professional Training:** Hillsborough County's Safe Baby initiative led to the training of 952 child welfare and health care professionals. Over the course of the project, a collective audience of over 20,000 professionals have received training as a part of the initiative.

#### Circuit 17:

- **Broward Healthy Start Coalition Safe Sleep Program:** The Safe Sleep Program engages health care professionals, childcare centers, and pediatrician offices to disperse educational materials and host training sessions. The program distributed approximately 900 cribs to families in need, along with education and training on safe sleep practices.

#### Circuit 20:

- **Social Media Education:** Circuit 20 effectively utilized social media to broadcast Public Service Announcement (PSA) videos and other engaging content regarding safe sleep practices. Through these efforts, more than 10,000 individuals have been reached with over 500 engagements. The link to the PSA, *Why Safe Sleep?* can be found [here](#).<sup>1</sup>

These initiatives underscore the commitment of Florida circuits to prioritize safe sleep practices for infants, engage the community, and promote education on this critical issue. Collaboration, community outreach, and innovative approaches are key elements of efforts made in 2023 to reduce sleep-related infant deaths and ensure infant safety.

### Drowning Prevention

To effectively address drowning-related infant deaths in Florida, local CADR committees engaged in various activities within their respective communities. Activities listed below addressed many of the 2022 Prevention Recommendations including:

- Continue efforts to relay timely information to caregivers and community supports regarding the safety of children.
- Continue to develop strategies to ensure consistent and coordinated prevention-related messaging across local and state agencies, business and industry leaders, and other relevant private and public sector groups.
- Continue to support the development and dissemination of messaging around appropriate supervision and barriers of protection as primary factors in drowning prevention, as well as establish age-appropriate expectations and swimming capabilities for young children, that are consistent with recommendations from the AAP.

<sup>1</sup> <https://www.youtube.com/watch?v=uMjNeUWvqMo>

### Circuit 6:

- **Train the Trainer Events:** Pasco and Pinellas counties offer Train the Trainer events to educate the community about water safety, empowering individuals to spread this vital knowledge.
- **Education:** Pasco and Pinellas counties continue to utilize and educate the community using Do Your Part, Be Water Smart! A water safety lesson plan tool kit, including lesson plans by grade level.
- **Swim Lesson Fundraiser:** St. Petersburg Fire Rescue and lifeguards held a car wash fundraising event in February 2023 dedicating 100% of donations toward providing free swim lessons to children in need.

### Circuit 10:

- **Keep Kids Safe From Drowning (KKSFD):** Circuit 10 CADR members in Polk County actively promote water safety through KKSFD. Quarterly in-service training for DCF case managers and CPIs, focusing on water safety are provided by local CADR committee leadership.
- **Community Outreach:** Circuit 10 created water safety postcards with a QR code linking to the Polk County Swimming Lessons List, which were disseminated in the community.
- **Drowning Prevention Initiatives:** Circuit 10 distributed door alarms and Water Safety Tote Bags at various local community events, including Lil' Bundles Community Baby Shower, Children's Resource Center End of Year Luau, Early Learning Coalition Family Fun Day, City of Lakeland Gandy Pool, Children's Home Society/Children's Advocacy Center, and Polk County Fire Rescue.

### Circuit 12A:

- **Media Campaign:** Manatee County CADR stakeholders participated in a media campaign focusing on drowning prevention. The campaign emphasizes multiple barriers, securing doors to pools, and proper supervision to prevent drownings.
- **Utility Bill Messages:** Drowning prevention messages are included in county utility bills to reach a wide audience.

### Circuit 13:

- **Children's Board, Prevent Needless Deaths Campaign Mobile Billboard Truck:** A six-week mobile billboard truck campaign was launched, reminding parents and caregivers to keep children safe around water.

