

# Guidelines for Determining Child Maltreatment in Section 15 for Drowning Deaths



## Background

For every death reviewed and entered into the Pediatric National Fatality Review-Case Reporting System (Pediatric NFR-CRS), child death review (CDR) teams are asked to consider if child maltreatment played a role in the death (Section 15). For a public health-focused CDR process, child maltreatment is defined as an act or failure to act on the part of a parent or caregiver, regardless of intent. This determination is based on available information and professional opinions and is *strictly focused on prevention with no legal ramifications*.

The following guidelines were developed to help CDR teams more consistently and objectively classify child maltreatment for drowning based on incident circumstances, reducing subjectivity and the role of personal assumptions and judgment. If the guidelines result in a child maltreatment classification for Question 15a that the CDR team disagrees with, the team can make the determination at their discretion.

## Guidelines

In numerical order, follow the below steps to determine a child maltreatment classification in Question 15a.

### STEP 1: Verify if the Primary Cause of Death is Drowning

- If the primary cause of death selection in Question G6 is “drowning”, move to **STEP 2: Consider the Decedent’s Age**.
- If the primary cause of death selection is something other than “drowning,” please **stop here** and consult the Data Dictionary for assistance completing Section 15. The most current Data Dictionary can be found at <https://ncfrp.org/what-we-do/pediatric-data/>.

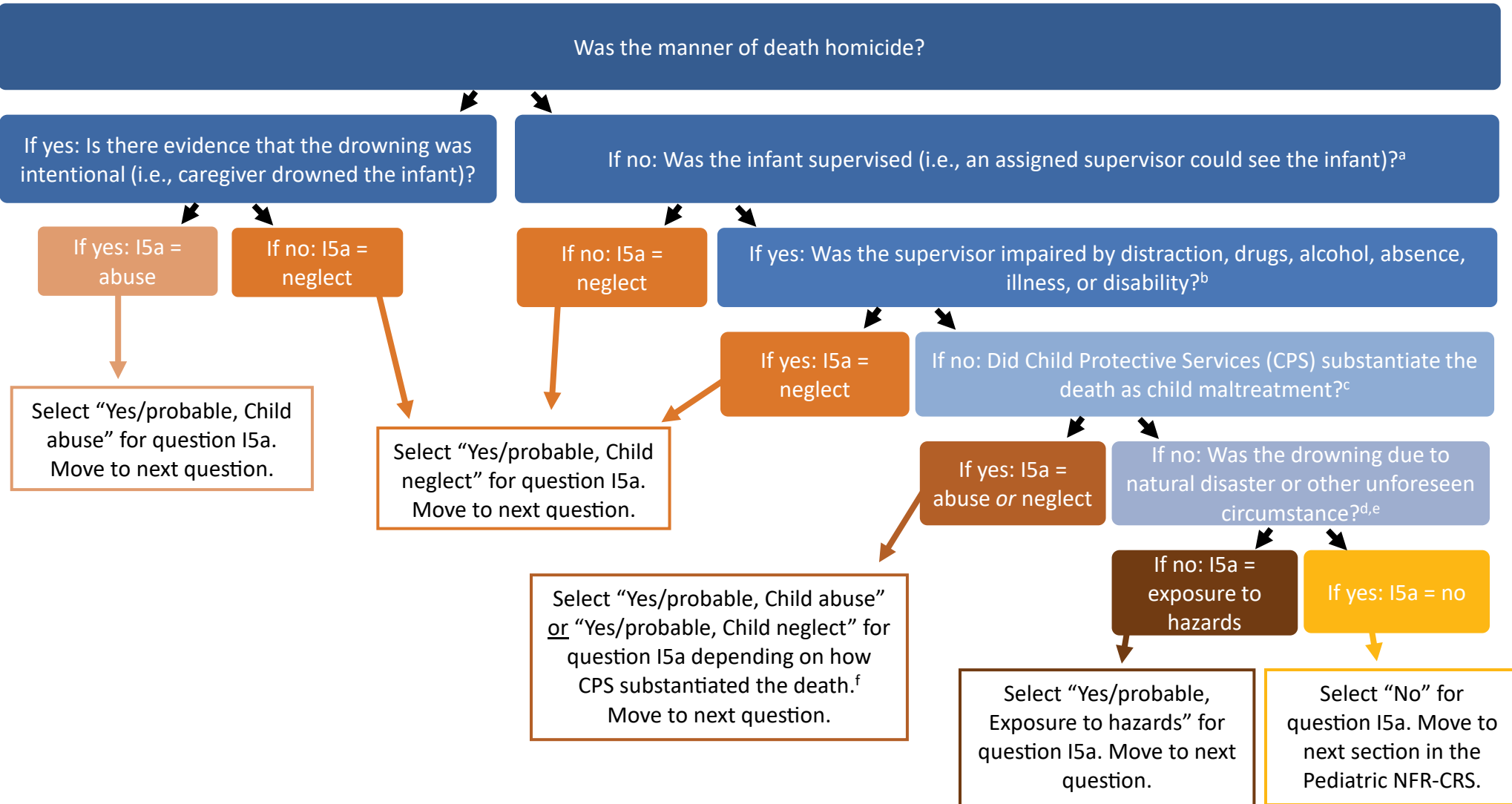
- From an external cause of injury
- From a medical condition
- Undetermined if injury or medical cause
- Unknown
  - Motor vehicle and other transport
  - Fire, burn, or electrocution
  - Drowning
  - Asphyxia
  - Bodily Force or Weapon
  - Fall or crush
  - Poisoning, overdose or acute intoxication
  - Undetermined injury
  - Other cause
  - Unknown

