



Documenting Supervision in the Pediatric National Fatality Review-Case Reporting System

National Center Guidance Report



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Introduction

Purpose

The purpose of this guidance is to improve the completeness, consistency, and accuracy of Section D. Supervisor Information in the Pediatric National Fatality Review-Case Reporting System (Pediatric NFR-CRS).

Context

Unintentional injuries are the leading cause of death among children ages 1-17 in the United States (U.S.).¹ Research has shown that injury rates among children ages 1-4 are higher when children are unsupervised or supervised by a sibling, while rates are lower when constant, direct supervision is provided.^{2,3} There is also evidence indicating that the level of supervision is inversely related to unintentional injury severity among children ages 1-4; that is, the lower the level of supervision, the greater the risk of more severe injury.⁴ In this study, children who were not supervised at the time of injury were more likely to have injuries severe enough to require hospital admission, while children who were supervised were more likely to be discharged from the emergency department to home.⁴ However, a child's chronological age, developmental age, behavioral attributes, and environmental characteristics all influence injury risk,⁵ making the assessment of whether supervision was needed at the time of the incident challenging.



Content covered in this guidance document:

- Definition and measurement of supervision.
- Section D. Supervision Information priority variables for data quality.
- Recommendations for completing each of the supervision priority variables.
- Challenging circumstances and recommendations for determining supervision.
- Best practices for documenting supervision.



Definitions

Supervision

Supervision is the action or process of watching and directing what someone does. With respect to supervision of a child, three attributes are used to measure supervision.⁶ These are:

- **Proximity.** How close was the supervisor to the child?
- **Attention.** How was the supervisor engaging or interacting with the child? This includes both visual attention (i.e., could the supervisor see the child) and auditory attention (i.e., could the supervisor hear the child). Both visual and auditory attention are important components for measuring supervision.
- **Continuity.** With respect to attention, could the supervisor see and/or hear the child constantly, or intermittently?

When documenting supervision in the Pediatric NFR-CRS, it is recommended that the focus be on proximity and attention. It is important to determine how close the supervisor was to the child and whether the supervisor could see and/or hear the child at the time of the incident. **If the supervisor could not see or hear the child, consider the child not supervised, even if the supervisor was in close proximity.**

Also consider the child's age. Child welfare workers, pediatricians, and parents all agree that children younger than age 6 require constant or close supervision most of the time.⁷ As children age, less direct supervision is required, and supervision is not typically expected for teens in most circumstances. Some exceptions are listed below in the section on supervision of older children.

Supervisor

A supervisor is defined as a person who has responsibility for the care and control of the child at the time of the incident.

If there were two supervisors at the time of the incident, but one clearly had primary responsibility, answer the supervision questions based on the person with primary responsibility. If responsibility of supervision was divided between two people, answer based on the person who was in closest proximity to the child at the time of the incident. The Pediatric NFR-CRS only documents information on one supervisor.



Priority Variables for Monitoring Data Quality in Section D. Supervision Information

Supervision is a critical component in preventing unintentional child injuries. Several supervision data elements were identified as priority variables for monitoring data quality in the Pediatric NFR-CRS. Priority variables for monitoring data quality were chosen by a data quality workgroup based on their importance for informing prevention. See the [Data Quality Initiative page on the NCFRP website](https://bit.ly/42YMSk6) (URL: <https://bit.ly/42YMSk6>) for more information. There are six supervision priority variables for child death review (CDR) and one for fetal and infant mortality review (FIMR) in the Pediatric NFR-CRS.