### Circuit 17:

- **Lifeguard and Water Safety Instructor Scholarship Program:** The Florida Department of Health in Broward County established the Lifeguard and Water Safety Instructor Scholarship Program funded by the Children's Services Council of Broward County. The scholarship provides Broward County youth with the opportunity to become certified lifeguards or water safety instructors. This program aims to mitigate the

shortage of lifeguards and water safety instructors by providing career development opportunities for youth in Broward County.

#### **Circuit 19:**

- **School Education:** Safe Kids St. Lucie provides drowning prevention and water safety education about dryland drowning to K-5 students in public, private, and charter schools. Approximately 4,700 students have been educated through this initiative, and Safe Kids St. Lucie plans to reach a total of 6,800 students through partnerships and educational events by the end of 2023.
- **Community Partnerships:** Local CADR committee members partnered with the Florida Department of Health in Martin County and St. Lucie County Sheriff's Office's Deputies United for Kids Swim (D.U.K.S.) program to host a swim event and provide free swim lessons.
- The Florida Department of Health in St. Lucie County also partnered with Surfers for Autism to provide lifejackets for children with Autism.

#### **Circuit 20:**

- **PSA:** Naples Comprehensive Health (NCH) Safe and Healthy Children's Coalition of Collier County created PSAs to raise awareness about drowning prevention. These PSAs emphasize that drowning can happen to anyone and highlight the importance of silent and preventable drowning. Over 500 views were received on their social media platforms. The link to the PSA can be found [here](#).<sup>2</sup>
- **SWIM Central:** NCH Safe and Healthy Children's Coalition of Collier County, in collaboration with SWIM Central, engaged over 360 kids who participated in SWIM Central education; nearly 3,000 lessons were provided in 2023.
- **Fundraising:** The Great Naples Duck Race and Water Safety Festival in Naples raised \$70,000 to support Circuit 20's water safety initiatives.

These initiatives across various circuits in Florida demonstrate a concerted effort to educate communities about drowning prevention and water safety. These programs address a wide range of age groups and utilize diverse outreach methods to ensure that water safety remains a top priority.

### **Inflicted Trauma Prevention**

To effectively address inflicted trauma deaths in Florida and exhibit a resolute commitment to child safety, local initiatives below addressed the following 2022 prevention recommendation:

- Analyze efforts to improve data collection and assessment of factors contributing to preventable child fatalities which are currently underrepresented in CADR data.

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<sup>2</sup> <https://www.youtube.com/watch?v=L391y7UzGDs>

### Circuit 13:

- **BE SMART Child Gun Safety Video PSA:** Circuit 13 developed the BE SMART Child Gun Safety PSA, using the acronym SMART (**S**ecure all guns in your home and vehicles, **M**odel responsible behavior around guns, **A**sk about the presence of unsecured guns in other homes, **R**ecognize the role of guns in suicide, and **T**ell your peers to be SMART) to provide actionable steps regarding firearm safety. This campaign was implemented by the Children’s Board of Hillsborough County. Resources and information regarding BE SMART can be found [here](#).<sup>3</sup>
- **Mobile Billboard Campaign:** The Children’s Board of Hillsborough also launched a six-week mobile billboard truck campaign to remind parents and caregivers to keep children safe around guns. This initiative aimed to raise awareness and promote responsible gun ownership.

### Circuit 20:

- **Pediatric Trauma Prevention Lecture:** Circuit 20 organized a pediatric trauma prevention lecture to increase awareness of the importance of addressing issues, such as Shaken Baby Syndrome (SBS) and Abusive Head Trauma (AHT), as critical public health concerns. The lecture emphasized that education is key to child abuse prevention.
- **Period of PURPLE Crying Program:** Child advocates, nurses, and providers in Circuit 20 educate over 6,000 families annually on the dangers of shaking a baby, normal infant crying patterns, and coping with infant crying. Through the Period of PURPLE Crying Program, parents and caregivers receive bedside education and evidence-based information.

These proactive initiatives by local CADR committees reflect a commitment to preventing inflicted trauma deaths and promoting child safety in Florida. Education, awareness campaigns, and community engagement are integral components of CADR System efforts to safeguard children from preventable harm.