### STEP 2: Consider the Decedent’s Age

- If the decedent is an infant (less than one year old), move to **STEP 3: Determining Child Maltreatment for Infants** (page 2).
- If the decedent is a child aged 1-5 years, move to **STEP 4: Determining Child Maltreatment for Children Ages 1-5** (page 3).
- If the decedent is aged 6 years or older, please **stop here** and consult the Data Dictionary for assistance completing Section 15. The most current Data Dictionary can be found at <https://ncfrp.org/what-we-do/pediatric-data/>.

### STEP 3: Determining Child Maltreatment for Infants

Start with the first question below and follow the arrows until you land in an orange or yellow box. Then, follow the provided instructions.

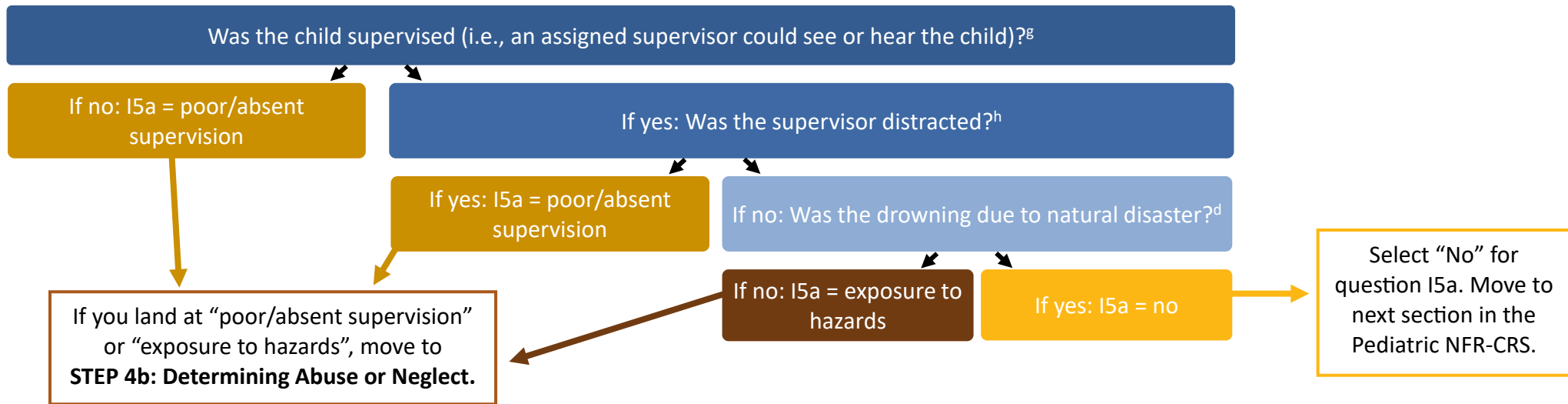


## STEP 4: Determining Child Maltreatment for Children Ages 1-5

Start with step 4a below and follow the provided instructions.