The proportion of missing and unknown responses for each priority variable is reported annually by the National Center in the data quality summary report. This report is prepared using the aggregate national data and posted on the National Center for Fatality Review and Prevention's website in September each year. The most current data quality summary reports available at the time this guidance was developed are from deaths occurring in 2022. Beginning with version 6.1 of the Pediatric NFR-CRS, each CDR and FIMR jurisdiction can prepare this data quality summary report for their jurisdiction using Standardized Report 33. The Supervision priority variables are:

Figure 1. Combining Data and Community Feedback for Deeper Insights (Example 1)

| Supervision Priority Variable | Proportion of Missing or Unknown Responses ^α |
|---|---|
| D1. Did child have supervision at time of incident leading to death? ^β | 16% of deaths reviewed by CDR teams; 28% of infant deaths reviewed by FIMR |
| D4. Primary person responsible for supervision at the time of incident? | 19% of deaths reviewed by CDR teams |
| D5. Supervisor’s age in years. | 39% of deaths reviewed by CDR teams |
| D6. Supervisor’s sex. | 21% of deaths reviewed by CDR teams |
| D15. At the time of the incident, was the supervisor asleep? | 30% of deaths reviewed by CDR teams |
| D16. At the time of incident was the supervisor impaired? | 44% of deaths reviewed by CDR teams |

α Data are from the [2022 CDR Data Quality Initiative Summary](https://bit.ly/44nT1Je) (URL: <https://bit.ly/44nT1Je>) and the [2022 FIMR Data Quality Initiative Summary](https://bit.ly/4jCAo8Z) (URL: <https://bit.ly/4jCAo8Z>). The most current DQI summaries are available on the [Data Quality Initiative page on the NCFRP website](https://bit.ly/42YMSk6) (URL: <https://bit.ly/42YMSk6>).

β This is the only supervision variable monitored for data quality by FIMR.



Recommendations for Completing Supervision Priority Variables

Recommendations for completing each of the supervision priority variables are provided. These resources should help achieve the goal of improving completeness and consistency and ultimately improving data quality in the Pediatric NFR-CRS.

D1. Did child have supervision at time of incident leading to death?

Indicate whether the child was supervised at the time of incident. **This question should be answered for every death of an infant or child that was discharged from the hospital after birth.**

The response options are: “Yes”; “No, not needed given developmental age or circumstances”; “No, but needed”; “Unable to determine.”

Figure 2. Responses to Whether the Child Was Supervised at the Time of the Incident

| D1. Response Options | When Used |
|--|---|
| Yes | <ul style="list-style-type: none"> • The supervisor was in close enough proximity that they could see or hear the child at the time of incident leading to death. • The supervisor was in close enough proximity to see or hear the child, but was attending to other tasks (e.g., playing video games, texting/browsing social media on their phone). <ul style="list-style-type: none"> ◦ In this circumstance, document the supervisor was distracted in D16. • The supervisor was asleep at the time of the incident, and the child was also asleep, and the incident occurred during the night when you would expect the family to be sleeping. <ul style="list-style-type: none"> ◦ The rationale for selecting “yes” when sleeping during nighttime, is that when “no, not needed given developmental age or circumstances” is marked, the entire supervision section is skipped resulting in no information on the supervisor. ◦ Most of these nighttime sleep-related deaths are infants who die suddenly and unexpectedly and information on the supervisor is of interest. |
| No, but needed | <ul style="list-style-type: none"> • If the supervisor of a child younger than age 6 could not see or hear the child at the time of the incident leading to death. • Children 6 years old or older if the supervisor was not in close enough proximity to see or hear the child and circumstances indicate supervision was needed at the time of the incident leading to death. <ul style="list-style-type: none"> ◦ For example, children with developmental disabilities, autism, or other conditions that may necessitate closer supervision beyond age 6 while swimming or engaging in other potentially hazardous activities. |
| No, not needed given developmental age or circumstances | <ul style="list-style-type: none"> • Usually marked for older children and teens in most circumstances where direct supervision would not be expected. <ul style="list-style-type: none"> ◦ For example, a 14 year old home alone, an 8 year old playing in the yard. |
| Unable to determine | <ul style="list-style-type: none"> • Information about supervision at the time of incident leading to death is unknown or unavailable. |

D4. Primary person responsible for supervision at the time of incident?

Document the relationship of the supervisor to the child. If the supervisor is the biologic parent or caregiver listed in Section B or C, most of the follow up questions in the supervisor section will automatically be skipped for data entry as the information was already entered in Sections B or C.

D5. Supervisor's age in years?