## Other Notable Prevention Efforts

In addition to addressing safe sleep, drowning prevention, and inflicted trauma deaths, various local CADR committees in Florida have undertaken initiatives focusing on different critical topics to enhance community well-being and safety. Some of these efforts are highlighted below:

### Circuit 1B:

- **Community Awareness Trainings:** Circuit 1B actively participated in Community Awareness Trainings with the Drug Endangered Children’s (DEC) Program. These trainings are designed to educate community providers about identifying and assisting drug-endangered children.
- **Facebook Live Event:** A Facebook Live event was organized in partnership with the Okaloosa County Anti-Drug Coalition, titled *Behavior and Belonging: How Faith is Helping in Preventing & Recovering from Substance Abuse*. This event featured local pastors, a jail chaplain, and community providers who shared personal stories and

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<sup>3</sup> <https://besmartforkids.org/>

answered questions about faith-based substance use prevention and recovery. The event also provided information about available resources and recovery programs in Okaloosa County, including those for pregnant women and mothers.

#### **Circuit 6:**

- **Suicide Prevention:** CADR stakeholders in Pinellas and Pasco counties actively engage in suicide prevention efforts through outreach and education. These initiatives aim to address current issues affecting young people and connect families with essential resources.
- **Community Engaged Conversations:** Discussions are centered around three key themes: self-identity and esteem, the impact of social media, and coping skills. These conversations seek to strengthen the resilience of youth and prevent suicide.
- **Opioid Use Prevention Tool Kit:** The Pinellas County Opioid Task Force created the 2022-2023 Opioid Use Prevention Toolkit. This resource provides a comprehensive overview of the opioid epidemic, addiction, warning signs, risks for youth and families, and resources for community members.

**Doula Care Program:** JWB has newly funded program called EMPOWER – Doula Care. This program, implemented by Healthy Start Coalition of Pinellas County, promotes healthy births, early childhood development, and educational achievement. EMPOWER – Doula Care does through a continuum starting with prenatal and postpartum support including Doula Care, International Board-Certified Lactation Consultant (IBCLC) professional lactation support, Baby Care, and What You Do Matters (WYDM) educational playgroups. The program aims to serve pregnant women and new families with a child aged birth to three years. There is an emphasis on reaching individuals who are at a higher risk of preterm labor, low birth weight, experiencing homelessness or housing instability, living in poverty, non-English speaking, and/or not connected to formal health care options. Mothers of color are twice as likely to experience severe maternal morbidity and adverse long-term health conditions. However, available evidence suggests that doula care can help address these issues.

#### **Circuit 13:**

- **Community outreach:** The Crisis Center of Tampa Bay has collaborated with several community partners to raise awareness and promote suicide prevention. As of July 16, 2023, over 9,500 crises and suicide calls have been answered in Hillsborough County.

These initiatives in various Florida circuits reflect a commitment to addressing diverse community challenges, social and economic conditions impacting health, and enhancing the well-being of residents through education, awareness, and collaboration.

# **APPENDIX E:**

2023 CADR Annual Summit

## 2023 CADR ANNUAL SUMMIT

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CADR leadership, members, and partners gathered for the eighth time at the 2023 CADR Annual Summit, which offered A opportunities for new members and partners to connect and network with established and experienced CADR leaders and staff.

The 2023 CADR Annual Summit theme, *Collaboration is Key*, was prominent throughout the two-day summit as local CADR stakeholders shared implementation strategies, keys to forming collaborative partnerships, insights on program evaluation, and opportunities for creating sustainable local-level prevention efforts to address primary causes of preventable child death. Summit topics were selected in response to expressed interest by the CADR System. Presentation requests included information on prevention initiatives related to inflicted trauma, establishing synergistic relationships between programs, and current issues such as deaths due to hazardous consumer products.