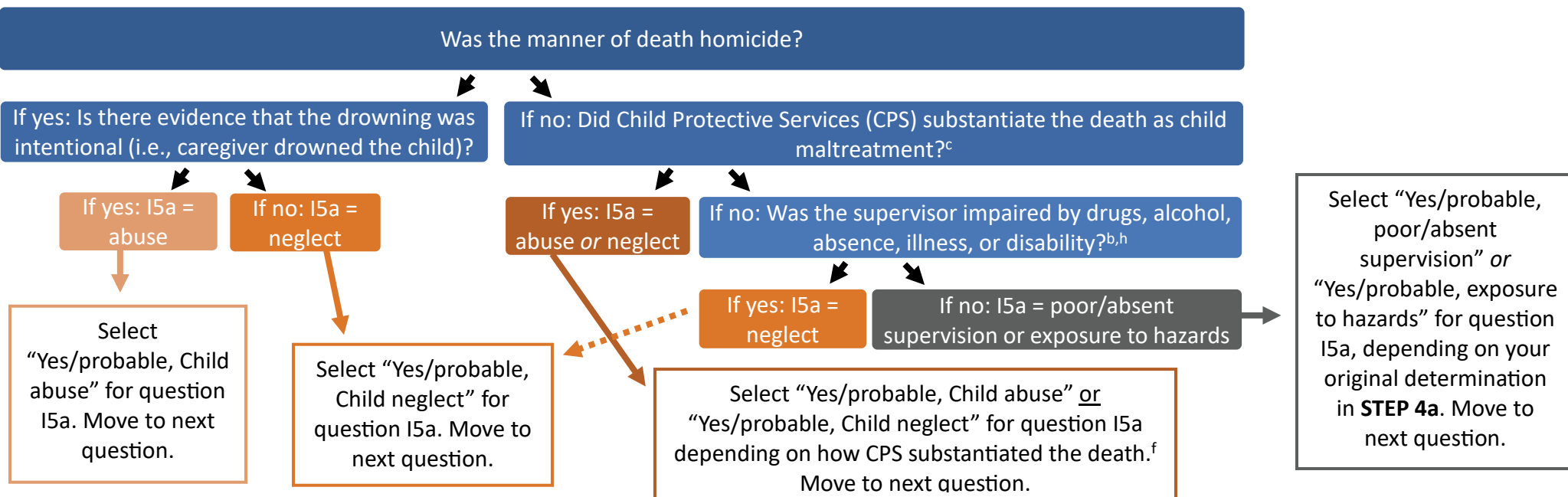
### STEP 4a: Determining Poor/Absent Supervision or Exposure to Hazards

Start with the first question below and follow the arrows until you land in an orange or yellow box. Then, follow the provided instructions.



### STEP 4b: Determining Abuse or Neglect

Start with the first question below and follow the arrows until you land in an orange or gray box. Then, follow the provided instructions.



## Footnotes

- a. Infants sleeping during the nighttime, while the caregivers are also asleep, should be considered supervised, regardless of the infant's sleep environment. Refer to the Supervision Guidance at [https://ncfrp.org/wp-content/uploads/Supervision\\_Guidance.pdf](https://ncfrp.org/wp-content/uploads/Supervision_Guidance.pdf).
- b. Drug and/or alcohol impairment is being under the influence to a degree that would impair a person's ability to care for the infant or ensure a safe environment at the time of the incident. Determining drug or alcohol impairment does not require a positive toxicology, blood alcohol, or breathalyzer test. Being impaired by an illness or disability refers to a physical illness, mental illness, or condition that renders a person incapable of effectively caring for an infant at the time of the incident. This is not meant to place blame. Rather, noting impairment by illness or disability is critical to inform prevention, such as making sure systems are designed to better support parents and caregivers with an illness or disability.
- c. It is critical to recognize that for several reasons, racial and ethnically minoritized populations are overrepresented throughout the child welfare system, compared with the general population. For purposes of public health surveillance, the National Center believes that it remains important for Pediatric NFR-CRS users to make a selection in Question I5a that is consistent with a substantiated finding made by CPS. This leads to a more complete understanding of deaths where child maltreatment caused or contributed, above and beyond those where the child welfare system was involved.
- d. While not common, there may be circumstances during a natural disaster where a caregiver exposed the infant or child to a water hazard (e.g., recreating in flood waters, driving around road barriers). In these types of situations, selecting "exposure to hazards" is appropriate.
- e. Other unforeseen circumstances might include infants delivered into water (e.g., toilet, bathtub).
- f. CPS can substantiate a death as both abuse *and* neglect if the investigation reveals evidence supporting both types of maltreatment. If this is the case, select the primary reason in I5a. If you know the death was substantiated by CPS but do not know the primary reason (i.e., abuse or neglect), select neglect in I5a. Selecting "neglect" when the substantiated reason is unknown is for consistency, not judgment.
- g. For children ages 1-5 years, the supervisor should be able to see or hear the child at the time of the incident leading to death. If the supervisor of a child younger than age 6 could not see or hear the child at the time of the incident, the child is not considered supervised. Refer to the Supervision Guidance at [https://ncfrp.org/wp-content/uploads/Supervision\\_Guidance.pdf](https://ncfrp.org/wp-content/uploads/Supervision_Guidance.pdf).
- h. Distraction occurs when the supervisor was close enough in proximity to see or hear the child, but was attending to other tasks (e.g., cooking, using the restroom, tending to other children, playing video games, texting). Absence is different from distraction such that the supervisor is not physically present (e.g., went to the neighbor's house, went to the store).