Enter the supervisor's age here.

D6. Supervisor's sex?

Document the supervisor's sex.

D15. At the time of the incident was the supervisor asleep?

Indicate whether the supervisor was sleeping at the time of the incident. If "yes," select the most accurate description of the supervisor's sleeping period. The response options are: "Nighttime sleep," "daytime nap," "daytime sleep" (e.g., supervisor is night shift worker), and "other." If the sleep period is not accurately described by one of these options, select "other" and describe the type of sleeping period the supervisor was experiencing.

D16. At the time of the incident was the supervisor impaired?

Indicate the supervisor's status at the time of the incident. For this question, impairment is interpreted *broadly* and includes being distracted or absent. If yes, please check all response options that apply:

- **Drug Impaired:** This refers to being under the influence of any intoxicating compound or combination of intoxicating compounds to a degree that impairs a person's ability to supervise a child. This includes impairment from prescribed medication as well as illicit or legal non-prescription drugs. A report or evidence of drug impairment is sufficient, a toxicology test is not required.
- **Alcohol Impaired:** This refers to being under the influence of alcohol to the degree that it impairs a person's ability to supervise a child. A report or evidence of alcohol impairment is sufficient, a blood alcohol test result is not required.
- **Distracted:** This refers to the supervisor's attention being diverted from the child and onto something else. Examples include but are not limited to, talking on the telephone, watching TV, working/playing on a computer, doing laundry, cooking, and visiting with friends.
- **Absent:** The supervisor was not present at the time of the incident. That is, the supervisor was not in the same location as the child. Examples include, the child was inside a residence, the supervisor was not inside; the child was in a vehicle, the supervisor was not in the vehicle.
- **Impaired by Illness:** This refers to a physical or mental illness that renders a person incapable of effectively supervising a child. This includes acute or chronic conditions that affect supervisory capabilities. Examples include influenza, food poisoning, sickle cell disease (crisis), and severe depression.
- **Impaired by Disability:** This refers to a physical condition that renders a person incapable of effectively supervising a child. This includes temporary or permanent conditions that affect supervisory capabilities. Examples include broken arm or leg, impaired vision.
- **Other, Specify:** Specify other factors not already listed, that contributed to poor quality of supervision.



Challenging Circumstances for Determining Supervision and Recommendations

There are circumstances where determining whether a child was supervised, or needed supervision, are not straightforward. Examination of missing supervision data provides additional clues to circumstances, where determining supervision provides a challenge to teams. Here we provide additional guidance for specific circumstances.

Supervision of infants. Infants are completely reliant on others for meeting their basic needs. Consequently, infants should always be supervised. While awake, infants should generally be in close enough proximity to the supervisor so that the supervisor can see the infant. Because of their limited mobility, if placed in a safe environment, the supervisor might move to where they can hear but not see the infant for very brief periods. However, environments that can be hazardous to infants (e.g., inclined sleepers, baby walkers) may not be widely known and it can be hard to estimate how much time has passed.

Recommendations:

1. Infants, while awake, should always be within visual proximity of an assigned supervisor. If they are not, document “No, but needed” in D1.
-

Supervision during infant sleep. Documenting supervision during nighttime sleep is a special circumstance. Caregivers are not expected to supervise infants during nighttime sleep. Although the question D1 response option of “No, not needed given developmental age or circumstances” seems a logical choice when infants and caregivers are sleeping during the night, it is recommended that supervision be marked “Yes” instead. This is because, when “No, not needed given developmental age or circumstances” is marked, the rest of the supervision section in the Pediatric NFR-CRS is skipped. So, checking this option would result in missing supervisor information on most infant deaths and all sudden unexpected infant deaths occurring in the sleep environment.

Recommendations:

1. Infants sleeping during the nighttime, while the caregivers are also asleep should be considered supervised. Document “Yes” in D1.
2. Infants sleeping during daytime hours should be within auditory proximity of an assigned supervisor. If the supervisor cannot hear them, document “No, but needed” in D1.