The 2023 CADR Annual Summit featured the following presentations and subject matter experts:



**Jennifer Ohlsen, MSW**

As the keynote speaker, President and CEO of the Ounce of Prevention Fund of Florida, Jennifer Ohlsen, spoke on the embodiment of the theme, *Collaboration is Key*. She shared how combined efforts are necessary to ensure prevention initiatives implemented are effectively impacting the reduction of preventable child death.



**Glenn Dunlap**

Glenn Dunlap, CPSC Investigator, emphasized the significance of registering and reporting incidents related to products that may have contributed to the death of a child. He outlined the advantages and outcomes reporting has on product recalls to reduce consumer product-related injuries and fatalities.





**Danielle Vázquez**

The Period of PURPLE Crying program is a public health initiative designed to educate parents and caregivers about infant crying patterns and help them cope with the challenging period when infants cry intensely and inconsolably. The term PURPLE is an acronym that stands for Peak of crying, Unexpected, Resists soothing, Pain-like face, Long-lasting, and Evening. This program emphasizes that increased crying is a normal part of infant development, typically peaking around 2 to 3 months of age, and gradually decreasing afterward. The initiative focuses on raising awareness about the dangers of shaking or harming a baby in response to persistent crying, providing parents with strategies to manage stress, and promoting a supportive community environment to ensure the safety and well-being of infants during this challenging phase.



**Shantel Wakley**

Danielle Vázquez, the Executive Director of the National Center on Shaken Baby Syndrome, and Shantel Wakley, the PURPLE Program Manager for the National Center on Shaken Baby Syndrome, joined forces to highlight the importance of the Period of PURPLE Crying. Valuable information was shared regarding the correlation of abusive head trauma and the brief period of time when infants cry more than normal. The presentation also offered insights into various preventive measures to reduce associated risks.



**Julie Noble, MMS, CPST-I**

Julie Noble, Safe Kids Southwest Florida Coordinator and Lee Health Safety Champion, outlined the essential steps and common barriers involved in launching Period of PURPLE Crying in Lee County. Julie shared the experience of successfully engaging hospital staff to promote the PURPLE Program to labor and delivery nurses within the Golisano Children's Hospital of Southwest Florida. Julie conveyed the challenges in gaining necessary traction, which included reintroducing the PURPLE program to hospital administration following their pandemic response efforts.



Retired Major Connie Shingledecker, Chairperson of the State CADR Committee, provided a presentation on behalf of the Case Review and Annual Report Ad Hoc Committee. This presentation focused on the goals of the committee, which involved examining the number of cases included in the Annual Report, examining options for a two-year retrospective report, and better understanding the factors resulting in limited case inclusion.

**Retired Major Connie Shingledecker**



Rebecca Albert, who serves as the Senior Manager of Strategic Initiatives for JWB and current Chairperson of both the Circuit 6 Local CADR Committee and the State CADR Committee's Child Death by Suicide Case Review Feasibility Ad Hoc Committee, provided an insightful presentation on the findings and recommendations of the Ad Hoc Committee in working to better understand the circumstances and risk factors for child deaths by suicide.

**Rebecca Albert, MSW**



Zuzel Alonso, CMS Training and Research Consultant at the Department, highlighted key areas of concern within the NFR-CRS. Zuzel addressed sections of the form that often remain incomplete. The focus centered on Section H3, which deals with drowning; Section H4, which distinguishes between asphyxia in homicide versus accidental cases; and Section J, which identifies person(s) responsible. Additionally, Zuzel highlighted the importance of documenting the caregiver and child's supervisor at the time of a fatal incident was emphasized, underscoring the need for thorough reporting. This presentation serves to address many inconsistencies within data entry to enhance overall data quality.

**Zuzel Alonso, MPH**



**Devon George, MSN, RN**

Devon George, Chief Program Officer for national safe sleep organization Cribs for Kids, delivered a presentation on the significance of safe infant sleeping practices. During her presentation, she outlined various programs that were established in response to the statistics concerning sleep-related infant deaths. Devon introduced a range of initiatives that have been developed to assist in preventing SUID and highlighted opportunities for collaboration with the Sleep Baby Safely initiative.