Supervision of infants in bathtubs. Infants should never be left in a bathtub alone or in the care of another child. A supervisor should be in the bathroom within arm's reach and always have visual contact with the infant while bathing.^{8,9} Because an infant can drown quickly and silently, if the supervisor is close enough to hear but cannot see the infant in the bathtub, the infant is not considered supervised.

Recommendations:

1. Infants in bathtubs should have a supervisor that is within touch proximity and has visual contact on the infant at all times. If they are not or if the supervisor is distracted, document "No, but needed" in D1.
-

Supervision of older children. Older children, particularly those in middle adolescence (14-17 years old), exhibit increasing independence and do not require supervision in most situations. Therefore, the response to D1 for teenagers in many cases would be "No, not needed given developmental age or circumstances."

Exceptions to this include situations where the teenager has developmental or cognitive delays, chronic illnesses, suicidal ideation, or other specific conditions that might necessitate closer supervision. In these situations, supervision expectations should be adjusted to reflect the need for closer supervision and the rationale for this documented in the narrative (Section O of the Pediatric NFR-CRS).

Recommendations:

1. Teenagers typically do not require adult supervision in most situations. Unless a specific condition is present for which supervision is required, indicate "No, not needed given developmental age or circumstances" in D1.
2. Indicate "Yes" in D1, if an assigned supervisor was present.

Supervision of children in motor vehicles. Children who are passengers in a motor vehicle with a licensed driver should be considered supervised; the driver or another adult passenger, if there is one, should be identified as the supervisor. Although the driver should not be watching the child passenger, they would be in close enough proximity to hear the child.

Teenagers do not typically require supervision in most situations, including when riding in or driving motor vehicles (with a couple exceptions, noted below). Five percent of all deaths reviewed by CDR teams where supervision was marked “No, but needed” were 15-17 years old. Thirty percent of these deaths were due to injuries sustained in motor vehicle crashes.¹⁰ Although the inclination might be for teams to mark supervision needed when teen drivers or passengers with teen drivers are killed in motor vehicle crashes, especially if reckless driving or illegal activity is implicated, it is important to avoid unreasonable expectations of caregivers when it comes to supervision. Unless a compelling reason that the teen should have been under direct supervision is presented during the review, “No, not needed given developmental age or circumstances” is the correct response to question D1.

Recommendations:

1. Children riding in a motor vehicle with a licensed driver should be considered supervised. Document “Yes” in D1.
2. Teens with a restricted driver’s license (e.g., learners permit) who drive without the supervision of a qualified licensed driver. Document “No, but needed” in D1.
3. Teens with an intermediate license, who drive during the nighttime or with teenage passengers but without a qualified licensed driver. Document “No, but needed” in D1.
4. Teens with an intermediate license, who are driving under the conditions required by the license (e.g., no nighttime driving, no teenage passengers) should not require adult supervision. Document “No, not needed given developmental age or circumstances” in D1.

Supervision when manner of death is natural and/or primary cause is medical. The majority of deaths where question D1 is missing are classified as natural manner and the primary cause indicated to be a medical condition. Although supervision might not be a key component for prevention for many of these deaths, completing the supervision section provides important information for understanding the circumstances of the death. Question D1 should be completed for every death entered in the Pediatric NFR-CRS.

Recommendation:

1. Complete the supervision section for all deaths using the definitions and recommendations in this document for guidance.

Supervision when manner of death is homicide. The majority of homicides occur among children less than 5 years old and teens 15-17 years old. The characteristics of these homicides are different for the younger ages compared to teens.

Child abuse or neglect caused or contributed to over 80% of the deaths classified as homicide among infants and children less than 5 years old indicating that a caregiver perpetrated the homicide.¹⁰ Most of the caregivers were a parent, grandparent, or parent's partner. Although it might seem counterintuitive, if the caregiver who perpetrated the homicide was the child's supervisor and they could see or hear the child at the time, then the child would meet the definition of being supervised.

Most teen homicides were perpetrated with firearms and the person responsible was missing or unknown for 63% of the deaths.¹⁰ When known, the person responsible was most often an acquaintance, friend, or stranger. As with supervision of teens in motor vehicles, the inclination might be for teams to mark supervision needed when a teen dies by homicide; however, it is important to avoid unreasonable expectations of caregivers when it comes to supervision, especially of teens. Supervision is most effective in preventing unintentional injury deaths among young children. Unless a compelling reason the teen should have under direct supervision is presented during the review, "No, not needed given developmental age or circumstances" is the correct response to question D1.

Recommendations:

1. If an infant or child dies by homicide perpetrated by their supervisor, indicate "Yes" in D1.
2. If a teen dies by homicide, unless there is a compelling reason they should have been under direct supervision, indicate "No, not needed given developmental age or circumstances" in D1.

Supervision when manner of death is suicide. Although supervision is important for preventing fatal unintentional injuries among children under 5 years old, supervision as a prevention strategy for suicide deaths is not documented. When examining supervision, it becomes evident that a significant portion of suicide incidents occur at ages where constant, direct supervision is not expected. Most deaths by suicide reported in the Pediatric NFR-CRS are among older children; less than 1% of all decedents were under 10 years old, 31% of decedents were 10-14 years old and 68% were 15-17 years old.¹⁰

For children 5-9 years old, almost one half of incidents indicate the decedent was supervised at the time.¹⁰ This suggests that the supervisor was present in the home and could hear the child but was not in close enough proximity to see them, perhaps in a different room of the house. As children transition into their teenage years (10-14 and 15-17 years old), the need

for supervision decreases. This is consistent with supervision indicated as “not needed given developmental age or circumstances” for most suicide deaths in these ages.

Nevertheless, there are circumstances in which supervision of older children and teenagers would be indicated. These include children with known suicidal ideation under suicide watch, and children who have attempted or threatened suicide in the past who are experiencing current mental health challenges. In these situations, consider the response of the caregiver to these issues. If the caregivers are making reasonable attempts to obtain services and protect their child, yet the child dies by suicide, consider that the caregivers were doing everything possible and increased supervision may not have been possible.

Recommendations:

1. For younger children, if an assigned supervisor was present who could see or hear the child, indicate “Yes” in D1.
2. For children with previous suicide attempts, suicidal ideation, and current mental health challenges, supervision may be indicated, regardless of child age. Consider the response of the caregivers and their efforts to obtain help. If no caregiver help/crisis intervention is documented, indicate “No, but needed” in D1.
3. For older children (15-17 years old) with no known suicide risk, indicate “No, not needed given developmental age or circumstances” in D1.
4. For younger children (5-14 years old) with no known suicide risk, document age appropriate supervision in D1, based on the circumstances. For example, a 6 year old home alone for several hours, appropriate response would be “No, but needed.” For a 14 year old in similar circumstances the appropriate response would be “No, not needed given developmental age or circumstances.”

Supervision when incident place is hospital. Supervision at the time of incident is documented as “Yes” for most deaths that occur in a hospital. However, “No, not needed given developmental age or circumstances” is selected for 13% of deaths.¹⁰ Because children in the hospital are under the care of hospital staff, unless there is an unusual circumstance, they would be considered supervised.

Recommendations:

1. If an infant or child dies in the hospital, unless there is an unusual circumstance documented, select “Yes” in question D1.
2. If an infant or child dies in the hospital, and unusual or unexpected circumstances are identified during the review, select “No, but needed” in question D1, if indicated.

Children left home alone. As of 2025, only 13 states in the U.S. mandate a minimum age at which a child can be left home alone, and that age varies by state: Illinois (14 years old), Delaware and Colorado (12 years old), Michigan (11 years old), Washington, Tennessee, Oregon, and New Mexico (10 years old), North Dakota (9 years old), North Carolina, Maryland, and Georgia (8 years old), and Kansas (6 years old).¹¹ The remaining 37 states have no specific age limit, recommending assessment of the child's maturity and circumstances to determine if they were appropriately home alone.

School-age children (6-12 years old) are gaining independence, but they may still require supervision, especially in potentially dangerous situations or environments. In addition to the child's chronological and developmental age, consider the length of time alone, any obvious hazards in the home environment, and whether other children were present when determining whether supervision was needed or not.

As mentioned in the supervision of older children above, teenagers (14-17 years old), typically do not require supervision in most situations. Therefore, the response to D1 for teenagers in many cases would be "No, not needed given developmental age or circumstances."

Recommendations:

1. Infants and children less than 6 years old should never be left home alone. If they are, indicate "No, but needed" in D1.
2. Children 6-9 years old should not typically be left home alone for any amount of time. Unless compelling information about the advanced maturity of a child of this age is documented, indicate "No, but needed" in D1.
3. Children 10-12 years old may be left home alone for increasing amounts of time (1-3 hours) occasionally, however if they are alone consistently for longer periods or there are other indications they should not be alone, indicate "No, but needed" in D1.
4. Teenagers can generally be left home alone. If there is no compelling reason that the decedent needed supervision, it would be appropriate to indicate "No, not needed given developmental age or circumstances" in D1.

Siblings or other children as supervisors. When assessing whether a sibling was an assigned supervisor to a younger sibling or if the children were merely left home alone, it's important to consider the context, especially for older teens when supervision might not be expected.

In the U.S., two states have set a minimum legal age for babysitting: Maryland at 13 years old and Illinois at 14 years old. Parenting advice organizations generally suggest that children should be at least 12 or 13 years old to babysit, while the American Red Cross requires participants in their certified babysitting course to be 11 years old or older.¹² Less than 1% of children in the Pediatric NFR-CRS were supervised by a sibling at the time of death.¹⁰ However, it's crucial to differentiate between a hired babysitter and a sibling supervisor, as research indicates that having a sibling supervisor can increase the risk of injury.^{2,3}

To determine whether assigning a sibling supervisor was appropriate, several factors need to be considered. These include the age of both the sibling supervisor and the supervisee, the number of children present and their ages, the duration of supervision, and the time of day. Of sibling supervisors under 19 years old documented in the Pediatric NFR-CRS, 41% were 12-14 years old, meeting the standard criteria for appropriate supervision. In 81% of these deaths, the supervised child was 2 years old or under.¹⁰

Recommendations:

1. Assess whether the sibling was an assigned supervisor of a younger sibling and whether the supervising sibling was old enough according to social norms, typically around 12-13 years old. If the sibling meets the age criteria and the definition of supervision is met (i.e., they could see or hear the child), then it would be appropriate to indicate "Yes" in D1.
2. If the supervising sibling was not old enough to supervise the decedent, and the decedent was less than 6 years old, it would be appropriate to indicate "No, but needed" in D1.
3. For teenage siblings, if there is no compelling reason that the decedent needed supervision, it would be appropriate to indicate "No, not needed given developmental age or circumstances" in D1.

Best Practices

Avoid unreasonable expectations of caregivers when it comes to supervision. As mentioned throughout this document, it is important to avoid unreasonable expectations of caregivers regarding supervision. Constant, direct supervision is effective in reducing the risk of unintentional injuries in young children, however, its role in reducing injury risk in older children or for intentional injuries has not been studied. As children get older, they require less supervision with direct supervision not expected most of the time; supervision is not generally indicated for teenagers. Although the inclination may be to document that supervision was needed when reviewing the death of a teenager, supervision is not a reasonable expectation for this age group, and other prevention strategies would likely be more effective. If the evidence indicates an exception to this, document this information in the narrative.

Focus on objective measures. The recommendations in these guidelines were developed to help teams more consistently document supervision and determine whether the child was supervised or needed supervision at the time of the incident leading to death. Following these guidelines will increase consistency by reducing subjectivity and the role of personal bias and judgement. However, if the guidelines result in a supervision determination that the team disagrees with, the team can document an alternate supervision determination at their discretion.

Document decisions that depart from these guidelines so they can be applied consistently. Should the team choose to document an alternate supervision determination, supporting information for the alternate determination should be described in the narrative to serve as the rationale for their decision. These alternative determinations should also be documented by the team, so consistent decisions can be applied to deaths with across similar circumstances, child ages, and causes of death.



Summary

Unintentional injuries are the leading cause of death among children 1-17 years old in the U.S. Constant, direct supervision is an important strategy for preventing unintentional injuries, particularly among young children. However, documenting supervision at the time of an injury event may be challenging due to a variety of reasons including inadequate information, lack of understanding of what constitutes supervision, and at what ages and which activities children require supervision. This document provides clear definitions and recommendations for applying the definitions consistently in the Pediatric NFR-CRS with a goal of improving the overall quality of these supervision data. Consistent and complete supervision data will provide insight into the role of supervision in fatal child injuries and help inform prevention strategies.

Mock Examples

Scenario 1

Step 1: Review Scenario Details

- It's 2am. A 3-month-old infant is asleep in a crib in the nursery. Parents are asleep in their own bedroom.
- Mom awakes, goes to check on the baby, and finds its face pressed into the crib bumper pad.
- Crib rails are surrounded by bumper pads. The crib also contains blankets and several stuffed animals.
- No drugs or alcohol were used in the house.

Step 2: Review Guidance

When considering supervision during sleep, if...

1. the child was asleep at the time of incident, and
2. the supervisor was asleep, and
3. the incident occurred during the night (when you expect families to be sleeping),

then the child is supervised.

Step 3: Review Completion of Key Pediatric NFR-CRS Items

| D1. Did Child Have Supervision at Time of Incident Leading to Death? | D15. At the Time of the Incident, Was the Supervisor Asleep? | D16. At Time of Incident Was Supervisor Impaired? |
|--|--|---|
| Yes | Yes, nighttime sleep | No |

Mock Examples – Continued

Scenario 2

Step 1: Review Scenario Details

- Dad works nights and watches his 2 children, ages 2 years and 6 months, during the day while mom works.
- Dad puts kids down for a nap at 2pm in their sleep spaces. Dad falls asleep on the couch.
- The 2-year-old does not nap, gets up, leaves the house, and is struck by a car in the street.

Step 2: Review Guidance

When considering supervision during sleep, if...

1. the supervisor is asleep during the day/evening when they should be supervising the child, and
2. no alternative supervisor is assigned, and
3. the child is awake, then,

then the child is not supervised.

Step 3: Review Completion of Key Pediatric NFR-CRS Items

| D1. Did Child Have Supervision at Time of Incident Leading to Death? | D15. At the Time of the Incident, Was the Supervisor Asleep? | D16. At Time of Incident Was Supervisor Impaired? |
|--|--|---|
| No, but needed | Yes, daytime sleep | No |



Mock Examples – Continued

Scenario 3

Step 1: Review Scenario Details

- A 3-year-old boy is playing with 4 other children during a family reunion at a lakeside park.
- The boy's parents were approximately 20 feet away, drinking a beer and talking with other adult family members.
- The boy wanders down to the lake unnoticed, falls off a dock, and drowns.
- The parents were not noticeably intoxicated when police arrived. No blood alcohol test was conducted.

Step 2: Review Guidance

When considering supervision *not* during sleep, think about whether the supervisor could see or hear the child. Consider...

1. **Proximity.** In this scenario, 20 feet is relatively close and typically would be within sight or hearing range.
2. **Barriers.** In this scenario, no barriers to sight or hearing were noted in the investigation.

In this case, the child would be considered supervised. Document supervisor distraction in D16.

Step 3: Review Completion of Key Pediatric NFR-CRS Items

| D1. Did Child Have Supervision at Time of Incident Leading to Death? | D15. At the Time of the Incident, Was the Supervisor Asleep? | D16. At Time of Incident Was Supervisor Impaired? |
|--|--|---|
| Yes | No | Yes, distracted |



Additional Resources

This [child supervision age matrix](https://bit.ly/42Wxt5l) (URL: <https://bit.ly/42Wxt5l>) developed by the U.S. Army may be helpful for determining appropriate supervision based on child age across different situations.

Endnotes

- 1 Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10-expanded.html> on Mar 25, 2025 9:26:18 PM.
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